

ISAAC Symposium,

Mérida, November 29<sup>th</sup> 2009

# Burden & challenges of eczema in Mexico

Hywel Williams,

University of Nottingham



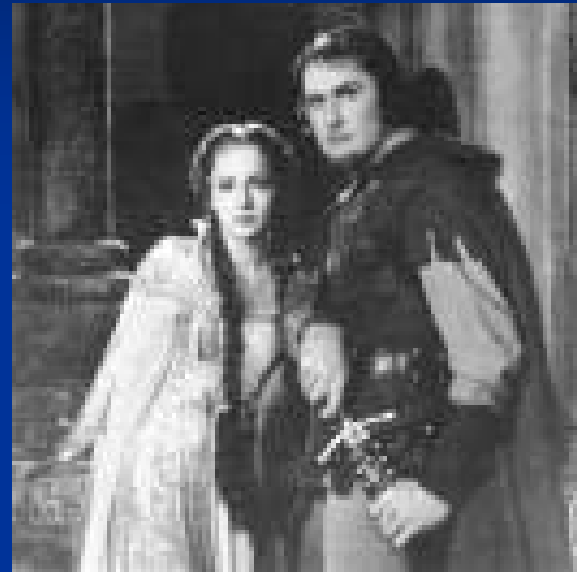
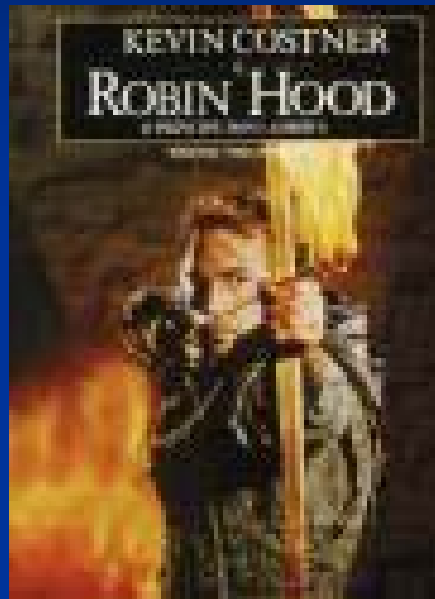
**I** The International  
**S** Study of  
**A** Asthma and  
**A** Allergies in  
**C** Childhood



# But first, connections



# Greetings from Nottingham

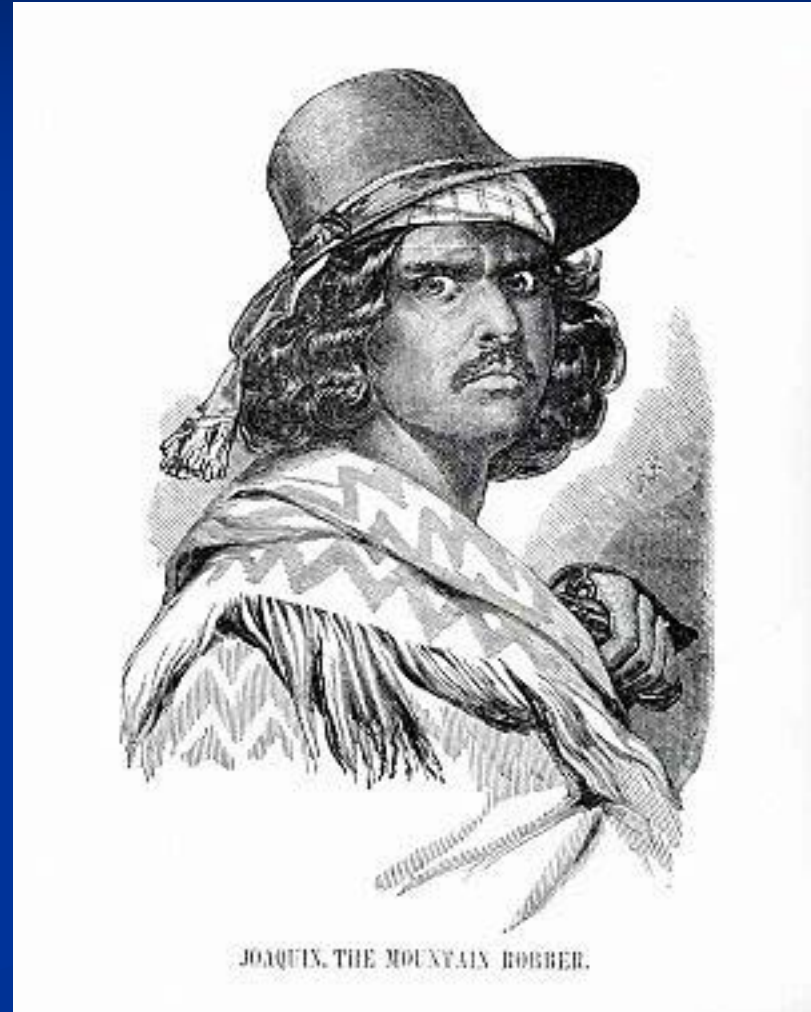


# What about Mexico?

- **Joaquin Murrieta**  
(1829-1853)

- Joaquin 'El Chapo'  
Guzman Loera

- Malverde from  
the hills of Sinaloa

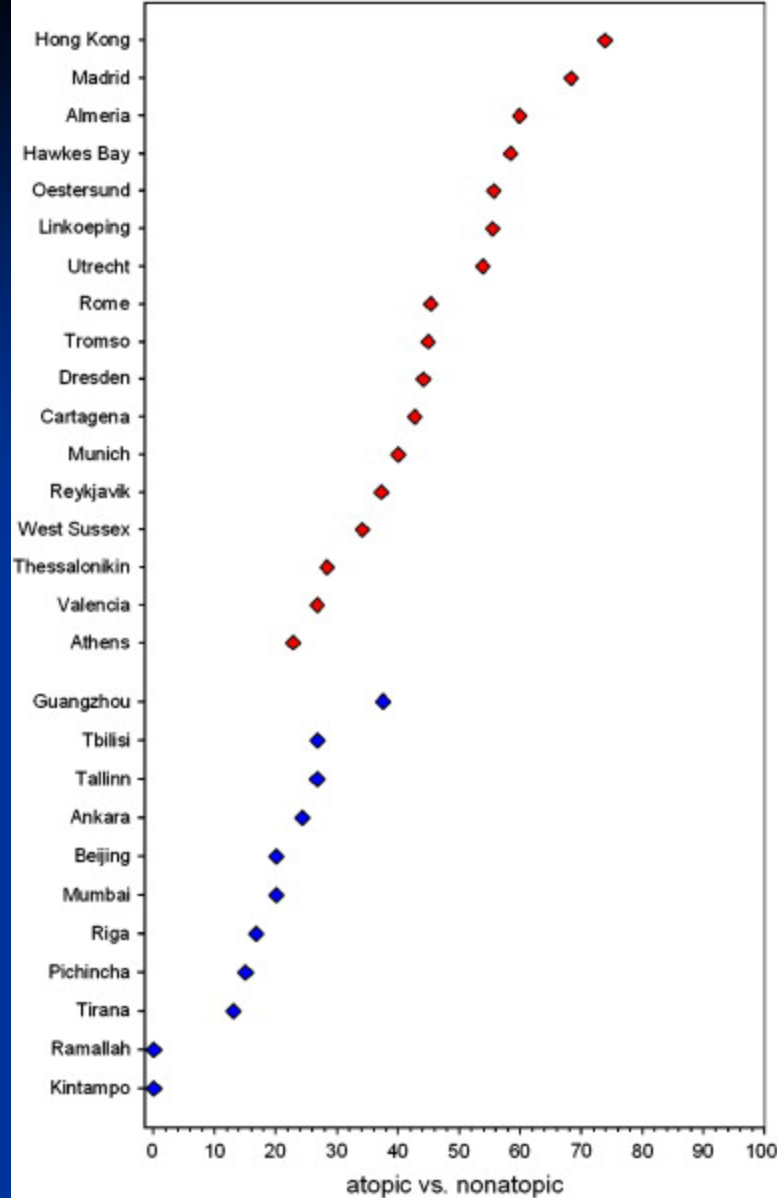


# What I am going to do:

1. A short word on terminology
2. Show some data for burden of eczema in Mexico
3. Run through management strategies for eczema
4. See how these might apply in Mexico
5. Introduce the dermatology electronic library

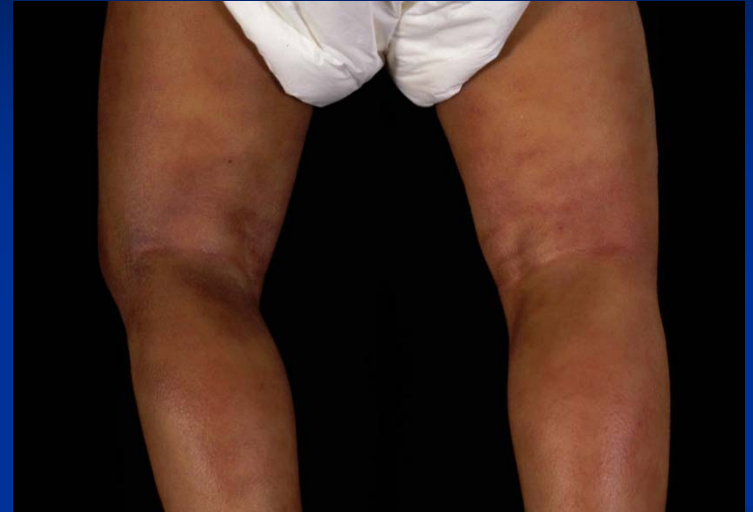
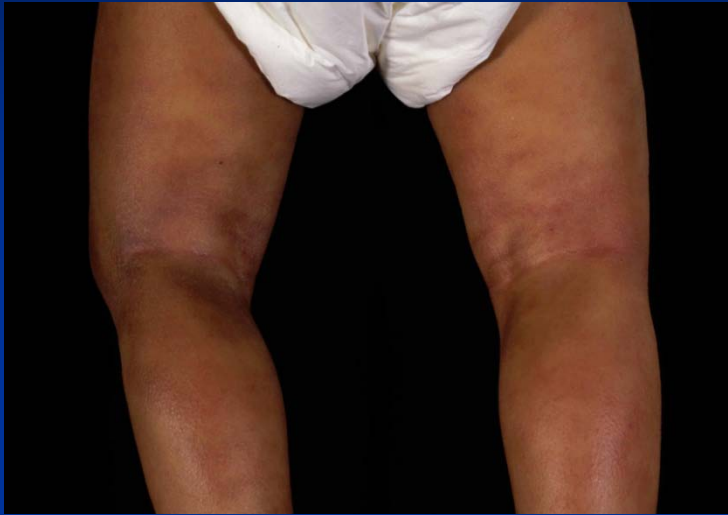
# 1. Terminology

- Atopic eczema = atopic dermatitis
- Except they are not necessarily atopic
- I am really referring to the phenotype of eczema



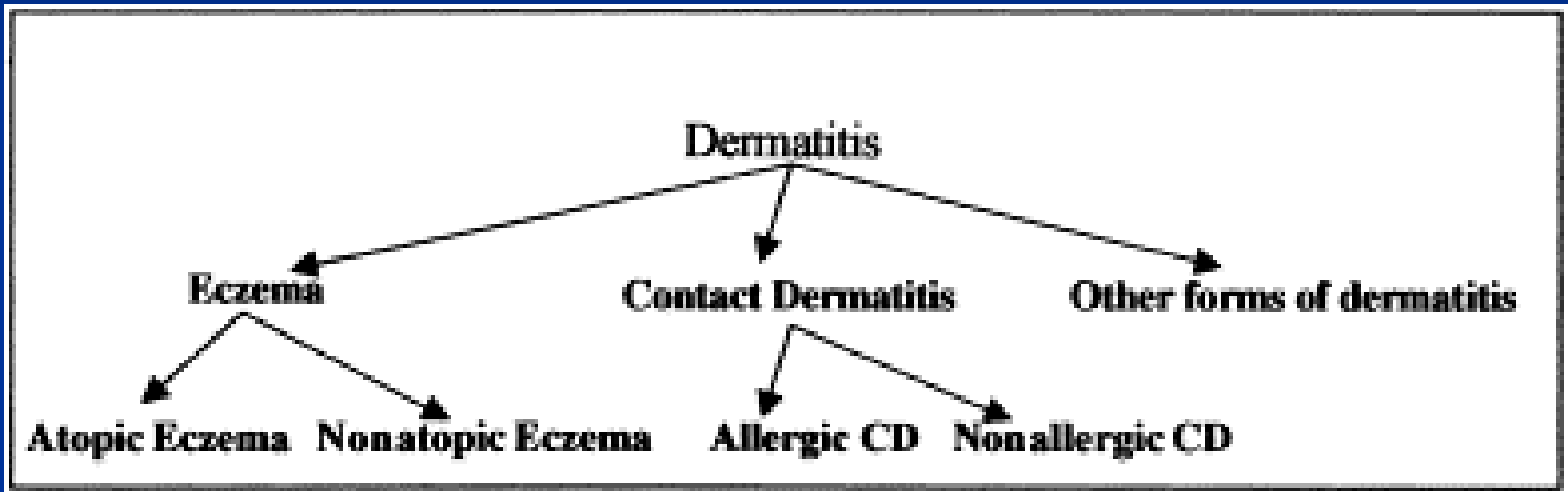
Flohr C et al *Journal Allergy and Clinical Immunology* 2008;121:141-7.

# Yet they look the same





# Quick word on nomenclature



WAO Revised nomenclature for allergy for global use. JACI 2004;113:832-6.

# Differentials



## 2. Burden of eczema in Mexico

- Mexico is a big place!
- Let's look at some ISAAC data from Phase three and some time trends

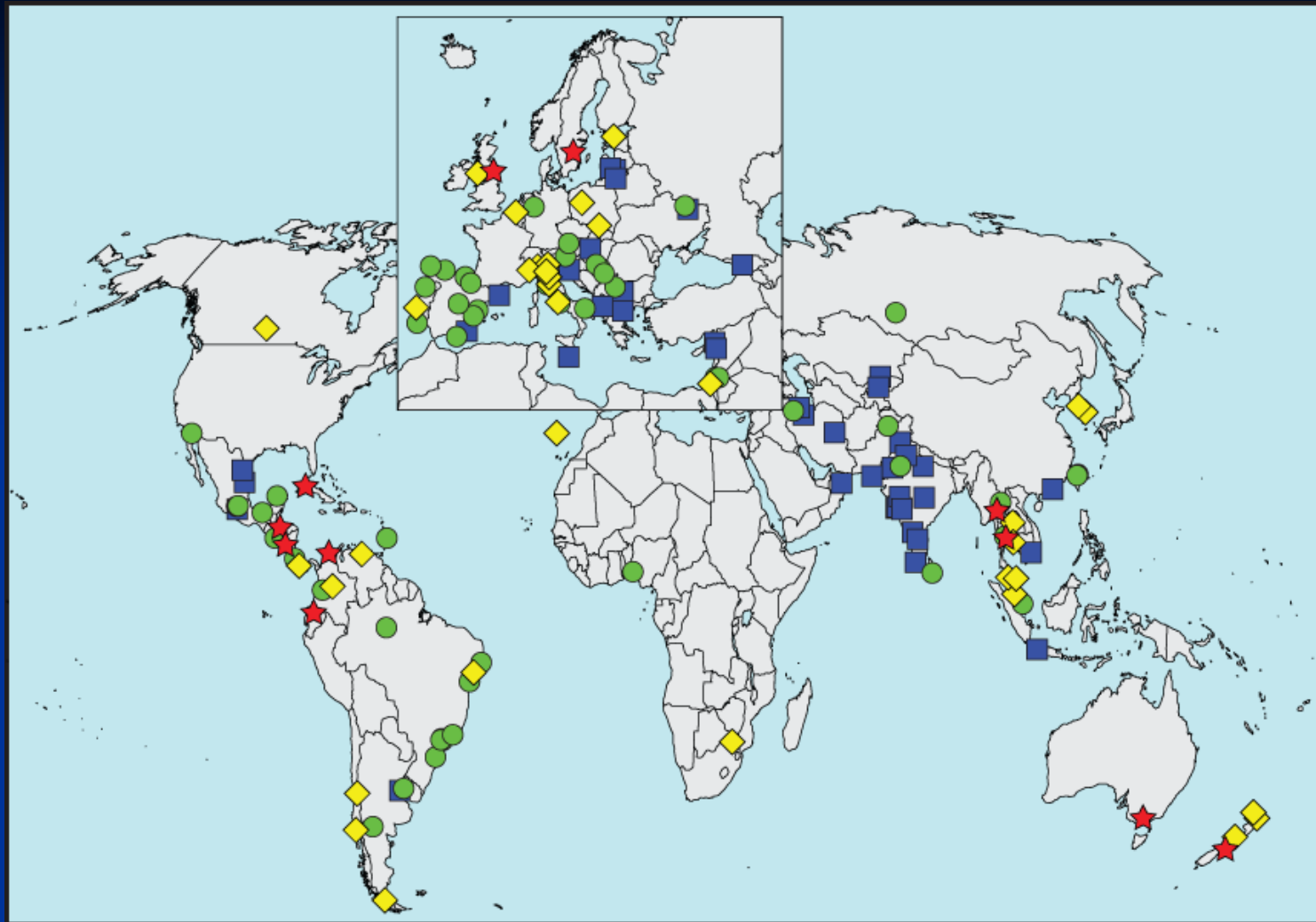


FIG 1 (A). World map showing prevalence of current symptoms of eczema for the age group 6 to 7 years. Each symbol represents a center. Blue squares indicate prevalence of less than 5%, green circles indicate prevalence of 5% to less than 10%, yellow diamonds indicate prevalence of 10% to less than 15%, and red stars indicate prevalence of 15% or more. Europe is shown in greater detail in the inset section. Copyright 2009, The Journal of Allergy and Clinical Immunology. Used with permission.

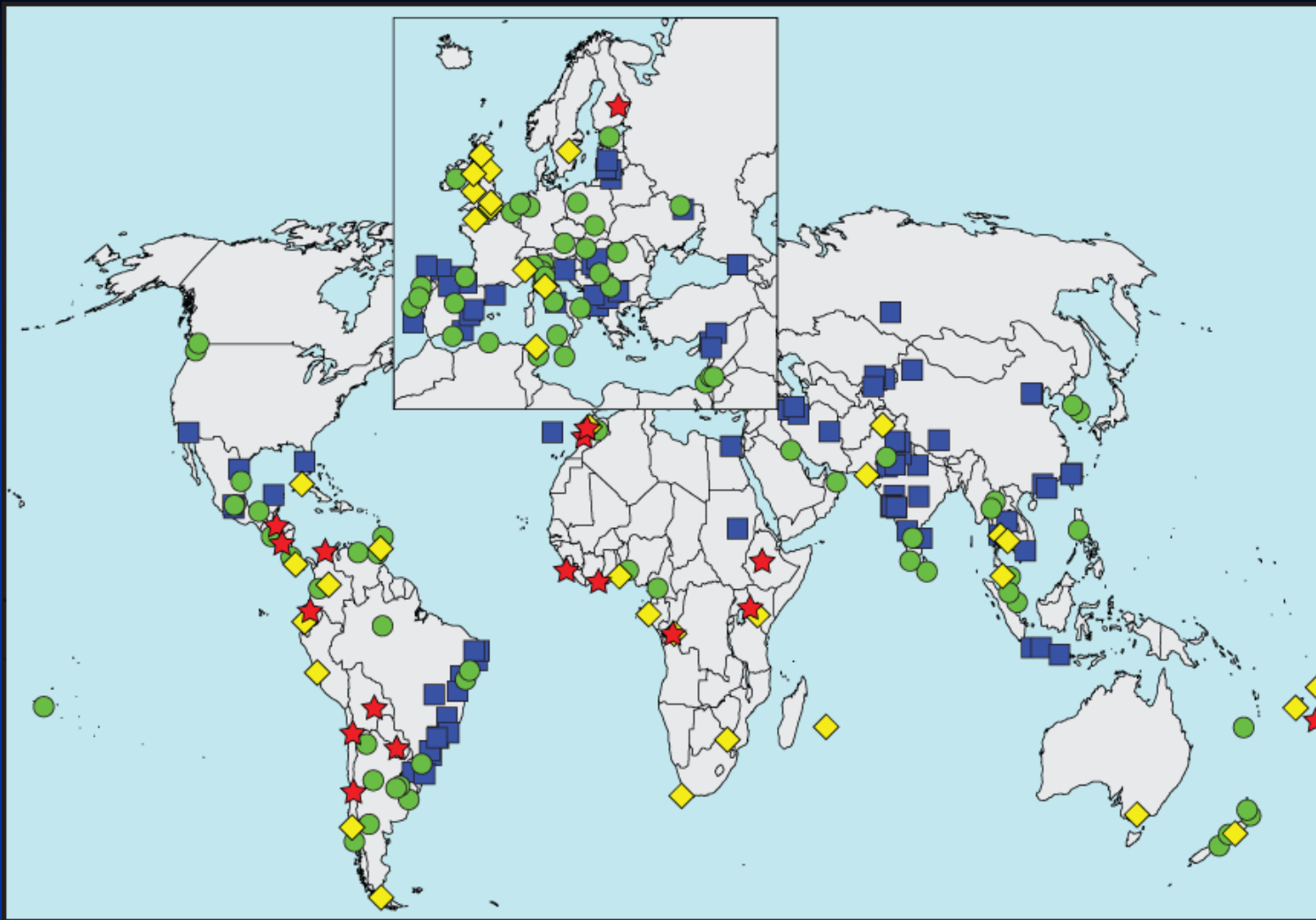
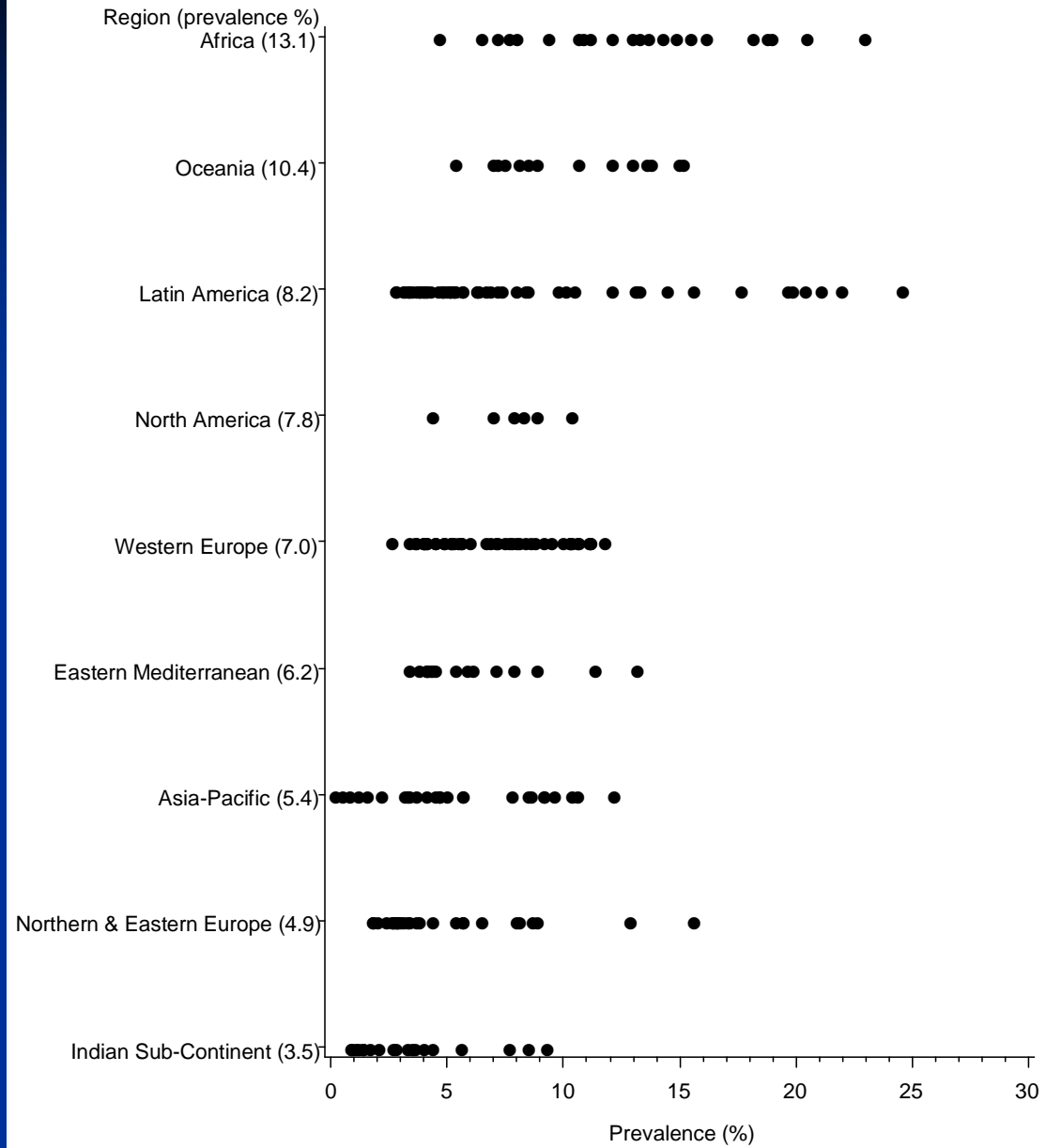


FIG 1 (B). World map showing prevalence of current symptoms of eczema for the age group 13 to 14 years. Each symbol represents a center. Blue squares indicate prevalence of less than 5%, green circles indicate prevalence of 5% to less than 10%, yellow diamonds indicate prevalence of 10% to less than 15%, and red stars indicate prevalence of 15% or more. Europe is shown in greater detail in the inset section. Copyright 2009, The Journal of Allergy and Clinical Immunology. Used with permission.

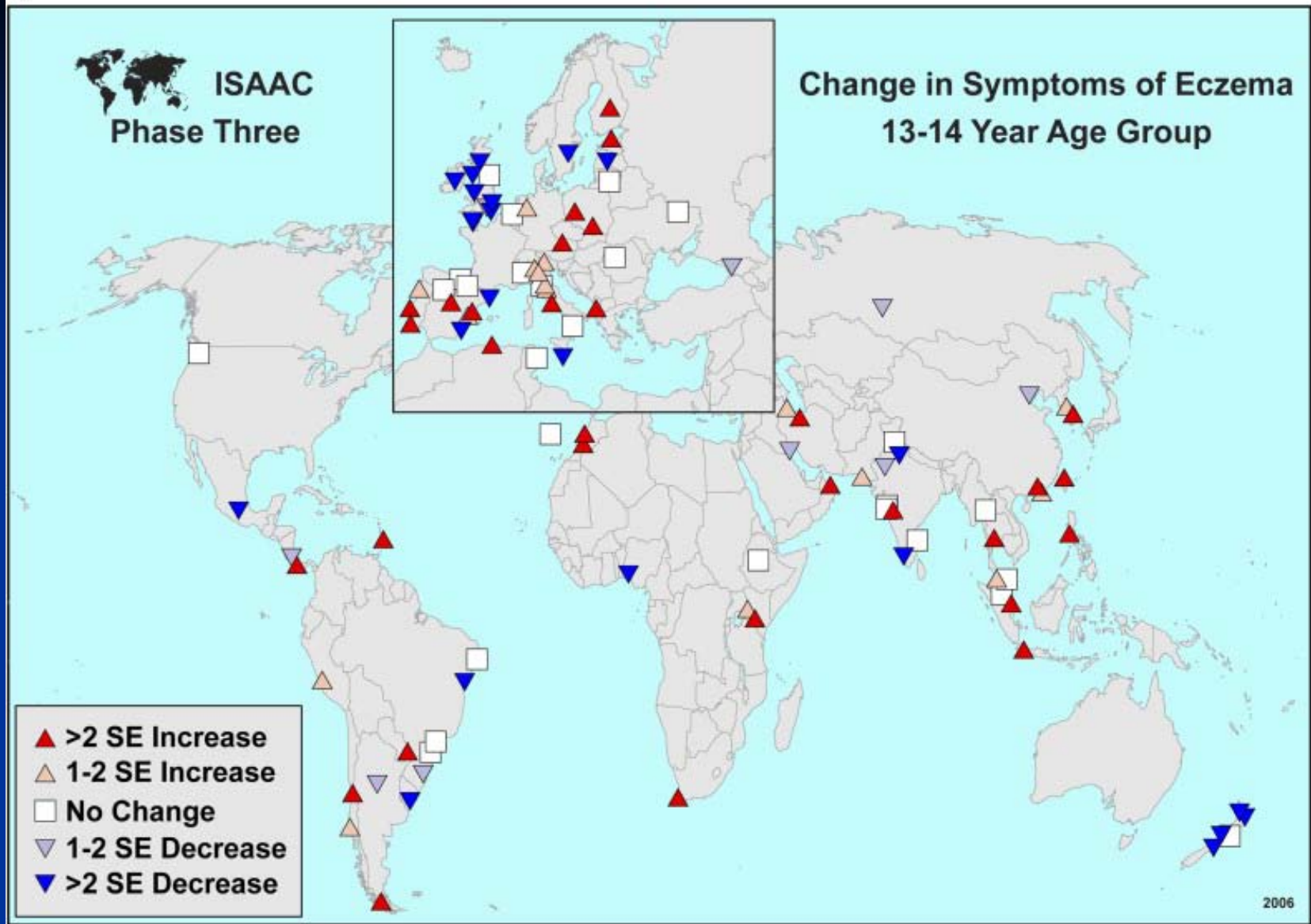
Prevalence of Current Symptoms of Eczema, 13-14 Year Age Group  
Regions Ordered by Average Prevalence



Mexico – eczema data at  
ages 13/14 years

	Date	Number studied	Number cases	Prevalence last year
Ciudad Victoria	2003	3122	160	5.1
Ciudad de México (1)	2002	3891	330	8.5
Ciudad de México (3)	2002	3474	256	7.4
Ciudad de México (4)	2002	2662	179	6.7
Cuernavaca	2002	1431	40	2.8
Mexicali Valley	2002	2988	85	2.8
Monterrey	2001	3006	119	4.0
Mérida	2002	3019	104	3.4
Toluca	2002	3021	94	3.1
Villahermosa	2002	3109	165	5.3

A



Williams H et al Is eczema really on the increase worldwide?

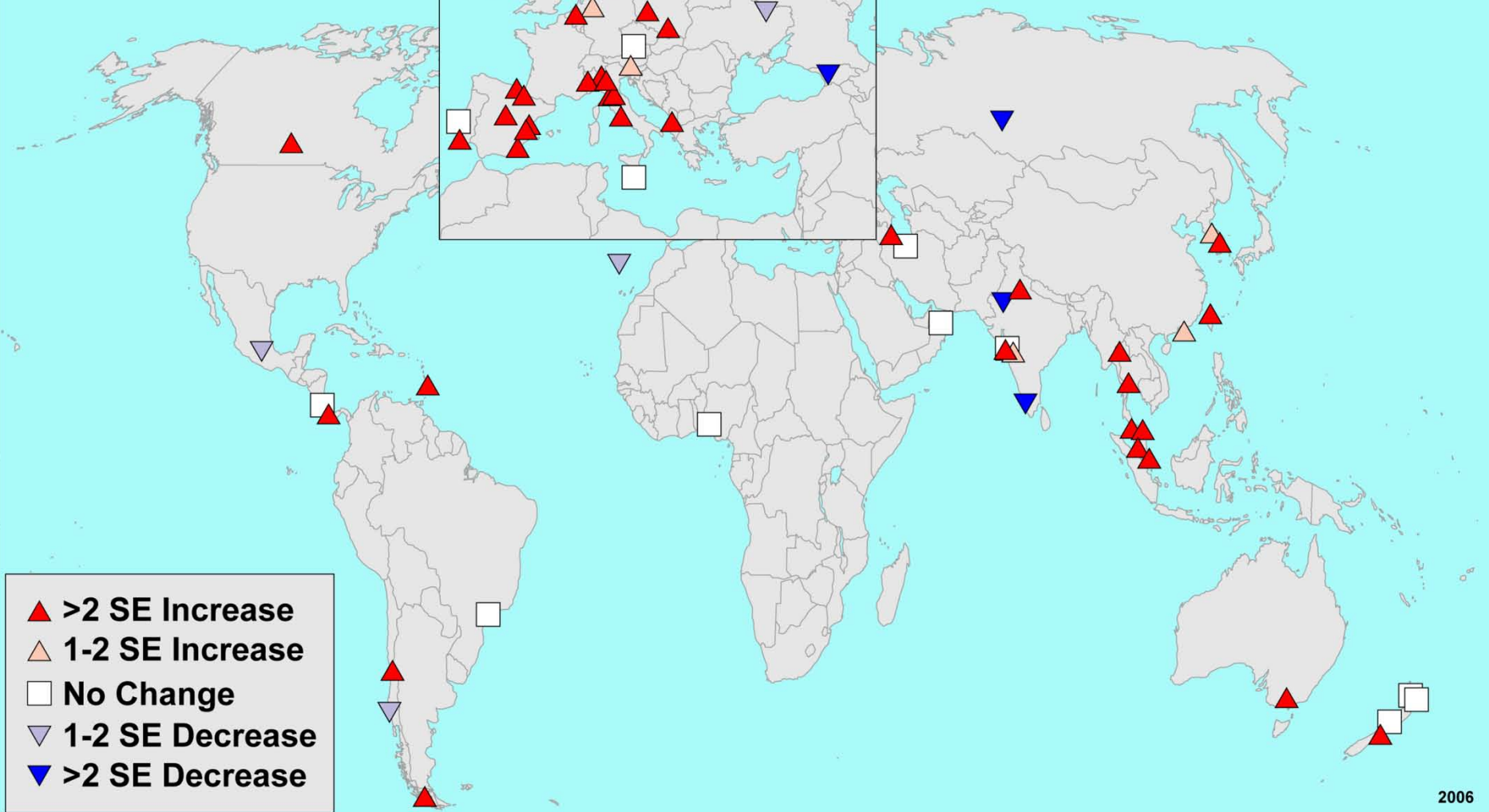
*Journal Allergy and Clinical Immunology* 2008;121:947-54.





# ISAAC Phase Three

# Change in Symptoms of Eczema 6-7 Year Age Group



# Other surveys

- Clinic populations – Ruiz Maldonado 1977
- López Pérez G et al. [Prevalence of allergic diseases in Mexico City]. *Rev Alerg Mex.* 2009 May-Jun;56(3):72-9. Spanish.
- 44.2% of allergic patients attended their general practitioner. 20.4% of all patients spent 10-20% of their income in medicines and 26% do not have money to buy antiallergic drugs.

### 3. Main management strategies – NICE guidelines 2007

- Assessment of severity, psychological and psychosocial wellbeing and quality of life
- Identification and management of trigger factors
- Treatment
- Education and adherence to therapy
- Indications for referral

<http://www.nice.org.uk/Guidance/CG57>

# Treatment:

## stepped approach to management

<i>Mild atopic eczema</i>	<i>Moderate atopic eczema</i>	<i>Severe atopic eczema</i>
Emollients	Emollients	Emollients
Mild potency topical corticosteroids	Moderate potency topical corticosteroids	Potent topical corticosteroids
	Topical calcineurin inhibitors	Topical calcineurin inhibitors
	Bandages	Bandages
		Phototherapy
		Systemic therapy

# Special problems for Mexico?

- Resources – calcineurin inhibitors
- Secondary infections esp with bites
- Accessibility to advice and care and education
- Emollients needed less in humid areas?

# But there may be more similarities

- Emollients usually available (not olive oil!)
- Topical corticosteroids widely available
- Antibiotics and bandages
- Oral steroids and UV light

# Some clinical scenarios – mild infant eczema

- Explain
- Get into remission
- Keep in remission
- Topical steroids –  
burst and rest



## Scenario 2 – lichenified eczema



Consider longer remission with TCS and occlusion



# Scenario 3 – infected eczema

- Still uncertain in recent Cochrane review

# Keeping up to date.....



[www.library.nhs.uk/skin](http://www.library.nhs.uk/skin)

# 2009 Annual Evidence Update on Atopic Eczema - Home Page



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6. [Link to National Eczema Week \(National Eczema Society\)](#)
7. [Methodology](#)

## 2009 Annual Evidence Update on Atopic Eczema

- There is no strong evidence of a protective effect of exclusive breastfeeding for at least 3 months against eczema, even in those with a positive family history of atopy.
- Supplementation with omega 3 and omega 6 oils is probably unlikely to play an important role in the primary prevention of eczema, or allergic diseases in general.
- There is little evidence to support dietary restrictions of certain foods in unselected children with atopic eczema. The same applies to few foods or elemental diets. An egg-free diet may be helpful in those who are sensitised to egg.
- There is still little evidence to suggest a clinically useful benefit from using probiotics in patients with established eczema.

# What I have done:

1. Defined terminology
2. Summarised data for burden of eczema in Mexico
3. Outlined some management strategies for eczema
4. Considered how these may apply to Mexico
5. Introduced the specialist dermatology electronic library

