

ECZEMA MANAGED

When you T.E.A.M up with **ego** the science of healthy skin™

Treat, Educate And Maintain

Topical corticosteroid options and daily skin maintenance options for eczema.

FOR HEALTHCARE PROFESSIONALS ONLY. PROPERTY OF EGO PHARMACEUTICALS. DO NOT DISTRIBUTE.

ATOPIC ECZEMA IS AN INCREASINGLY COMMON SKIN DISORDER¹⁻³

1.8 million
estimated GP visits
for eczema per year
in Australia⁴

Up to 30%
of Australian
children²

7% of
Australian
adults¹

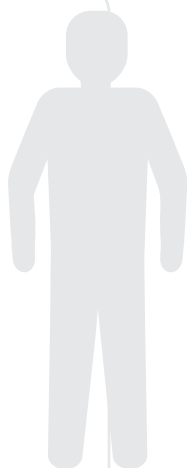
1 in 5
Australian
families⁵

IMPACTS ON CHILDREN

Profound sleep
disturbance and stress²

Poorer concentration
and behaviour²

Reduced self-esteem
and confidence²

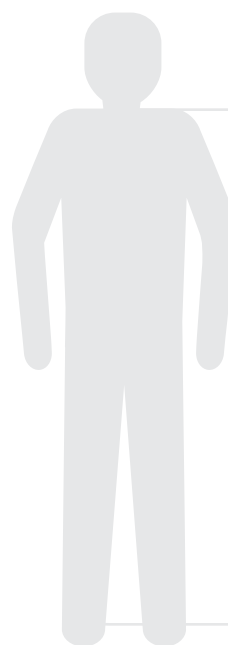


REDUCED QUALITY OF LIFE IN ADULTS

Anxiety, depression and
sleep disorders⁶

Work absenteeism and
impaired daily activities^{2,6}

Embarrassment and
social isolation¹



Life with atopic eczema



ITCH

The hallmark of
atopic dermatitis^{2,7}



CHRONIC INFLAMMATION

Potentially life-long²



RED, DRY SKIN

May be accompanied
by skin changes⁷



REPEATED RELAPSES

Aggravated by avoidable
and unavoidable triggers²

EFFECTIVE MANAGEMENT OF ATOPIC ECZEMA REQUIRES A T.E.A.M EFFORT

Treatment, Education And Maintenance

First-line management options common to all severities of eczema includes the use of **short-term topical corticosteroids** to control flare ups, combined with the long-term use of **moisturisers, or emollients**.⁸

A management plan for eczema should aim to:⁹

- ✓ Maintain the skin barrier
- ✓ Treat flare ups
- ✓ Control itch
- ✓ Control and reduce infection
- ✓ Avoid triggers and irritants

When used, in conjunction with active topical corticosteroid treatment, the use of emollients and moisturisers:¹⁰

- Reduce eczema severity and itch.
 - Result in fewer flares.
- Reduce the need for topical corticosteroids.

Effective **treatment** of inflammation with topical corticosteroids

“ Topical corticosteroids remain the mainstay of the management of active atopic eczema.¹¹”

The Australasian college of dermatologists



Atopic eczema is defined as a reactive immune response following the skin being exposed to an irritant or allergen.¹² As a result, vasodilation occurs increasing blood flow to the affected areas.¹²

The effects of topical corticosteroids include anti-inflammatory, immunosuppressive and vasoconstrictive responses, thereby working to block the production of substances that trigger allergic and inflammatory actions.¹³

Choosing the appropriate topical corticosteroid will affect the rate and extent of the skin healing.¹⁴

Considerations when prescribing a topical corticosteroid include:¹⁵



SEVERITY
OF ECZEMA



DURATION OF
TREATMENT



SITE OF
ECZEMA



PATIENT
PREFERENCE



AGE

DOSING OF TOPICAL CORTICOSTEROIDS IN CHILDREN AND ADULTS¹⁶

- Caution is advised when prescribing mometasone or any other corticosteroid for prolonged use in children.
- Care should be taken that application sites in young children and infants are not occluded with tightly fitted nappy.

Finger-tip units (FTU) of topical corticosteroid required to treat body area in children and adults



Age	Entire leg & foot	Front of chest & abdomen	Back & buttocks	Entire arm & hand	Face & neck
3–12 months	1.5	1	1.5	1	1
1–3 years	2	2	3	1.5	1.5
3–6 years	3	3	3.5	2	1.5
6–10 years	4.5	3.5	5	2.5	2
>10 years (including adults)	8	7	7	4	2.5

Adapted from Australian Medicines Handbook, Updated July 2019.¹⁶



One Finger-Tip Unit (FTU) is the amount of topical corticosteroids measured from the first crease to the fingertip on an adult's index finger.

This will cover an area equal to two adult hands.



Scan to watch
Finger-Tip Unit
demonstration

Treat minor skin irritations.

DermAid

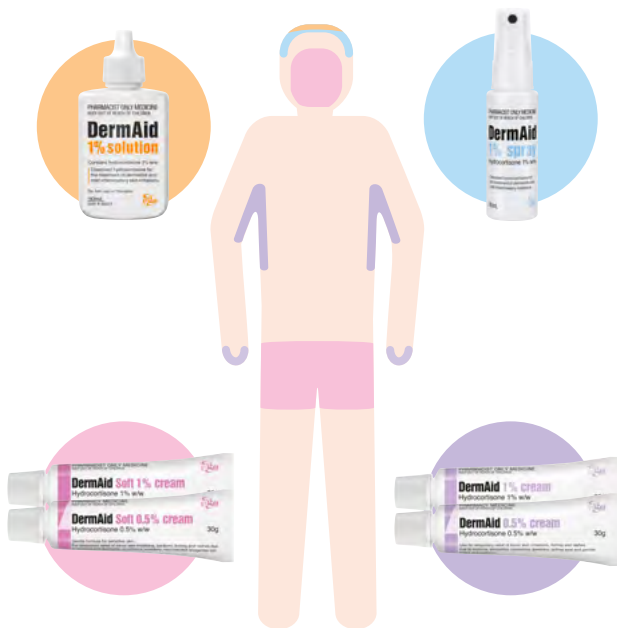
hydrocortisone 1.0% w/w, 0.5% w/w

Mild strength topical corticosteroid.¹⁷

Mild topical corticosteroids are first choice for:⁷

Face, axillae and groin

DermAid is formulated to help relieve minor skin irritations, itching and rashes¹⁸⁻²¹



Hydrocortisone¹⁸⁻²¹

Short term treatment

For use above 2 years of age unless otherwise prescribed

This is not a complete listing of recommendations – please refer to the Approved Product Information for a comprehensive listing.¹⁸⁻²¹



Australia's No. 1 selling topical hydrocortisone brand²²

NOT ALL HYDROCORTISONE FORMULATIONS ARE THE SAME

REDUCE ECZEMA

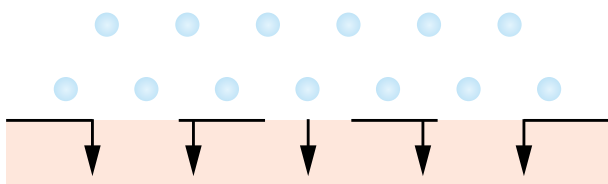
SOONER

OR

LATER

Quick action

Dissolved hydrocortisone

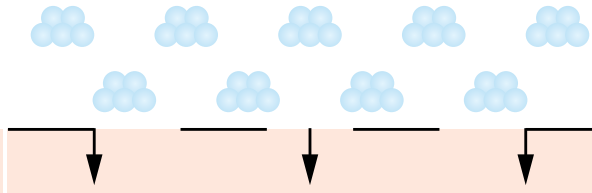


Individual, small particles spread evenly throughout the product

Faster penetration of the skin results in improved effectiveness

Gentle action

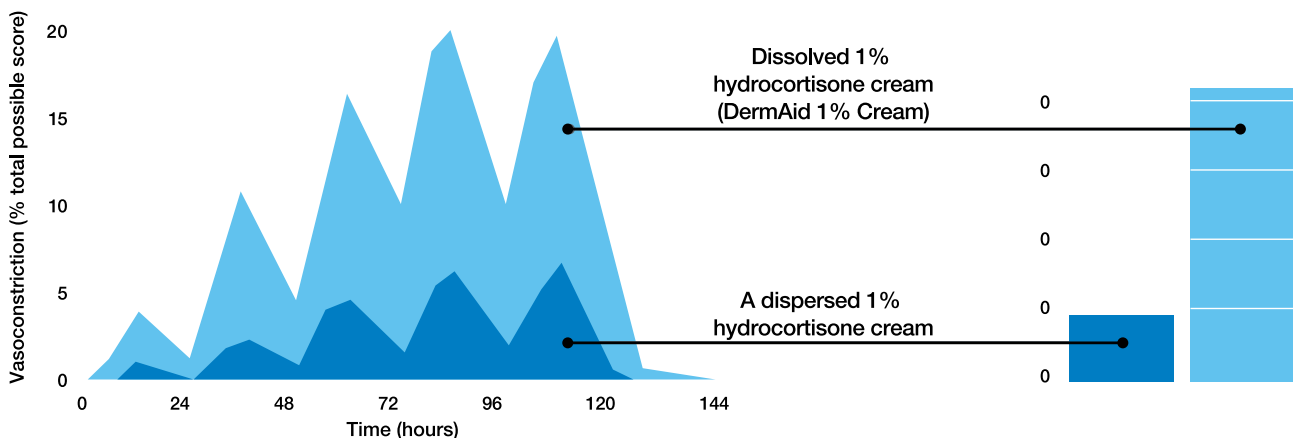
Dispersed hydrocortisone



Aggregates of hydrocortisone are spread throughout the product

Aggregates of hydrocortisone moderate speed and potency

Dissolved hydrocortisone provides up to 4x faster activity.²³



- Dissolved 1% hydrocortisone cream (DermAid 1% Cream)
- A dispersed 1% hydrocortisone cream

Figure adapted from Greive KA and Barnes TM, 2015.²³
Faster anti-inflammatory response (vs dispersed hydrocortisone; determined by vasoconstriction; comparison of 1% creams).²³

The greater the area under the curve, the greater the vasoconstriction.²³



Scan to watch
DermAid's dissolved
mode of action

Australia's only dissolved hydrocortisone formula

Treat milder forms of eczema, dermatitis and other steroid responsive skin conditions.

KLOXEMA

clobetasone butyrate 0.05% w/w

Moderate strength topical corticosteroid.¹⁷

Moderate topical corticosteroids are first choice for:⁷

Limbs and trunk



MILD-TO-MODERATE ATOPIC ECZEMA²⁴



ECZEMA ON TRUNK AND LIMBS²⁴



CONTACT DERMATITIS²⁴



Clobetasone butyrate 0.05%²⁴

Up to 7 days treatment

For ages 12 years and over*

*can be used <12 years of age only on the advice of a doctor and while under close medical supervision.

DOUBLE THE RATE OF HEALING AND INFLAMMATION²⁵

after 7 days with clobetasone butyrate 0.05% compared with hydrocortisone 1%²⁵

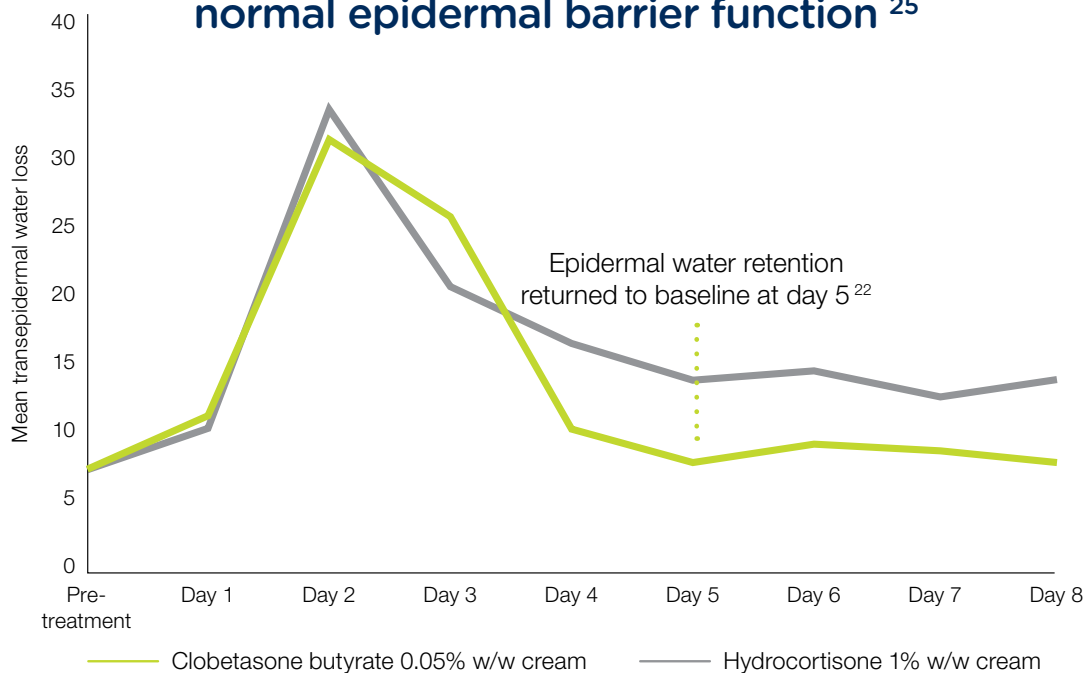
Cleared or almost cleared skin (p=0.046)

78% vs **39%**

Clobetasone butyrate 0.05% w/w

Hydrocortisone cream 1% w/w

Formulated with an emollient base, helping to restore normal epidermal barrier function²⁵



* in nickel-induced contact dermatitis

Figure adapted from Parneix-Spake A and Green PG, 2001.²⁵

Why recommend Kloxema?

- Faster relief for your moderate eczema patients²⁵
- Chlorocresol free - prevents hypersensitivity reactions.^{24,26}
- Moisturising base - helps relieve associated dryness and break the itch-scratch cycle.²⁴
- Schedule 3 – no prescription required, helping provide relief of inflammation and itch of milder forms of eczema with the recommendation of a pharmacist.

Chlorocresol free, reducing further hypersensitivity²⁶

Treat moderate forms of steroid responsive dermatoses such as atopic eczema and psoriasis.

Zatamil

mometasone furoate 0.1% w/w

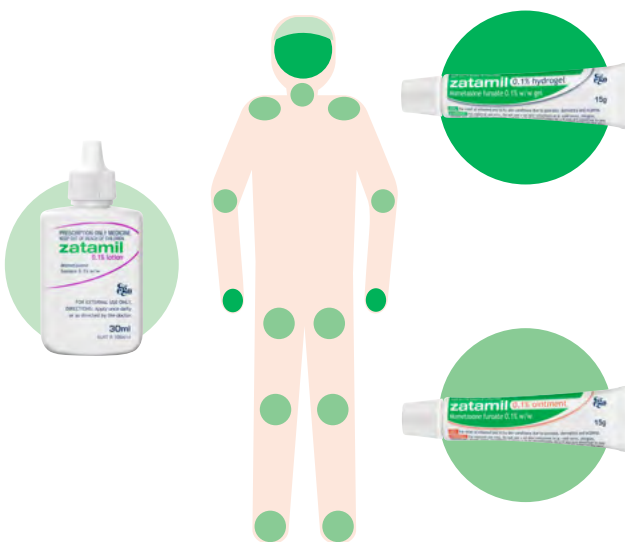
Potent strength topical corticosteroid.¹⁷

Potent topical corticosteroids are first choice for:²⁹

Thick-skinned areas (fingers, feet, lichenified wrists or ankles)

Flexures on trunk and limbs

Scalp (in adults)



Mometasone furoate 0.1%²⁹

Up to 4 weeks' continuous treatment,

be cautious when prescribing long-term for children.

For 12 years of age and above

Once daily mometasone furoate 0.1% has shown

85% vs 70%

IMPROVEMENT

Psoriasis

Significantly more effective than twice-daily betamethasone valerate 0.1% lotion in scalp psoriasis in total sign/symptoms scores at 3 weeks²⁹

>90%

IMPROVEMENT

Dermatitis and eczema

In total symptom/sign scores at 3 weeks)³⁰

**IMPROVEMENT IN
<3 weeks**

3 weeks' application

Sufficiently improves the majority of dermatoses with many cases improving in less than 3 weeks³⁰

Potent once-daily treatment^{7,17,31}

ZATAMIL - 3 FORMULATIONS TO SUIT YOUR PATIENT'S PREFERENCE

ZATAMIL HYDROGEL

- Hydrogel vehicle designed for fast drug delivery
- Non-greasy formula
- Alcohol free
- Suitable for hands, face, scalp and hirsute areas
- 15g S3 – no prescription required
- 45g S4 – prescription required

S3
15g



- ✓ *The only mometasone furoate hydrogel available in Australia³²

ZATAMIL OINTMENT

- Moisturising
- Suitable for large areas
- Alcohol free
- 15g S3 – no prescription required
- 45g S4 – prescription required

S3
15g PBS



- ✓ 15g ointment is 'a' flagged³³
- ✓ Restricted benefit³³
- ✓ Authority required (Streamlined) for supply of multiple packs³³

ZATAMIL LOTION

- Dropper bottle for easy application
- Non-greasy
- Suitable for scalp and other hirsute areas
- Available in 30mL

PBS
30mL



- ✓ 30mL solution is 'a' flagged³³
- ✓ Restricted benefit³³
- ✓ Authority required (Streamlined) for supply of multiple packs³³

All formulations are preservative-free and fragrance-free.

Safety

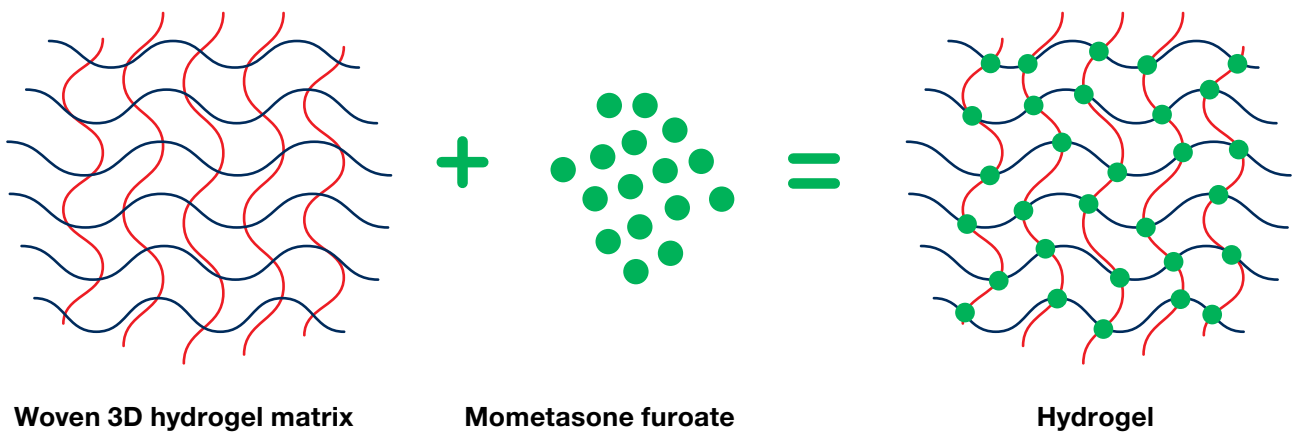
In atopic eczema, once-daily mometasone furoate 0.1% cream has a similar safety profile to twice-daily hydrocortisone 1% cream.³⁴ Mild-to-moderate stinging, itching, burning, mild skin atrophy and acneiform reactions have been reported in fewer than 5% of patients.²⁹

HYDROGEL. DESIGNED FOR FAST DRUG DELIVERY^{36,38}

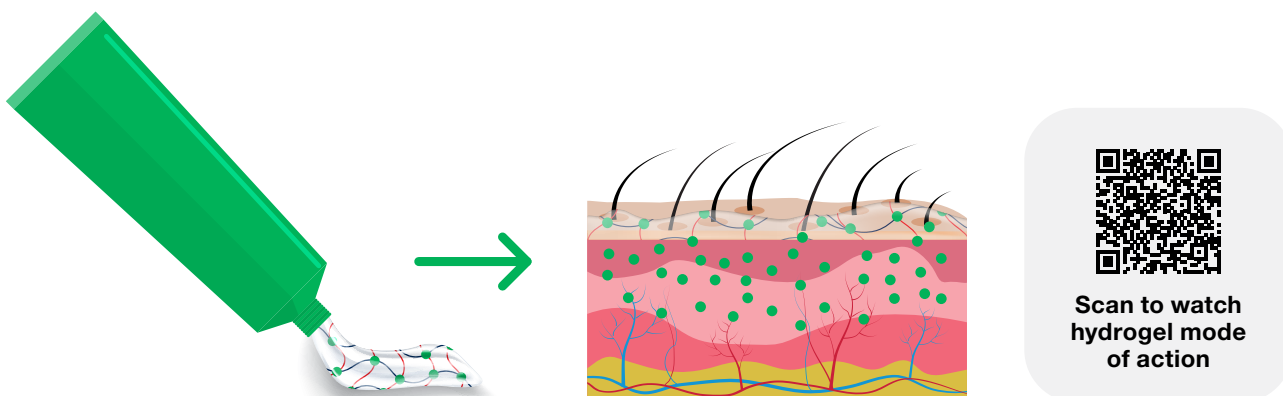
What are Hydrogels?

Hydrogels are polymers that swell with water to hydrate the skin while also allowing for optimised drug delivery.^{36,38}

They are hydrophilic, meaning they attract water, and their structure is that of a 3D matrix.³⁶



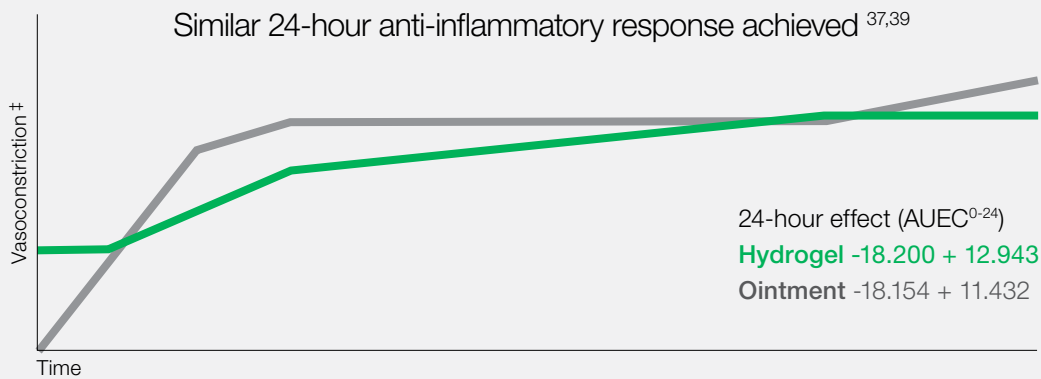
This allows them to retain large amounts of water without their structure dissolving, resulting in greater contact time with the skin.³⁶



The closely 'woven' nature of hydrogels allows the passage of actives such as corticosteroids to the skin.³⁶

ZATAMIL HYDROGEL AS EFFICACIOUS AS MOMETASONE FUROATE OINTMENT^{37,39}

† A 30-minute application of Zatamil Hydrogel and a 70-minute application of mometasone furoate ointment achieve a similar 24-hour anti-inflammatory response^{37,39}



‡ Vasoconstriction measured on the chromameter a-scale; baseline adjusted, untreated control site corrected. AUEC = area under effect curve. Adapted from Zatamil Hydrogel bioequivalence study C11-019-LBB (ZPS-456) and mometasone furoate ointment bioequivalence study C11-009-LBB (ZPS-454).^{37,39}

Hydrogels provide the same benefits as ointments whilst also offering additional other benefits^{36,38}

- Longer contact time – hydrogels have a longer contact time with skin than creams and lotions aiding drug delivery
- Improved skin hydration – reduces transepidermal water loss
- Relieving cooling effect – following surface evaporation
- Hydration without the greasy and uncomfortable texture
- Easily removed from the skin or clothing

Hydrogel vehicles offer a patient preferred treatment that is cosmetically accepting and easily absorbed into the skin, without the greasiness. Vehicle selection positively correlates with patient compliance.³⁸

Hydrogel combines the best of ointments and creams.[§]

§ Based on studies with desonide as a hydrogel formulation⁴⁰



Water-based



Low-irritant



Alcohol-free



Non-greasy texture



Moisturising properties to reduce scaling and dryness



Cosmetically appealing

Zatamil is the only mometasone hydrogel available in Australia³²

Maintain the skin barrier between eczema flares

To help manage eczema symptoms, it is important to support the skin's barrier function by using moisturising products that are designed to help reduce transepidermal water loss, enabling skin hydration and reducing dryness and itch.

For optimal results, moisturisers will contain an effective combination of moisturising agents;

- Humectants: to help draw and retain water in the cells of the outer layer of the skin (eg; glycerin and ceramides).⁴¹
- Occlusives: oil-based ingredients to form a near waterproof coating on the skin, reducing transedpidermal water loss (eg; petroleum jelly).⁴²
- Emollients: to lubricate and soften the skin (eg; dimethicone).⁴³

Considerations when choosing appropriate daily skincare products for eczema skin



SOAP FREE



pH BALANCED



Formulated specifically
FOR SENSITIVE SKIN



**A COMBINATION OF
MOISTURISING INGREDIENTS**

including emollients,
occulents and humectants



FREE FROM

common irritants such as
fragrance and colour

Daily **maintenance** for mild to moderate eczema.



AUSTRALIA'S NEW THERAPEUTIC MEDICAL DEVICE WITH CERAMIDES INDICATED FOR MILD TO MODERATE ECZEMA

QV Dermcare Eczema Daily is designed to help repair the skin barrier. Formulated with a number of researched ingredients including the combination of glycerin, ceramides 1 and 3, l-lactic acid and nicotinamide, to help provide symptomatic relief of mild to moderate eczema.

- Significantly improves skin hydration in 7 days.⁴⁴
- Significantly reduces transepidermal water loss after 28 days.⁴⁴
- Helps reduce dryness and itch.⁴⁴



Cleanses and helps to hydrate the skin.

WITH CERAMIDES

QV Dermcare Eczema Daily Wash

- The pH balanced formula hydrates as it cleanses, creating a protective barrier to help retain moisture.
- Helps repair the skin barrier.



Moisturises and helps to repair the skin barrier.

WITH CERAMIDES

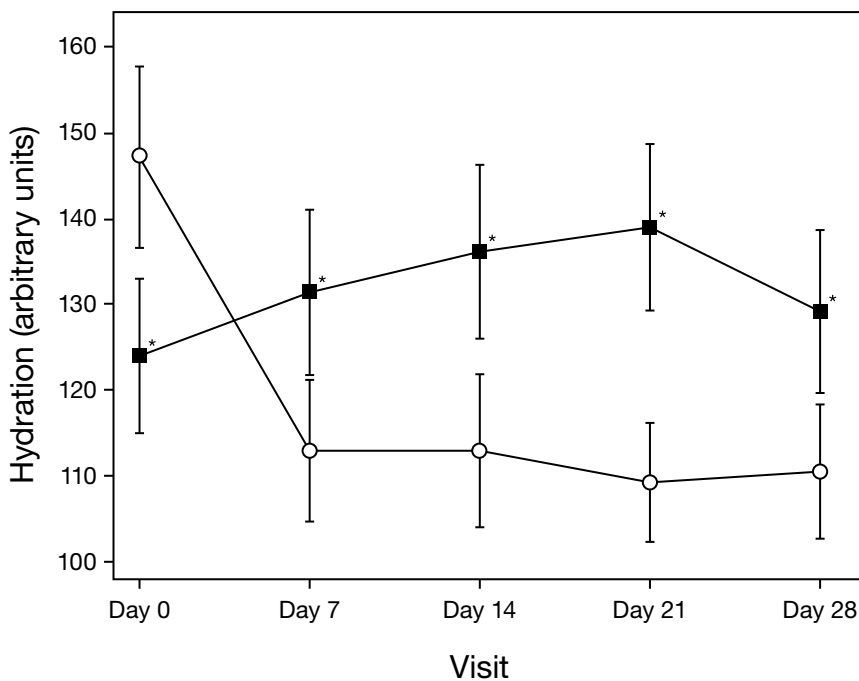
QV Dermcare Eczema Daily Cream

- Creates a protective barrier to help eczema skin retain moisture.
- Helps to repair the skin barrier.
- Helps relieve itchy dry skin.

⁴⁴ A randomised, double-blind, placebo-controlled, single centre comparative trial conducted on 100 adults with clinically diagnosed moderate eczema.

AUSTRALIA'S FIRST STUDY TO SHOW THAT A COMMERCIALY-AVAILABLE MOISTURISING WASH AND CREAM CAN SIGNIFICANTLY IMPROVE SKIN ISSUES ASSOCIATED WITH MODERATE ECZEMA IN ADULTS⁴⁴

A randomised, double-blind, placebo-controlled, single centre comparative trial conducted on 100 adults with clinically-diagnosed moderate eczema found that **QV Dermcare Eczema Daily Wash and Cream** were able to **significantly improve transepidermal water loss (TEWL), skin hydration and itch in eczematous skin** compared with control.⁴⁴

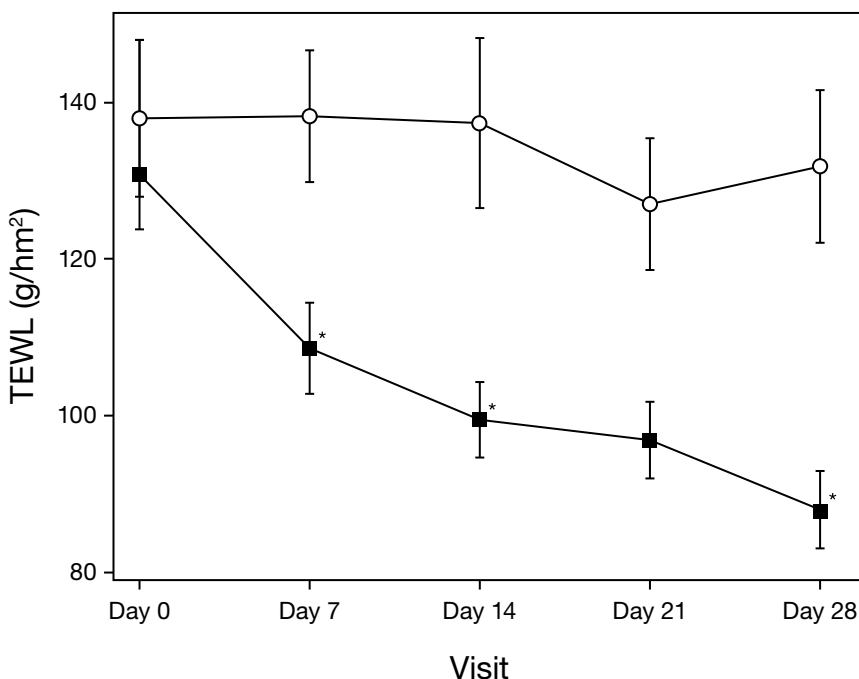


Scan to read
full clinical study

■ QV Dermcare Wash and Cream
○ Placebo Wash and Cream

Skin hydration was significantly **increased** by QV Dermcare Eczema Daily Wash and Cream compared with placebo over the 28 day study period.

*P < 0.05 versus placebo⁴⁴



■ QV Dermcare Wash and Cream
○ Placebo Wash and Cream

Transepidermal water loss (TEWL) was significantly **reduced** by QV Dermcare Eczema Daily Wash and Cream compared with placebo over the 28 day study period.

*P < 0.05 versus placebo⁴⁴

Managing eczema flare ups.

What is a flare up and recommended practice?

Eczema may become flared and severity increased when exposed to irritants or staphylococcus aureus bacteria (*S. aureus*) is present on the eczema affected skin.⁴⁵⁻⁴⁷

Reducing the high counts of *S. aureus* on the skin can significantly improve the clinical signs of eczema during a flare up.⁴⁵⁻⁴⁷

Healthcare professionals should recommend products with the following characteristics:

- **High Emollient Formula:** to help manage the symptoms of atopic eczema and minimise flare ups.
- **Antimicrobial properties:** Soap free cleansers, bath oils and creams which contain antibacterial agents can help to reduce the bacteria levels on the skin.⁴⁸

Treatment options

Bleach baths are a common recommendation for treating atopic flare ups. However, there can be many difficulties in preparing the correct dosage of household bleach for the bath used.

As a result, the use of household bleach can cause burns and irritation from adding too much or be ineffective if not enough is added to the water filled bath.

QV flare up

Help relieve atopic eczema flares



QV Flare Up Bath Oil is specifically designed as an alternative to bleach baths to treat infected eczema.

Dual-action formula with the combination of antibacterial and emollient ingredients:

- helps decrease *S. aureus* bacteria levels on the skin
- leaves an emollient film on the skin, helping to enable skin hydration

Easy to use product-to-water indicator on pack to ensure correct dosage for every use.



Scan to watch
QV Flare Up Bath
Oil preparation

QV Flare Up Bath Oil is an alternative antibiotic containing low concentrations of antibacterial agents



QV Flare Up Wash

- Helps to relieve atopic eczema by gently cleansing the skin and removing bacteria that can aggravate eczema.
- Foaming wash.



QV Flare Up Cream

- A hydrating moisturiser designed to soothe the skin and increase hydration to relieve the symptoms of mild eczema.
- Moisturising and non-irritating formula.

The QV Flare Up range is dermatologically tested and found to be non-irritating and non-sensitising.

Managing dry skin.

QV DERM CARE Sting-Free Ointment

While dry skin can be a major symptom of skin conditions such as eczema, it can also be an issue that exists on its own.

Extremely dry skin, which is commonly characterised by excessive skin flaking and uncomfortable, sometimes cracked skin, can be particularly bothersome and difficult to manage.

The choice of moisturiser is crucial for managing extremely dry skin.

- Ointments, with an oil base and little to no water content, are best suited to extremely dry skin management.
- The ointment base ensures that a near-waterproof barrier is applied to the skin to help prevent moisture loss, and the lack of water in the formulation means it is unlikely to sting when applied.

QV Dermcare Sting-Free Ointment contains ceramides 1 and 3, which are crucial components of the skin barrier, and have been shown to support overall skin function.

- Sting-free.
- Water-free ointment base to provide hydration whilst soothing cracked skin.
- Helps to support the skin's barrier function.
- Suitable for use with eczema-prone skin.



Managing itch.

Pinetarsol™

Itch (Pruritus) is a common skin symptom associated with eczema and can exacerbate eczema symptoms, causing interference with topical treatments, further skin breakages and infections.

Break the Itch-Scratch Cycle

Breaking the itch-scratch cycle is important as itching can result in continued scratching, which can:

- Exacerbate the skin condition.
- Interfere with topical treatments.
- Cause skin breakages.
- Result in skin infections.



Pinetarsol

Helps to relieve itching and inflammation associated with a range of skin conditions, such as dermatitis, eczema, psoriasis, chicken pox, nappy rash, sunburn, prickly heat, hives, insect bites, anal and genital itching.

- Gently cleanses without soap to reduce the chance of irritation.
- Contains natural pine tar.
- pH balanced, gently cleanses without stripping the skin's natural oils.
- Steroid free.

Used in conjunction with topical corticosteroids and moisturisers, Pinetarsol helps to provide rapid relief from itch and inflammation, and helps break the “itch scratch cycle”.⁴⁸⁻⁴⁹





Treat inflammation with the most appropriate strength topical corticosteroid.

Educate with a range of tools and resources.



And Maintain the skin barrier to help relieve symptoms of mild to moderate eczema with QV Dermcare Eczema Daily.



Before prescribing or recommending DermAid, Kloxema or Zتاميل please review the Full Product Information (PI). Full Product Information is available on request from Ego Pharmaceuticals Pty Ltd and can be accessed at ebs.tga.gov.au

PBS Information: Zتاميل Lotion and Zتاميل Ointment 15g: Restricted benefits. Corticosteroid-responsive dermatoses. Zتاميل Lotion and Zتاميل Ointment 15g: Authority Required (Streamlined). Refer to PBS Schedule for full authority information. Zتاميل Hydrogel and Zتاميل Ointment 45g: These products are not listed on the PBS.

Zتاميل (mometasone furoate) Hydrogel, Ointment, Lotion – Short term (up to four continuous weeks) relief of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses, such as psoriasis and atopic dermatitis. Zتاميل Lotion is suitable for use in scalp psoriasis and application to other areas of the body. **Contraindications:** Hypersensitivity to mometasone furoate or to other corticosteroids. Viral infections of the skin, tuberculosis, acne rosacea, perioral dermatitis, fungal skin infections and ulcerative conditions. **Precautions:** Irritation or sensitisation; infection; infants and children; prolonged or extensive use; occlusion; eye contact; pregnancy (Category B3); lactation. **Adverse Reactions:** Itching; burning; stinging; skin atrophy; acneiform reactions. **Dosage and Administration:** Apply a thin film of Zتاميل Hydrogel or Ointment to the affected skin area once daily. A few drops of Zتاميل Lotion should be applied to affected skin areas including scalp sites once daily; massage gently and thoroughly until the medication disappears. Based on TGA approved PI dated 14/8/2020.

Kloxema (clobetasone butyrate): Short term (up to 7 days) treatment of milder forms of eczema, dermatitis and other steroid responsive skin conditions. **Dosage:** For 12 years and over. Apply a thin film and gently rub in, using only enough to cover the affected area twice daily for up to 7 days. **Contraindications:** Kloxema cream should not be used in patients with a history of hypersensitivity to clobetasone butyrate or to any of the excipients in the product. Rosacea, acne, pruritis without rash, perioral dermatitis; Untreated bacterial infections such as cellulitis, folliculitis, furunculosis or impetigo; Fungal infections such as those associated with tinea (eg athlete's foot, jock itch); Viral infections including cold sores (herpes simplex), chicken pox or shingles (Varicella zoster) or vaccinia; Parasitic infestations such as scabies. Do not use on broken or infected skin or on inflamed skin near chronic ulcers.

DermAid (hydrocortisone): For the temporary relief of symptoms associated with acute and chronic corticosteroid responsive conditions including: minor skin irritations, itching and rashes due to eczema, dermatitis, contact dermatitis (such as rashes due to cosmetics and jewellery), psoriasis, anogenital pruritus and sunburn. **DermAid 1% cream:** Apply a thin layer to affected skin 1–2 times daily as required. **DermAid 1% solution:** Apply a few drops to the affected area 2–3 times daily as required. Massage in gently. **DermAid 1% spray:** Hold bottle approximately 10 cm from the affected skin and apply 1–2 sprays; 2–3 times daily as required. Massage in gently. **DermAid 0.5% cream:** Apply a thin layer to affected skin 1–3 times daily as required. **DermAid Soft 1% cream:** Apply a thin layer to affected skin 2–4 times daily as required. **DermAid Soft 0.5% cream:** Apply a thin layer to affected skin 2–4 times daily as required. **Contraindications:** vaccinia, chicken pox, herpes and other viral infections, bacterial infections, tuberculosis of the skin and syphilitic skin disorders. Hypersensitivity to hydrocortisone, other corticosteroids or any other ingredient in the product. Do not use in the eye.

QV Dermcare Eczema Daily Wash & Cream: Helps relieve the symptoms of mild to moderate eczema. **Pinetarsol Gel and Bath Oil (tar (pine tar)), Pinetarsol Solution (Tar (Pine Tar)), Trolamine Lauril Sulfate:** Soap free alternative relieves itchy and inflamed skin conditions associated with dermatitis, chicken pox, nappy rash, sunburn, prickly heat, hives, insect bites, anal and genital itching and other skin irritations. Relieves the symptoms of psoriasis. **QV Flare Up Cream (glycerol):** Helps reduce occurrence of symptoms of eczema/dermatitis. **QV Flare Up Bath Oil (benzalkonium chloride, light liquid paraffin, triclosan):** Emollient, adjunctive treatment of recurrent eczema in which secondary S. aureus infection is a major and frequent problem.

References: 1. ASCIA, Allergy and Immune Diseases in Australia (AIDA) Report 2013. 2. Leins L, Orchard D. Eczema management in school-aged children. Aust Fam Physician. 3. Dermatology Expert Group. Therapeutic Guidelines: Dermatology, version 4. Dermatitis: Overview of diagnosis and management of dermatitis. Therapeutic Guidelines Ltd [Internet]. 2021 [cited 2021 June 15]. Available from: [https://tgldcdp.tg.org.au/viewTopic?topicfile=dermatitis#toc_d1e472017;46\(12\):896–99](https://tgldcdp.tg.org.au/viewTopic?topicfile=dermatitis#toc_d1e472017;46(12):896–99). 4. Charles J, Pan Y, Miller G. Eczema. Aust Fam Physician. 2011; 40(7):467. 5. Kantar TNS. Online Poll: "Those suffering from eczema". 2019. 6. Eckert L, Gupta, S, Amad C., Gadhari A., Mahajan P., and Gelfand JM. (2017) Impact of atopic dermatitis on health-related quality of life and productivity in adults in the United States: An analysis using the National Health and Wellness Survey. J AM ACAD DERMATOL 77:2. 7. Dermatology Expert Group. Therapeutic Guidelines: Dermatology, version 4. Dermatitis: Atopic dermatitis. Therapeutic Guidelines Ltd [Internet]. 2021 [cited 2021 June 15]. Available from: https://tgldcdp.tg.org.au/viewTopic?topicfile=dermatitis#toc_d1e1297. 8. National Institute for Health and Care Excellence. Atopic eczema in under 12s: diagnosis and management [Internet]. 2007 [cited 2021 May 24]. Available from: <https://www.nice.org.uk/guidance/cg57/resources/atopic-eczema-in-under12s-diagnosis-and-management-pdf-975512529349>. 9. ASCIA Eczema Action Plan 10. van Zuuren EJ, Fedorowicz Z, Christensen R, Lavrijsen APM, Arents BWM (2017) Emollients and moisturisers for eczema. Cochrane Database of Systematic Reviews 2017, Issue 2. Art. No.: CD012119. DOI: 10.1002/14651858.CD012119.pub2. 11. Philpott L (2021) Addressing corticosteroid phobia. Available from: <https://ajp.com.au/features/addressing-corticosteroid-phobia/>. 12. Understanding Inflammation [Internet]. 2017 [cited 2021 June 30] Available from http://www.dermamedics.com/inflammation_id55.html. 13. Rhen T & Cidlowski A. Anti-inflammatory action of glucocorticoids – new mechanisms for old drugs. N Engl J Med 353:1711–23. 2005 14. Rafanelli A, Rafanelli S, Stanganelli I, Marchesi E. Mometasone furoate in the treatment of atopic dermatitis in children. Journal of the European Academy of Dermatology and Venereology. 1993;2:225–30. 15. Carlos G. Rational use of topical corticosteroids. Australian Prescriber. 2013(36):158–61. 16. Australian Medical Handbook. Topical Steroids- how much to use. Available from <https://resources.amh.net.au/public/fingertipunits.pdf>. 17. Therapeutic Guidelines Ltd [Internet]. 2021 [cited 2021 June 15]. Available from: https://tgldcdp.tg.org.au/viewTopic?topicfile=topical-corticosteroidpreparations#toc_d1e467. 18. DermAid Cream Approved Product Information, January 2004. 19. DermAid Soft Cream Approved Product Information, January 2004. 20. DermAid 1% Spray Approved Product Information, 8 July 2014. 21. DermAid 1% Solution Approved Product Information, 29 September 2015. 22. IQVIA Total Pharmacy, Total Hydrocortisone Unit Sales, MAT 05.21. 23. Greive KA, Barnes TM. Increased bioavailability of hydrocortisone dissolved in a cream base. Australas J Dermatol. 2015; 56(2):e30–4. 24. Kloxema Cream Approved Product Information, 12 September 2017. 25. Parneix-Spake A, Green P.G. Eumovate (clobetasone butyrate) 0.05% cream with its moisturizing emollient base has better healing properties than hydrocortisone 1% cream: a study in nickel-induced contact dermatitis. J Dermatol Treat. 2001;12:191–7. 26. National Center for Advancing Translational Sciences (NCATS). Chlorocresol. [2021] [Cited 2021 June 12] Available from: <https://drugs.ncats.io/drug/36W530710927>. 27. Arstocort. CMI. 28. Celestone CMI. 29. Zتاميل Approved Product Information, 14 August 2020. 30. Vanderploeg DE, Cornell RC, Binder R, Weintraub JS, Jarratt M, Jones ML et al. Clinical trial in scalp psoriasis mometasone furoate lotion 0.1% applied once daily vs betamethasone valerate lotion 0.1% applied twice daily. Acta Ther. 1989; 15:145–152. 31. Viglioglia P, Jones ML, Peets EA. Once-daily 0.1% mometasone furoate cream versus twice-daily 0.1% betamethasone valerate cream in the treatment of a variety of dermatoses. J Int Med Res. 1990;18:460–7. 32. Search conducted on 15/6/2021. Search term used 'mometasone' on Therapeutic Goods Administration website: <https://www.ebs.tga.gov.au>. 33. PBS Online Schedule. Item: Mometasone - mometasone furoate 0.1% (1mg/g) ointment, 15g. [cited 2021 June 15] Available from: <http://www.pbs.gov.au/medicine/item/10791Y-10793C-10812C-10814E-10828X-1915T>. 34. Vernon HJ, Lane AT, Weston W. Comparison of mometasone furoate 0.1% cream and hydrocortisone 1.0% cream in the treatment of childhood atopic dermatitis. J Am Acad Dermatol 1991; 24:603–7. 35. Greive KA, Barnes TM. Bioequivalence of 0.1% mometasone furoate lotion to 0.1% mometasone furoate hydrogel. Australas J Dermatol. (2016) 57, e39–e45. 36. Kopecek J. Polymer chemistry: swell gels. Nature 2002;417(6887):388–9, 391. 37. Mometasone furoate ointment bioequivalence study C11–009–LBB (ZPS–456). Data on File, Ego Pharmaceuticals Pty Ltd. 38. Harrison IP, Spada F. Hydrogels for Atopic Dermatitis and Wound Management: A Superior Drug Delivery Vehicle. Pharmaceutics. 2018 Jun 14;10(2):71. doi: 10.3390/pharmaceutics10020071. PMID: 29899219; PMCID: PMC6027388. 39. Mometasone furoate ointment bioequivalence study C11–009–LBB (ZPS–454). Data on File, Ego Pharmaceuticals Pty Ltd. 40. Trookman, Nathan S, and Ronald L Rizer. "Randomized Controlled Trial of Desonide Hydrogel 0.05% versus Desonide Ointment 0.05% in the Treatment of Mild-to-moderate Atopic Dermatitis." The Journal of clinical and aesthetic dermatology vol. 4,11 (2011): 34–8. 41. Greive K. Glycerine: the naturally effective humectant. Dermatol Nurs 2012;11(1):30–34. 42. Ghadially R, Halkier-Sorensen L, Elias PM. Effects of petrolatum on stratum corneum structure and function. Journal of the American Academy of Dermatology 1992;26(3):387–396. 43. van Zuuren EJ, Fedorowicz Z, Christensen R, Lavrijsen A, Arents BWM. Emollients and moisturisers for eczema. Cochrane Database Syst Rev. 2017 Feb 6;2(2):CD012119. doi: 10.1002/14651858.CD012119.pub2. PMID: 28166390; PMCID: PMC6464068. 44. Spada F, Harrison IP, Barnes TM, Greive KA, Daniles D, Townley J et al. A daily regimen of a ceramides-dominant moisturizing cream and cleanser restores the skin permeability barrier in adults with moderate eczema: a randomized trial. Dermatol Ther 2021 May 13:e14970. 45. Higaki S, Morohashi M, Yamagishi T, Hasegawa Y. Comparative study of staphylococci from the skin of atopic dermatitis patients and from healthy subjects. Int J Dermatol 1999;38(4):265–269. 46. Lever R, Hadley K, Downey D, Mackie R. Staphylococcal colonization in atopic dermatitis and the effect of topical mupirocin therapy. Br J Dermatol. 1998;139(2):189–198. 47. Breuer K, Häussler S, Kappa T, Werfel T. Staphylococcus aureus: colonizing features and influence of an antibacterial treatment in adults with atopic dermatitis. Br J Dermatol. 2002;147(1):55–61. 48. Wahlgren CF. Pathophysiology of itching in urticaria and atopic dermatitis. Allergy 1992;47(2 Pt 1):65–75. 49. Rinaldi G. The Itch-Scratch Cycle: A Review of the Mechanisms. Dermatol Pract Concept 2019;9(2):90–7.

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21–31 Malcolm Road, Braeside 3195 Australia **australia** +61 3 9586 8800 **toll free** 1800 033 706

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