

SPRUSD
Setting Priorities & Reducing
Uncertainties for people with
Skin Disease

SPRUSD NEWSLETTER

SPRUSD Away Day 2010

Thank you once again to all of you who braved the freezing weather and battled your way to Risley Hall last December.

We just wanted to update you on some of the aspects that were discussed on the day.

Eczema prevention trial: this funding application will now be submitted to the NIHR HTA in May 2011. The study will be a factorial trial comparing probiotics; barrier enhancement using emollients; or a combination of the two. This factorial trial requires a sample size of approximately 3,000 families and is currently planned to recruit in both primary and secondary care. The BEEP pilot study has been a great success and will be extended in order to test our ability to collect data on eczema incidence at one year.

Decision aids: work will be started shortly on the eczema decision aid. For vitiligo and SCC it is likely that we will concentrate on delivering high quality patient info resources rather than decision aids.

Eczema prioritisation exercise: a more streamlined prioritisation process is currently being defined. We hope to start work on this in March 2011. Please encourage your colleagues and patients to take part in the survey if possible.

Date of next meeting: 8th November 2011

Location: Nottingham (TBC)

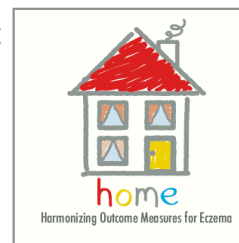
HOME

Harmonising Outcome Measures for Eczema

We are pleased to announce that the HOME website has now been launched:

www.homeforeczema.org

The next meeting is to be held in Amsterdam on 6-7th June 2011. This will be an intensive working meeting involving all people with an interest in measuring health outcomes for eczema. If you are interested in attending the HOME II meeting, please visit our website for further details.



We need your help....

It is important that we log your involvement in the development of resources relating to any of the SPRUSD work streams (eczema, SCC, vitiligo, pyoderma gangrenosum). Please could you let us know if you comment on (or contribute to) any of the following:

- Clinical guidelines
- On-line resources (e.g. NHS Choices, Clinical Knowledge Summaries, Map of Medicine)
- Information / guidelines produced by professional bodies.

Please also let us know if you publish anything that is related to the four work themes.

Recent SPRUSD Publications

Eleftheriadou V, Whitton ME, Gawkrödger DJ *et al.* on behalf of the vitiligo priority setting partnership. Future research into the treatment of vitiligo: where should our priorities lie? *Br J Dermatol* 2011 no. DOI 10.1111/j.1365-2133.2010.10160.x)

Ridd M, Thomas K, Wallace P, O'Sullivan F. Dermatology research in primary care: why, what and how? *Br J Gen Pract.* 2011 61 (583): 89-90.

Simpson E Are epidermal defects the key initiating factors in the development of atopic dermatitis? *Br J Dermatol*, 2010: 1147-1148.

Schmitt J, Williams H on behalf of the HOME Development Group, Harmonising Outcome Measures for Eczema (HOME). Report from the First International Consensus Meeting (HOME 1). *Br J Dermatol*, 2010: 163; 1166-1168.

Mitchell E RCT of treatments for pyoderma gangrenosum: time to get involved. *Wounds UK* 2010, 6 (4), 27-32.

Softened Water Eczema Trial

The softened Water Eczema Trial (SWET) is a HTA funded trial that has just been published by members of the SPRUSD team (www.swet-trial.co.uk)

Whilst not formally a part of the SPRUSD work programme, we thought you would nevertheless be interested in the results. The SWET trial has proved to be a classic teaching example of the importance of blinded outcome assessment in clinical trials. For all outcomes that were considered to be objective measures of disease severity (eczema severity as scored by blinded research nurses, night movement measured using wrist monitors, and the use of topical medications) no difference was found between the water softener group and the normal care control group.

By contrast, the secondary outcome measures that were more subjectively measured by the participants (who knew their treatment allocation), suggested a small, but statistically significant improvement in the eczema. This outcome is most likely to be the result of observer bias, although many participants did choose to buy the units at the end of the trial.



Cochrane Child Health Group

Eczema Prevention Overview of Reviews

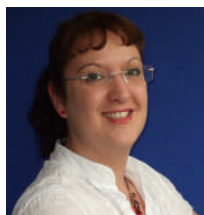
An overview of eczema prevention is currently underway. We are working with the Cochrane Child Health Group based in Canada. The aim of the overview is to summarise the current evidence available in existing systematic reviews on all strategies to prevent eczema, including breastfeeding, allergen avoidance and probiotics. Reviews were identified from the NHS Evidence—Skin Disorders Annual Evidence Update on Eczema. The overview will be published in the Evidence-based Child Health Cochrane Review Journal later this year.

Eczema Treatment Review

The possibility of a similar overview of treatment for eczema in children is currently being explored with the Child Health Field, which will make use of the Global Resource of Eczema Trials (The GREAT Database).



Contact Details



Bryony Elliott, Research Administrator, Centre of Evidence Based Dermatology, University of Nottingham, Room A103, Kings Meadow Campus, Lenton Lane, Nottingham NG7 2NR
phone 0115 8232434 e-mail bryony.elliott@nottingham.ac.uk