

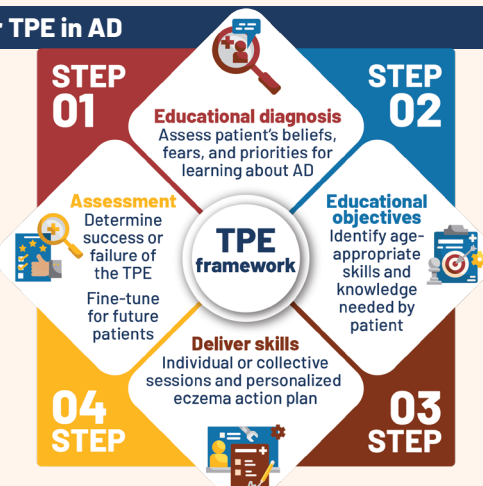
### BACKGROUND

TPE has proven valuable in the management of chronic diseases where adherence to therapy is suboptimal by increasing knowledge of the disease, aligning patient and provider goals, and promoting trust. Research has shown positive effects on the disease course, prevention of complications, and patient autonomy and QOL.

Topical therapies are the mainstay for patients with AD, but adherence is low for reasons such as fear of corticosteroids ("corticophobia"). Ensuring that patients receive adequate therapy, and benefit from skin care interventions, requires the effective exchange of skills and knowledge between patients and HCPs. TPE can provide that exchange.

#### Framework for TPE in AD

- TPE interventions should be **patient-centered**
  - Physicians and patients share decision-making
- TPE framework involves a **4-step process**
- No single "right way" to deliver TPE—multiple models have improved outcomes in AD; eg:
  - Individual appointments with trained nurses
  - Online videos
  - Collective sessions:
    - Structured lectures
    - Small group workshops stratified by age



- Paper written pre-COVID-19**
- Pandemic has changed how we communicate with patients**
    - Including within TPE framework
      - Consider **remote** educational diagnosis and training sessions
  - Essential to train HCPs who integrate into the patient journey; eg: nurses, pharmacists
    - Initiatives in Europe and Canada have shown a positive impact: <https://isad-opened.com>

#### Collective sessions for TPE in AD: Advantages and disadvantages of lectures vs workshops

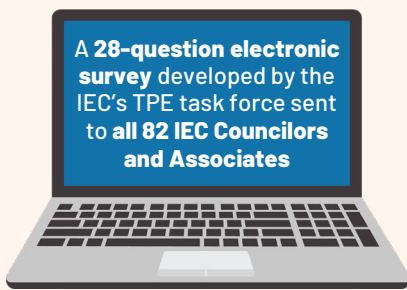
Pros	Lectures	Cons	Pros	Workshops	Cons
<ul style="list-style-type: none"> <li>Can reach a large audience</li> <li>Can use digital communication (eg, webinar)</li> </ul>	1-2 sessions, 0.5-1.5 hrs Groups of 20-200	<ul style="list-style-type: none"> <li>Mixed age groups</li> <li>Impersonal content</li> <li>Does not impart practical skills</li> <li>Cannot consider individual beliefs or behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Patients can exchange personal experiences with peers</li> <li>Can demonstrate practical skills and role play situations</li> <li>Can use interactive tools</li> </ul>	1-3 sessions, 0.5-1.5 hrs Groups of 8-10	<ul style="list-style-type: none"> <li>Group by age, when possible</li> <li>Participation is more demanding</li> </ul>

### OBJECTIVE



Explore experts' opinions and practices to determine if **TPE is recommended and effective for treating AD**

### METHODS



### RESULTS

<p><b>42</b> of 82 IEC Councilors and Associates <b>responded</b> to the survey</p> <p><b>51%</b> Response rate</p>	<p><b>Respondent demographics</b></p> <p>From countries in Asia-Pacific, Europe, the Middle East, North America, and South America</p>	<p>Most were hospital based</p>	<p>Nearly 1/3 see &gt;100 patients with AD/month</p> <p>On average, care for patients with AD that is:</p> <ul style="list-style-type: none"> <li><b>35%</b> severe</li> <li><b>45%</b> moderate</li> <li><b>20%</b> mild</li> </ul>
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#### Survey results and subjects discussed

<p><b>Role of TPE in AD management</b></p> <ul style="list-style-type: none"> <li><b>98%</b> Agreed TPE should play an important role in persistent, refractory AD.</li> <li><b>83%</b> Believed all patients, regardless of AD severity, could benefit.</li> </ul> <p><b>TPE tools</b></p> <ul style="list-style-type: none"> <li><b>80%</b> Provide tools to patients/caregivers (eg, handouts, videos).</li> <li>Many also provide materials to other HCPs.</li> </ul>	<p><b>When is TPE appropriate?</b></p> <ul style="list-style-type: none"> <li><b>92%</b> Treatment failure</li> <li><b>88%</b> "Corticophobia"</li> <li><b>85%</b> High psychosocial/financial burden</li> <li><b>83%</b> AD requiring systemic therapy</li> <li><b>81%</b> Lack of patient motivation</li> </ul>	<p><b>Practical TPE setting</b></p> <ul style="list-style-type: none"> <li><b>51%</b> Do <b>not</b> use a formal school. In-office visit most common.</li> </ul> <p><b>Contrasting experiences</b></p> <p>Between the formal German atopy school and informal Brazilian support groups.</p> <p><b>Propositions</b></p> <ul style="list-style-type: none"> <li>Specialist dermatologic nurses could deliver formal TPE.</li> <li>Specialists are developing online programs to deliver TPE.</li> <li>HCP training sessions (TPE Day).</li> </ul>	<p><b>Outcome assessment</b></p> <ul style="list-style-type: none"> <li><b>80%</b> Rely on informal patient assessment of whether AD is better/worse.</li> <li><b>70%</b> Regularly use formal physician assessment (eg, SCORing AD).</li> </ul> <p>All respondents agreed TPE can improve patient care/satisfaction.</p> <p><b>Obstacles to implementing TPE</b></p> <ul style="list-style-type: none"> <li>More complex than just giving handouts or showing videos.</li> <li>TPE providers need training.</li> <li>Low funding/high bureaucracy.</li> </ul>
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#### Comments from respondents regarding TPE

- Multiple messages communicated by multiple HCPs (including pharmacists) can confuse patients and lead to "corticophobia".
- General information is often counterproductive. It is imperative to begin education with information specific to a patient's problems.
- The patient-centered approach used in atopic schools (German model) is not easily exportable to different cultural and economic contexts.
- Integrate specialist nurses into medical teams—they play an essential role in patient communication and explaining hygiene in mild AD.
- Develop high-quality e-learning tools using artificial intelligence.
- Adapt e-learning tools for use by specific HCPs (eg, pharmacists, nurses).
- Develop patient-reported outcome tools that can assess acquired skills to improve the evidence-based quality of TPE.

### CONCLUSIONS

TPE is increasingly proposed as a way to increase treatment adherence, avoid treatment failure, and improve patient QOL. IEC experts who responded to and discussed a survey concluded that TPE for AD can improve the quality of patient care and patient satisfaction with care, but there is much to be done compared with advances in TPE for other chronic conditions. TPE approaches depend on the clinical setting, the organization of a country's health services, and socioeconomic and cultural factors.