



CLINICAL BENEFITS OF

# Colloidal Oatmeal in Atopic Dermatitis:

REAL WORLD EVIDENCE

Atopic dermatitis is a common, relapsing inflammatory skin disorder characterized by genetic abnormalities in the skin barrier via mutations in filaggrin, deficiencies in ceramides and cathelicidins, immunologic disturbances with a shift toward the Th-2 inflammatory pathway, and an elevation in serum immunoglobulin (IgE) levels.<sup>1</sup>

## The Stats:



Atopic dermatitis (AD) affects up to 20% of children and 10% of adults worldwide.<sup>2,3</sup>



AD has the highest disease burden among skin diseases as measured by disability-adjusted life-years (DALYs)<sup>3</sup>



AD costs are estimated at over \$5 billion dollars annually in patient visits, lost productivity and reduced quality of life.<sup>4,7</sup>

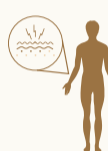
## Pivotal Study

Retrospective study shows using an AVEENO® Colloidal Oatmeal emollient for atopic dermatitis is associated with fewer primary care visits and reduced healthcare utilization<sup>8</sup> as published in *BMC Dermatol* 2018

### Purpose

The Clinical Practice Research Datalink (CPRD) database of anonymized patient medical records was used to evaluate the overall costs to the National Health Service, including healthcare utilization, of prescribing emollients in UK primary care for dry skin and atopic eczema.

### Design



54k patients

2 year retrospective study

aged 1 year and older



chronic dry skin & eczema

Data from 45,218 patients who used emollients, and 9,780 patients who did not, were evaluated for the 2 years following first diagnosis of dry skin and atopic eczema (DS&E). Two sub-analyses of the emollient group were performed between 1) those receiving colloidal oatmeal vs non-colloidal oatmeal emollients and 2) colloidal oatmeal used as first-line therapy vs used later in the treatment path.

## Results

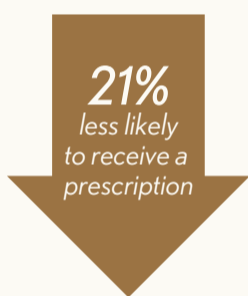


Study confirmed use of emollients resulted in:

- ✓ fewer primary care visits
- ✓ reduced healthcare utilization
- ✓ reduced costs



**AVEENO® outperformed all other non-oat emollients tested.**

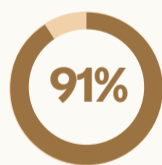


Patients using AVEENO® were at least 21% less likely to receive a prescription for a potent or very potent topical corticosteroid or an antimicrobial within 2 years after diagnosis versus all other non-oat emollients.

**AVEENO® first-line vs introducing AVEENO® later in treatment**

Delayed use of AVEENO® (after other emollients failed) was associated with significantly higher costs for prescriptions and repeat healthcare visits for adjustment of treatment within 2 years following diagnosis of treatment.

Use of other emollients first resulted in:



greater chance of being prescribed topical corticosteroids

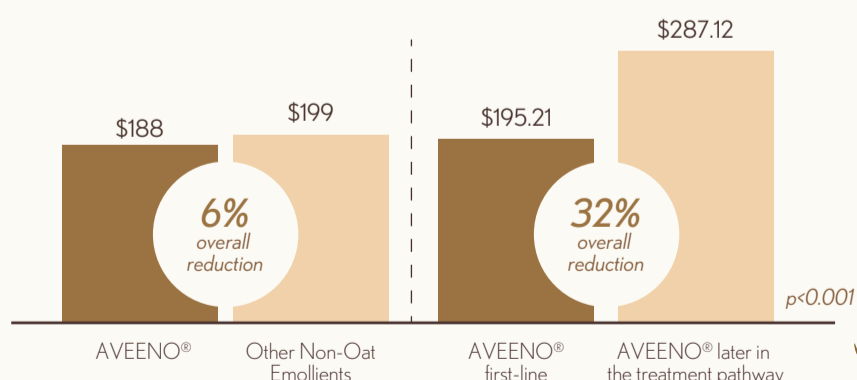


chance of being prescribed an antimicrobial

The annual economic burden of eczema, including direct medical costs, indirect costs from lost productivity, and quality of life impacts is conservatively estimated at \$5.3 billion.<sup>4,7</sup>

This study showed the overall cost per patient was 6% less when AVEENO® was used over other non-oat emollients and 32% less when AVEENO® was used as first-line therapy (after other emollients failed).

Overall Eczema Cost Per Patient



The first comprehensive study to show the impact emollients can have, and specifically the superior efficacy of an AVEENO® Colloidal Oatmeal emollient over other emollients used first line to improve the integrity of the skin barrier, providing meaningful health outcomes associated with reduced need for antibiotic or potent/very potent TCS prescriptions, decreased antimicrobial prescriptions and overall reduced healthcare utilization and costs.

## REFERENCES

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