

## INTRODUCTION

The landscape of atopic dermatitis has evolved rapidly in recent years. The introduction of crisaborole, a phosphodiesterase-4 inhibitor, enables clinicians to offer another nonsteroidal topical therapy to patients with mild to moderate disease. The approval of dupilumab—an interleukin-4 and interleukin-13 inhibitor and the first biologic to become available for the treatment of atopic dermatitis—has revolutionized the therapy of adults with moderate to severe disease. The options for patients across the spectrum of disease severity are likely to expand further in the next few years. Multiple topical and systemic agents, with different mechanisms of action, are in phase 2 development.

A growing body of data has revealed the extent of the impact of atopic dermatitis on patients' lives. For many, the ever-present itch leads to frequent sleep disruption, which affects the ability to function at work or school. Depression and anxiety symptoms, as well as non-atopic and atopic comorbidities, are more common among those with atopic dermatitis. Understanding our patients' experience of the disease can inform patient-clinician discussions about treatment goals and regimens that address patient concerns.

As with any chronic illness, patients play a key role in the management of atopic dermatitis. Programs to educate patients about their disease and how to use the prescribed treatment—including provision of a short, written action plan—have improved disease severity and quality of life.

Research also is advancing in the management of food allergy and infection, two comorbidities common among patients with atopic dermatitis. Studies have documented the benefits of introducing peanuts to the diet early, even to children at high risk for peanut allergy. The skin microbiome of those with atopic dermatitis differs from that of individuals without the disease, raising the question of whether those with atopic dermatitis have insufficient "good" bacteria to control the growth of potential skin pathogens. Early-stage research is examining the value of removing and amplifying patients' beneficial bacteria, then returning it to the patients' skin in the hopes that it will reduce *Staphylococcus aureus* colonization.

Good skin care and topical corticosteroids and topical calcineurin inhibitors remain important components of therapy. These basics, along with the newest treatment, patient education, and shared decision-making, can improve disease control and quality of life for patients.

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