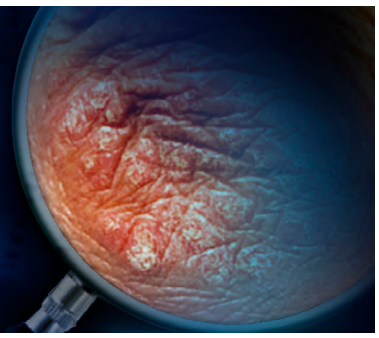
Dermatology Practice Review™



Making Education Easy

Issue 34 - 2025

In this issue:

Abbreviations used in this issue:

ACD = Australasian College of Dermatologists; **BSA** = Body Surface Area; **CPD** = Continuing Professional Development; **DLQI** = Dermatology Life Quality Index; **EASI** = Eczema Area and Severity Index (EASI); **GPP** = generalised pustular psoriasis; **GRADE** = Grading of Recommendations, Assessment, Development, and Evaluation; **HIV** = human immunodeficiency virus; **HOME** = Harmonising Outcome Measures for Eczema; **HS** = hidradenitis suppurativa; **JAK** = Janus kinase; **LDOM** = low-dose oral minoxidil; **PASI** = Psoriasis Area and Severity Index; **PBS** = Pharmaceutical Benefits Scheme; **PGA** = Physician's Global Assessment; **RACGP** = Royal Australian College of General Practitioners; **TB** = tuberculosis; **vIGA-AD** = Validated Investigator Global Assessment for Atopic Dermatitis.

Welcome to the 34th issue of Dermatology Practice Review.

This Review covers news and issues relevant to clinical practice in dermatology. It will bring you the latest updates, both locally and from around the globe, in relation to topics such as new and updated treatment guidelines, changes to medicines reimbursement and licensing, educational, professional body news and more. And finally, on the back cover you will find our COVID-19 resources for Dermatologists, and a summary of upcoming local and international educational opportunities including workshops, webinars and conferences.

We hope you enjoy this Research Review publication and look forward to hearing your comments and feedback.

Kind Regards,

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Clinical Practice

Isotretinoin for the treatment of acne

The Australasian College of Dermatologists (ACD) released an updated position statement on isotretinoin for treating acne in October 2024, providing evidence-based information on its benefits and risks. Isotretinoin is recognised as an effective treatment for acne, particularly for cases resistant to conventional therapies or causing physical scarring and psychological distress. The ACD supports continued regulation of isotretinoin in Australia to optimise outcomes and reduce teratogenicity risks.

Isotretinoin is a Schedule 4 medicine, available only by prescription from specialist dermatologists or physicians in most states, except Western Australia and Queensland where doctors can prescribe it. Prescription regulations vary across states and territories. The statement emphasises the importance of individualised treatment and patient monitoring during therapy.

The document outlines key practice points for prescribing isotretinoin, including contraindications, dosage considerations, and the need for laboratory testing. It stresses the importance of reliable contraception for patients with a uterus of childbearing age due to the drug's teratogenic effects.

The statement notes that most adverse effects are dose-dependent and reversible. Common side effects include mucocutaneous dryness and cheilitis, while less common effects may include alopecia, headaches, and myalgia. The evidence does not support a causal relationship between isotretinoin and inflammatory bowel disease, pancreatitis, or benign intracranial hypertension.

The position statement addresses concerns about isotretinoin and mental health, stating that the majority of peer-reviewed literature does not support a causative association between isotretinoin and depression, anxiety, or suicidal ideation. Some studies have even reported improvements in depressive symptoms after commencing isotretinoin treatment.

Positive associations have been observed between isotretinoin use and quality of life among acne patients, with significant improvements in clinical symptoms and social life reported.

The ACD will continue to monitor research on the benefits and risks of isotretinoin for acne treatment and incorporate future evidence into this position statement.

https://tinyurl.com/fx7w3wjp

Treatment goals for moderate-to-severe psoriasis in paediatric and adult Australian patients

The ACD released an updated consensus adaptation on treatment goals for paediatric and adult Australian patients with moderate-to-severe psoriasis, effective May 2024. The updated consensus adaptation aims to provide comprehensive recommendations for health professionals managing psoriasis in both age groups.

The consensus emphasises the importance of patient-centric treatment targets based on a composite of outcomes. It introduces a framework for assessing, classifying, and managing psoriasis, aligning with international recommendations. The guidance expands the definition of high-impact sites beyond the face and palmoplantar areas to include the scalp, nails, genitalia, and intertriginous regions.

The consensus recommends using a combination of metrics for classification, including Body Surface Area (BSA), Psoriasis Area and Severity Index (PASI), Dermatology Life Quality Index (DLQI), and Physician's Global Assessment (PGA). It suggests classifying psoriasis as mild/mild-to-moderate (manageable with topical therapy) or moderate-to-severe/severe (requiring phototherapy or systemic therapy).

The adaptation redefines treatment success, moving away from the outdated PASI 75 or PASI 50 with DLQI ≤5 criteria. Instead, it proposes more stringent targets, such as absolute PASI ≤3 or PGA clear/almost clear, reflecting the improved efficacy of newer therapies. The consensus also emphasises the importance of including health-related quality-of-life metrics in disease management targets.

The guidance stresses using age-appropriate validated scales to assess psoriasis severity and impact on quality of life in paediatric patients. It acknowledges the unique challenges in managing adolescent patients and recommends a multidisciplinary approach for patients with comorbidities.

The consensus advocates for a treat-to-target approach, allowing flexibility in criteria selection (PASI, PGA, BSA) to accommodate specialist preferences. It provides detailed definitions of adequate and inadequate treatment responses, guiding decisions on treatment continuation or modification,

Regarding therapeutic strategies, the consensus supports initiating targeted therapies in cases of inadequate response to conventional systemic agents, contraindications, or intolerance. In severe, active disease, targeted therapy is suggested as the preferred first-line choice.

This comprehensive update reflects the evolving landscape of psoriasis management, incorporating recent advancements in treatment options and emphasising individualised care to improve patient outcomes and satisfaction.

https://tinyurl.com/4b4ftwrc

Managing people with Behçets

The British Association of Dermatologists and the British Society for Rheumatology published a guideline providing evidence-based recommendations for managing Bechet's disease in adults, children, and young people. The guideline emphasises the importance of multidisciplinary care involving specialities, such as dermatology, rheumatology, ophthalmology, and neurology.

Key recommendations include using either the International Study Group or International Criteria for Behçet's disease for diagnosis. Disease activity should be assessed at each visit, considering both physician and patient-reported outcomes. Treatment strategies are tailored to organ involvement and disease severity. For mucocutaneous manifestations, topical corticosteroids are recommended as first-line therapy, with systemic options like colchicine, azathioprine, or anti-tumour necrosis factor agents for more severe cases. Ocular involvement often requires aggressive immunosuppression, including corticosteroids and steroid-sparing agents. Neurological and vascular manifestations may necessitate high-dose corticosteroids, cyclophosphamide, or biologic therapies.

The guideline addresses specific considerations for paediatric patients, noting that around 20% of cases present in childhood, predominantly with mucocutaneous symptoms. It emphasises the need for age-appropriate care and planned transition to adult services. Psychological support is highlighted as an essential component of care, given the high prevalence of depression and anxiety in Behçets patients.

For pregnancy management, the guideline recommends multidisciplinary care and pre-conception counselling. Most medications used for Behçets are considered safe during pregnancy and breastfeeding, with exceptions like thalidomide and mycophenolate mofetil.

The document also outlines areas for future research, including developing a national registry, genotype-phenotype correlation studies, and clinical trials in paediatric populations. Regular updates are planned to maintain the guideline's relevance as new evidence emerges.

https://tinyurl.com/jsx6xs8x

Medical management of hidradenitis suppurativa in special patient populations: North American Clinical Practice Guidelines

A recently published clinical practice guideline provides evidence-based recommendations for managing hidradenitis suppurativa (HS) in seven special patient populations: pregnancy, breastfeeding, paediatrics, malignancy, tuberculosis (TB), hepatitis B/C, and HIV. Developed by a panel of experts using the GRADE methodology, the guideline addresses the unique challenges in treating patients with HS typically excluded from clinical trials.

For pregnant patients, the guideline suggests cautious use of topical antibiotics and antiseptics while avoiding resorcinol and triclosan. Zinc supplementation is recommended, and intralesional steroids can be used for acute flares. Systemic antibiotics like cephalexin, azithromycin, and clindamycin are considered safe, while doxycycline and erythromycin should be avoided. Metformin is the preferred anti-androgen, and biologics, particularly adalimumab, can be continued throughout pregnancy if necessary.

Most antibiotics are considered safe in breastfeeding patients, with caution advised for clindamycin due to potential gastrointestinal effects in infants. Metformin and oral contraceptives are suggested for anti-androgen therapy. Biologics are likely safe during breastfeeding, with adalimumab being the recommended option.

The guideline recommends similar approaches to topical therapies for paediatric patients as for adults. Intralesional steroids can be used with appropriate pain management. Doxycycline is recommended for patients ≥8 years, and combination therapy with rifampin and clindamycin is suggested. Anti-androgens should be used cautiously in adolescents. Adalimumab is recommended for patients ≥12 years and also 2–11 years, with either infliximab and secukinumab as other options for those ≥6 years.

Most antibiotics and anti-androgens are considered safe in patients with a history of malignancy. The guideline emphasises the importance of consulting with oncologists when considering immunosuppressive therapies or biologics, considering various factors such as cancer characteristics and time since treatment completion.

For patients with TB, latent TB screening is recommended before starting biologics, with caution advised for anti-TNF therapies. In hepatitis B/C patients, screening and hepatology consultations are recommended before initiating immunosuppressants or biologics. For HIV-positive patients, the guideline suggests coordinating care with infectious disease specialists and considering factors such as HIV control and potential drug interactions when using immunomodulators or biologics.

https://tinyurl.com/mr2cb5jm

Earn CPD

The Australasian College of Dermatologists (ACD) has approved all Dermatology Research Reviews for accreditation as a Category 1 Education Activities - Professional Reading and Study. Activity should be logged in hours. For further information please click here.

Australian College of Rural and Remote Medicine (ACRRM) Professional Development Program (PDP) participants can claim Educational Activity hours in the self-directed learning category for reading Research Reviews. More info.

The Royal Australian College of General Practitioners (RACGP) members can **Quick Log** (self-record) a CPD activity such as reading a Research Review publication or watching a video under the CPD activity type 'Educational Activites'. More information is avaliable at RACGP - Your myCPDhome member resources

Low-dose oral minoxidil initiation for patients with hair loss

An international consensus statement provides guidance on the off-label use of low-dose oral minoxidil (LDOM) for hair loss treatment. The experts reached a consensus on 76 items across four survey rounds, addressing patient populations, indications, dosing, contraindications, precautions, baseline evaluation, monitoring, and adjunctive therapy.

Strong agreement was achieved for LDOM use in adults with androgenetic alopecia or age-related thinning and in situations where topical minoxidil may be ineffective or challenging. Consensus was reached on dosing considerations and contraindications for patients with potential systemic adverse effects or hypertrichosis and pregnant or nursing individuals.

The experts agreed that baseline blood pressure measurement, electrocardiogram, and specialty consultations are not routinely recommended when prescribing LDOM unless a precaution is identified. They also reached a consensus on monitoring practices, including blood pressure and adverse effect surveillance, mainly when precautions are present or during dose initiation or escalation.

Regarding efficacy, the experts agreed that the earliest time point to expect LDOM effectiveness is three months, with patients experiencing transient shedding potentially not noting improvement until six months.

The consensus statement acknowledges limitations, including the underrepresentation of paediatric hair loss experts and lack of consensus on paediatric use and dosing. It also highlights the need for further research on the comparative efficacy of topical versus oral minoxidil, long-term LDOM safety, and the use of other off-label minoxidil formulations.

https://tinyurl.com/yc4a9na8

Managing alopecia areata: British Association of Dermatologists living guideline

The British Association of Dermatologists have developed a living guideline, providing up-to-date, evidence-based recommendations for managing alopecia areata in adults, children, and young people. The guideline development group, consisting of dermatologists, a psychologist, patient representatives, and technical experts, conducted a systematic literature review and used the GRADE approach to formulate recommendations.

The guideline emphasises the importance of a comprehensive patient assessment, including disease extent, psychological impact, and quality of life. It recommends offering potent or very potent topical corticosteroids as first-line treatment for scalp alopecia areata, with intralesional triamcinolone acetonide as an alternative for limited to moderate cases. For rapidly progressive or moderate-to-severe alopecia areata, oral corticosteroids are suggested. The guideline also discusses using contact immunotherapy, systemic immunosuppressants, and Janus kinase (JAK) inhibitors for severe cases.

Notably, the guideline addresses the psychological aspects of alopecia areata, recommending routine assessment of quality of life and psychological distress. It suggests offering referrals for formal psychological interventions for those experiencing moderate-to-severe distress. The guideline also emphasises the importance of patient education, shared decision-making, and providing information on wigs and other non-pharmacological therapies.

Special considerations are given to managing alopecia areata in children and young people, as well as during pregnancy and breastfeeding. The guideline acknowledges the limited evidence base for some recommendations and highlights areas for future research, including evaluating JAK inhibitors, psychological interventions, and developing biomarkers for patient stratification.

The guideline includes an algorithm for alopecia areata management and provides audit points to assess adherence to recommendations. It also discusses the prognosis, aetiology, and comorbidities associated with alopecia areata, including autoimmune conditions and increased cardiovascular risk. The authors stress the importance of long-term safety monitoring.

https://tinyurl.com/yv4bbn7z

International consensus definition and diagnostic criteria for generalised pustular psoriasis

The International Psoriasis Council developed an international consensus definition and diagnostic criteria for generalised pustular psoriasis (GPP) using a modified Delphi method. The consensus process involved 33 global GPP experts who reviewed 64 challenging GPP cases submitted from 24 countries. Based on these reviews, 43 statements were formulated and presented for voting in two virtual consensus meetings.

The final definition established GPP as "a systemic inflammatory disease characterised by cutaneous erythema and macroscopically visible sterile pustules." The definition includes four subclassifiers: GPP may manifest with or without systemic symptoms and signs, may or may not be associated with other types of psoriasis, can present as an acute form with widespread pustular eruption or a subacute variant with annular phenotype, and may or may not present with laboratory abnormalities.

The essential diagnostic criterion identified was "macroscopically visible sterile pustules on an erythematous base and not restricted to the acral region or within psoriatic plaques." Supporting criteria include lakes of pus, painful skin, fever, fatigue, history of recurring flares, personal or family history of psoriasis, elevated C-reactive protein, leukocytosis, neutrophilia, abnormal laboratory tests, biopsy confirmation with spongiform pustules of Kogoj, and positive genetic findings.

The consensus aligns with European guidelines in recognising acute and subacute annular GPP as distinct phenotypes but differs from Japanese criteria by not requiring systemic features or histologic confirmation for diagnosis. The panel emphasised the importance of prompt diagnosis without imposing timelines on clinical features, allowing diagnosis at the first flare.

This international consensus provides a standardised framework for GPP diagnosis, which may lead to improved patient care, enhanced epidemiological research, and a better understanding of the disease's impact. However, the authors acknowledge limitations, including the relatively small number of global experts involved and potential selection bias. They recommend a validation study to assess the proposed diagnostic standard's impact on patient outcomes and compare its accuracy against existing standards.

https://tinyurl.com/6fkp7zks

Measuring signs of atopic dermatitis in clinical practice

The Harmonising Outcome Measures for Eczema (HOME) initiative has reached a consensus on recommended instruments to measure clinical signs of atopic dermatitis in clinical practice. The consensus statement aims to standardise outcome measurement in atopic dermatitis care, facilitating value-based healthcare and evidence generation.

Following a systematic review and international consensus meeting, three instruments were recommended: the Eczema Area and Severity Index (EASI), the Validated Investigator Global Assessment for Atopic Dermatitis (vIGA-AD), and a global assessment multiplied by or measured alongside BSA.

These instruments were selected based on their validity, feasibility, and ability to measure the essential clinical signs of atopic dermatitis, including erythema, oedema/papulation, excoriation, lichenification, and disease extent.

The consensus process involved 34 participants from 13 countries, including healthcare professionals, researchers, industry representatives, and, importantly, patient advocates. The selection was informed by an updated systematic review of clinician-reported outcome measures for atopic dermatitis signs, evaluating their psychometric properties, feasibility, and interpretability.

Despite concerns about its complexity, the EASI was widely endorsed for its comprehensive assessment and alignment with clinical trial data. The vIGA-AD offers a quick overall assessment of sign intensity, while the combination of a global assessment with BSA measurement provides a balance between detail and practicality.

These recommendations aim to improve and standardise the documentation of AD severity, help determine treatment effects, facilitate clinical effectiveness evidence generation, and enhance the implementation of value-based healthcare. The HOME initiative emphasises that clinicians should incorporate at least one recommended instrument into their clinical practice and electronic health documentation.

https://tinyurl.com/fdfa75sa

Regulatory News

Dupilumab to stay on PBS

Dupilumab (Dupixent) will remain on the Pharmaceutical Benefits Scheme (PBS) to treat eczema after successful negotiations between the supplier, the Pharmaceutical Benefits Advisory Committee, and the Federal Government. The drug, which was at risk of being removed due to higher demand than expected and cost sharing arrangements, will continue to be available for a maximum of $31.60 per script, or $7.70 for concession card holders, instead of the $20,000 annual cost without PBS listing. Dr Anneliese Willems, a RACGP Specific Interests Dermatology member, emphasised the drug's effectiveness in reducing disease severity by about 90%. However, she cautioned against overuse for mild to moderate conditions and stressed the importance of educating patients about topical corticosteroid use for these cases.

https://tinyurl.com/2s42ej6p

PBS changes: Severe chronic plaque psoriasis

In October 2024, adalimumab, i.e., Yuflyma® (80 mg/0.8 ml injection, 0.8 ml pen device; 80 mg/0.8 ml injection, 0.8 ml syringe) and Hadlima® (40 mg/0.4 ml injection, 2 x 0.4 ml pen devices; 40 mg/0.4 ml injection, 2 x 0.4 ml syringes), were listed on the PBS for the treatment of severe chronic plaque psoriasis.

Further, bimekizumab (Bimzelx®; 160 mg/ml injection, 2 x 1 ml pen devices) for the treatment of severe chronic plaque psoriasis has had an amendment to remove the grandfather restriction. Authority applications for initial and continuing treatments can be made in writing.

https://tinyurl.com/msk3utx4

PBS changes: Hidradenitis suppurativa

The PBS now subsidises adalimumab (Hadlima® and Yuflyma®) and secukinumab (Cosentyx®) for patients with moderate to severe HS. Authority applications for initial, continuing and grandfather treatments can be made in writing.

https://tinyurl.com/y86reek3

News in Brief

Impact of skin cancer in Australia

The Australasian College of Dermatologists issued an updated statement on the impact of skin cancer. Australia has one of the world's highest skin cancer rates, with an estimated 2,105 deaths in 2023 from melanoma and keratinocyte cancers combined. Melanoma, the third most common cancer diagnosed in 2023, saw 18,257 new cases. The 5-year survival rate for melanoma was 94% in 2016-2020, improving due to earlier detection and diagnosis. Keratinocyte cancers, while more common, lack comprehensive national data collection. Skin cancer prevention through sun protection is crucial, as most cases are attributable to excessive UV exposure. The disease places a significant burden on Australia's healthcare system, with treatment costs estimated at $1.4 billion in 2019–2020.

https://tinyurl.com/bddn2xv3

Mental health and wellbeing support for people living with skin conditions

A recent comprehensive review identified 26 websites offering mental health resources, predominantly from the UK, including educational materials, coping strategies, and support forums for individuals with skin conditions. The review also highlighted regional differences in mental health stigma, cultural beliefs, and healthcare access, emphasising the need for tailored interventions. Digital health technologies show promise in addressing barriers to care, particularly in regions with high smartphone adoption. The authors stress the importance of adapting existing resources to align with diverse cultural needs and beliefs to provide optimal support for dermatology patients worldwide.

https://tinyurl.com/47bnb55f

COVID-19 Resources for Dermatologists

American Academy of Dermatology

Conferences, Workshops, and CPD

The Australasian College of Dermatologists
DermNet New Zealand
Australian Dermatology Nurses' Association
COMS - Conferences and Meetings on Dermatology

Research Review Publications

Dermatology Research Review with Dr Warren Weightman

Hidradenitis Suppurativa Research Review with Dr John Frew and Associate Professor Erin McMeniman

Melanoma Research Review with Professors Michael Henderson and Peter Hersey

Psoriasis Research Review with Dr Rebecca Nguyen

Psoriatic Arthritis Research Review with Associate Professor Andrew Östör

Skin Cancer Research Review with Dr David Simpson