



Winter woes

Lower humidity and cooler temperatures mean many people struggle with dry skin, eczema and other skin issues like psoriasis during winter, writes Janet Doyle.

Winter is already a time when pharmacy sees more than its fair share of patients with skin problems—lower humidity, central heating and hot showers create issues like dry skin and dermatological flare-ups. But due to COVID-19, pharmacy is set to see more requests for help as pharmacy traffic surges, and there is a rise in demand for therapeutic products and skin care, according to data from market research company IRI.

This presents an opportunity for pharmacy to position itself as a distressed-skin destination, and leverage the link between skin and other categories such as wound care and antifungals.

According to market data company IRI, the Therapeutic Skin Care Pharmacy is worth more than \$180m and growing in value at 16%—year-on-year.

IRI Australia's senior consultant, Luis Gil told the *AJP* the top 20 therapeutic skin care items represent just under 30% of overall value sales. This means the segment offers a commercial opportunity across a wider range of products compared to other segments.

“With the top-10 selling products (\$) all belonging to different brands, the segment shows unpaired dynamism compared to other segments where fewer brands dominate top-selling items,” Gil said.

“The average price of non-therapeutic Skin Care SKUs is \$11 a unit, while Skin Care Therapeutic SKUs are almost double in price with an average of \$19 per unit... The clear and long-term benefit is that really differentiates a product. For example, deep wrinkle repair, or anti-ageing, coupled with formulations, and ingredients that savvy consumers are increasingly looking for—for example, hyaluronic acid.”

Gil added that Therapeutic Facial Skin Care showed the most significant opportunity.

“Our data indicated that 33% of total Facial Skin Care is therapeutic—this segment is under-indexing compared to eye products for example, where nearly half (48%) of the products are classified as therapeutic. There are other Skin Care segments, like Hand & Body where therapeutic items have a nominal share. While it is unlikely for Hand & Body Therapeutic items to reach the level of adoption of Facial Therapeutic SKUs, there is certainly an opportunity for growth.”

Asked about the impact of COVID-19 on the category, Gil said there is evidence for it having an effect on sales.

“Total Skin Care and therapeutic products are benefiting from the panic buying generated since the WHO declared the pandemic and sales are spiking a week after grocery sales did. It could be explained as consumers likely stocked up on food and some people later thought

of either doing the same for skin care products or bought the category while shopping in pharmacy for products that were sold out in grocery channels. It is important to clarify that the sales growth for skin care is not at the level of toilet tissue or hand soap/sanitiser.

Commenting on the data, partner at accountancy firm Pitcher Partners, Norman Thurecht, said it showed that demand for targeted, specialised products remains strong but discretionary spend may fall.

“The most important thing about top sellers is that the products are very specialised—so I suspect customers are buying two or more items per sale out of this top 10 and maybe down in the next 10 items as well. I think price points will have an influence going forward while we have rising unemployment and discretionary spend is reduced.”

However, Thurecht believes there are opportunities to grow the skin care sales during the epidemic and beyond due to high demand in the winter. However, pharmacy may need to give information and advice in a different format.

“Look for innovative ways to connect with the customer in an online environment like reaching out during Zoom meetings or Facetime for one-on-one consultations with product sales opportunities, or use targeted EDMs. Once the pandemic subsides, you can continue to grow sales by conducting in-store events and looking for local opportunities. This can include working with local health practitioners such as dermatologists, and stocking recommended products lines,” Thurecht told the *AJP*.

At the coal face

At award-winning Cooleman Court Pharmacy in the ACT, they see many people wanting help with skin problems especially when temperatures fall—often because people are overcompensating and overheating.

“A lot of skin conditions can get worse during winter as there are many more triggers such as more clothing layers, hotter and longer showers, use of heaters, temperature and wind changes outside. Many patients come in with itchy, dry skin because they are overheating—and often it is the elderly that are more at risk as they tend to use hot water bottles or thermal blankets in bed or wrap up layer-upon-layer to keep warm during the day. So, you have to educate them that they can harm their skin by wearing too many layers or getting too hot; and they should try to maintain their body temperature in other ways,” pharmacist Bev Mistry-Cable told the *AJP*.

“We see the impact of dry skin, eczema, and urticaria on a daily basis so when you can actually recommend and give advice to help and alleviate symptoms, it can have a big impact.”

Indeed, it was her own mother’s experience of psoriasis that sparked Mistry-Cable’s interest in dermatology.

“Years ago, my mum had uncontrolled psoriasis on her foot. It resulted in lesions that became cracked and unfortunately a secondary infection ensued, resulting in cellulitis spreading up to her knee. This was all because the original condition was not controlled. It was quite traumatic and very painful for her: as a result, I thought more could be done.

“Pharmacists have an important role giving advice about how to apply creams and ointments, not only to rehydrate the skin and get really good coverage with emollients like Cetaphil and QV, but also when stronger steroid creams are prescribed when inflammatory components are present,” she told the *AJP*.

But she believes ‘steroid phobia’ it still something to overcome.

Corticosteroid phobia

In 2017, the Australasian College of Dermatologists released a position statement on the use of topical corticosteroids for childhood eczema,

Top 10 selling therapeutic skin care products

- Freezeframe Revital Eyes 15ml
- Earon Hyaluronic Acid Collagen Essence Gen lii 10ml
- Avene Thermal Spring Water Spray 300ml
- Healthy Care A/Age Face Serum 50ml
- Benzac Acne Gel 5% Tb 50g
- Olay Regenerist Micro-sculpting Cream New Formula 50g
- Neutrogena Hydro Boost Water Gel 50ml
- La Roche-Posay Effaclar Duo Plus Serum 40ml
- Sukin Purely Ageless Reviving Eye Gel 25ml
- The Ordinary Hyaluronic Acid 2% + B5 30ml

saying health professionals including pharmacists contribute to negative messaging about the medicines.

President of the ACD, Associate Professor Chris Baker, said there was “significant misinformation” about the use of steroid creams to treat eczema in children.

“The ACD position statement provides needed recommendations to GPs, nurses and pharmacists on the safe and effective use of steroids.”

Dermatologist Associate Professor Gayle Fischer said: “The advice given by dermatologists to parents of children with eczema on the use of steroids is unfortunately frequently undermined by misinformation among the general community, pharmacists and GPs.

“It is easy to find negative messages about steroids on the internet, but hard to find positive ones.

“The resulting ‘steroid phobia’ can lead to the poor treatment of eczema in children, further frustration to parents and continued discomfort for the affected child.

“There is a pressing need for the re-education of the community to not be afraid to use steroids and let them know that concerns on long-term adverse effects associated with steroid use are unfounded.”

But an earlier *AJP* poll found that the advice to use topical corticosteroids (TCS) sparingly was increasingly unusual among pharmacists.

More than half of respondents—197 readers, or 55%—said they remove “sparingly” from labels and offer advice using fingertip units. Another 15% (52 readers) said they remove “sparingly” from labels and advise customers to use topical corticosteroids more liberally. Nearly one in five (18%) still advised patients to use the products sparingly. Another 5% remove “sparingly” from labels but don’t explain further.

Mistry-Cable also believes things have changed.

“Back in the old days we use to say ‘apply sparingly’; ‘a small amount goes a long way’,” she said.

“But to get good control of the inflammatory components in eczema and psoriasis you need good coverage and good compliance. I always advise my patients not to cake it on but to ensure they apply a good layer of the cream or ointment as prescribed. Fingertip units can be a convenient way to measure how much steroid cream or ointment to use, generally saying one fingertip unit should cover the size of your palm.”

She said it is useful to try and find out a person’s own beliefs first when giving advice.

“Even though, you try and tailor your advice towards the patient’s own belief you still have a duty of care to give your professional opinion. So, in a case of eczema not being controlled with emollients alone, it might be a case of saying the next step-up would be to try a steroid cream, explaining how the medication can work and help the situation.

“Young mums can often be fearful and may not want to apply steroid creams on their child’s skin as they have heard it is a very strong cream. A more detailed explanation of the inflammatory process that is occurring may be required and also the need to get good coverage to stem the response.

“Then they start to understand why and how they need to apply the steroid cream or ointments, and then, depending on what the GP has told them, short-term or long-term regular use can help them get control of the condition. In some cases, depending on each individual situation, it may not mean they have to continue with the cream forever—as applications can be step down when things improve. But conditions like these can also flare-up. For, example if the patient came into contact with certain irritants or the skin gets dry or the patient has stressed; all of these could all result in a flare-up of their condition. But once patients understand the management better, this leads to improved health outcomes.”

Key advice

She also said that they receive a lot of questions about the impact of diet on conditions such as acne.

“I had acne as a teenager, which some in my family thought could be affected by diet, so I tried changing it but nothing really made any difference. It wasn’t until I sought further help from my GP and commenced a course of antibiotics that it actually cleared up.

“The impact of diet on acne is still a controversial subject. The roles of antioxidants, omega-3 fatty acids, zinc, dietary fibre and iodine remain unclear. Diet may or may not impact but what is really important is carefully listening to patients. If a patient notes an association between a particular dietary factor and acne severity, they can exclude it or limit its consumption. A patient can be encouraged to write in food diary which dietary factors produce an acne flare-up. But the most important thing, if nothing is working, is to get help and a referral to their GP.

“We also need to look at the whole picture—including the psychological impact of skin issues. For example, a patient with hyperhidrosis can be embarrassed, feel shame, have anxiety and may avoid going out or getting close to people. Therefore, we always need to look at the whole picture and not only manage the condition but also find out how it is impacting their daily lives and find out how they feel about it.

“With acne I will often talk about management issues then directly ask them how they feel with how it is presenting—and that often opens up a response and you just take it from there.

“We take them into the consult room and allow them to talk and we’re often surprised how much they will reveal,” Mistry-Cable added.

Education

Given the complexity of skin care, Bev Mistry-Cable would like to see more opportunities for pharmacists to improve their dermatology knowledge.

“Most undergraduate pharmacy courses include some dermatology. After registration, there are not that many courses beyond diploma level or MSc available so I think that it would be great if there were more educational opportunities available for pharmacists so they feel more confident with the advice they can give from the pharmacy. Community pharmacists are frequently the first point of contact for advice of skin problems so need to have comprehensive knowledge for treatment of minor skin conditions, have the ability to refer to GPs for diagnosis and treatments for more serious conditions and also help monitor and provide patients support for treatment of long term conditions.” ●

Eczema treatment revolution

New developments in eczema treatments are transforming how the disease is managed.

How eczema is managed is set to change—thanks to a better understanding of the genetic and inflammatory pathways involved in the disease. This work has resulted in the development of a range of new therapies, with others in the pipeline, that could transform treatment of a large number of patients.

According to leading dermatologist and head of Sinclair Dermatology, Professor Rodney Sinclair, the new developments mean, increasingly, the management of eczema will become much more straight forward.

“We are just on the cusp of a revolution in the treatment of eczema with a range of new medications coming through, which are going to be really effective. The first ones have been approved by the TGA and I think it is only a matter of time, based on what is happening overseas, that they become available on the PBS.

“For the treatment of severe eczema, we have a range of injectable biologic medications, much like those which have been used in rheumatoid arthritis (RA), inflammatory bowel disease and psoriasis. The first to market is Dupixent (dupilumab) which is now TGA registered and available on private script,” Professor Sinclair told the *AJP*.

Dupixent is the first targeted biologic indicated for patients as young as 12 with moderate–severe atopic dermatitis.

Unlike broad spectrum immunosuppressants, Dupixent has a targeted action by selectively inhibiting the signalling of interleukin-4 and interleukin 13—the key type 2 cytokines involved in atopic dermatitis.

Clinical studies demonstrated a greater than 75% improvement in lesion extent and severity at 16 weeks in one-in-two adult patients.

Maker, Sanofi Genzyme said it is working to secure reimbursement for the drug for both adult and adolescent patients. Currently, two 300mg injections cost \$1,615.38—the monthly dose after an initial 600mg loading dose.

“The next one in the pipeline is tralokinumab—and there’s probably 20 or 30 other medications that will come to market within the next three or four years,” Prof Sinclair said.

“In addition to the injectable biologics, work has been underway researching JAK inhibitors—like those used in RA and myeloproliferative disease—ruxolitinib is the one most pharmacists would be familiar with. In clinical trials, we are finding that JAK inhibitors have an almost immediate effect on itch—even though it might take a couple of weeks for the eczema itself to vanish. Patients are finding that within the first 24–48 hours and one or two doses, their itch goes away so their comfort is massively improved almost immediately.

“At the bottom end of the severity spectrum there is also innovation. The JAK/STAT inhibitors are small molecules capable of being developed as topical creams. We are involved

“Pharmacy is often where the patient journey with eczema begins and ends.”
 – Professor Rodney Sinclair

in testing of these JAK inhibitor creams which have great potential—especially for patients for whom other therapies might not be suitable—such as the very young.”

In addition, Prof Sinclair said other novel agents have been developed for the treatment of less severe disease.

Crisaborole (Staquis) became available on private script late last year for mild–moderate atopic dermatitis. It is the first topical phosphodiesterase-4 inhibitor on the market in Australia as an alternative to topical steroids. While its underlying mechanism of action is not well-defined, clinical trials have demonstrated a noticeable improvement in symptoms—including pruritus intensity.

In addition, finding ways to overcome the side effects that are often associated with the use topical corticosteroid (TCS) is another important area of research, Prof Sinclair said.

“Some people under-use TCS because they are scared of developing skin side effects while other people over-use because they have severe disease which means they need to use a lot of TCS.

“However, a recent discovery found that it is possible to add a topical mineralocorticoid-receptor blocker like spironolactone to the TCS—it will reduce the side effects of skin atrophy and enable people to use TCS more safely.”

He said this could be particularly beneficial for patients who are using a lot of TCS, but they might not have the disease severity to justify using one of the very high cost biologic treatments.

“Many pharmacists might not be aware of this development but it is something that could be compounded in the pharmacy. Pharmacy is often where the patient journey with eczema begins and ends. Patients with less severe disease can be managed well with over-the-counter cortisone creams, moisturisers, soap substitutes and emollients—and lifestyle measures, including the avoidance of irritants and ways to prevent overheating, particularly during winter when low humidity contributes to skin dryness. Pharmacists can reinforce these measures to all patients, including those with more severe eczema presenting with a script from their GP.

“In addition, pharmacists can also make patients aware of these new treatment discoveries and might want to direct patients to their GP or dermatologist to see if they may benefit or would be a suitable candidate for one of the many clinical trials currently recruiting eczema volunteers. Pharmacists can also directly refer patients to clinical trial centres.”

Sinclair Dermatology is the largest dermatological clinical trial centre in the southern hemisphere—with more than 100 patients involved in its eczema clinical trials.

“We are a large dermatology clinic and very heavily involved in research. Patients participating in clinical trials are able to access new treatments five or six years prior to when they are available internationally.” ●

For more information about participation, go to www.sinclairdermatology.com.au/clinical-trials

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References:

1. Resolve Plus Product Information. Date of most recent amendment 13 June 2017.
2. Van Cutsem JM, Thienpont D. Miconazole, a broad-spectrum antimycotic agent with antibacterial activity. *Chemotherapy* 1972;17:392–404.