

IN BRIEF A Summary of the Evidence

Pimecrolimus for the Treatment of Adults With Atopic Dermatitis, Seborrheic Dermatitis, or Psoriasis: A Review

Key Messages

- To treat atopic dermatitis, it is unclear whether pimecrolimus is more effective than corticosteroids.
- For atopic dermatitis and seborrheic dermatitis, pimecrolimus appears to be better than placebo at decreasing the severity of symptoms, but it does not appear to be an effective maintenance therapy to prevent future flare-ups.
- To treat atopic dermatitis, the immunosuppressive drug tacrolimus appears to be more effective than pimecrolimus.
- To treat seborrheic dermatitis, pimecrolimus appears to be more effective than placebo and equally effective compared with most corticosteroids and the antifungal medication sertaconazole.
- No information on the comparative clinical efficacy of pimecrolimus for the treatment of psoriasis was found.
- One study found corticosteroids to be less costly and more effective than pimecrolimus for the treatment of atopic dermatitis; however, the study was not conducted in Canada, so the cost-effectiveness of pimecrolimus in a Canadian context is unclear.
- No information on the cost-effectiveness of pimecrolimus for treating seborrheic dermatitis or psoriasis was found.

Context

Atopic dermatitis is a chronic inflammatory skin condition that most commonly develops in childhood and is characterized by itchiness and rash. The condition can persist into adulthood and, in rare cases, it may first develop in adulthood. The estimated worldwide prevalence of atopic dermatitis in adults is 1% to 3%. Seborrheic dermatitis and psoriasis are also chronic inflammatory skin conditions. Seborrheic dermatitis affects sebaceous gland-

rich areas such as the scalp, and it is estimated to affect 3% to 5% of the general population. Psoriasis causes itchy or painful patches of thick, scaly, red skin and is estimated to affect 2% to 4% of the population in Western countries.

Technology

Atopic dermatitis is typically managed with topical corticosteroids; however, pimecrolimus 1% cream is another treatment option. It is currently indicated for the short-term and intermittent long-term treatment of mild to moderate atopic dermatitis in patients two years of age and older without compromised immune systems who either have not adequately responded to or cannot tolerate conventional therapies, or for whom other therapies are not advised because of potential associated risks. Although pimecrolimus is not currently indicated for the management of seborrheic dermatitis or psoriasis, in clinical practice it is used to treat these conditions, as well.

Issue

In light of the expanded clinical use of pimecrolimus, a review of the clinical and cost-effectiveness of its use in adults for the management of atopic dermatitis, seborrheic dermatitis, and psoriasis will be useful for informing treatment decisions.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Results

The literature search identified 197 citations, with no additional articles identified from other sources. Of these, five publications met the criteria for inclusion in this review – three systematic reviews and two randomized controlled trials.

Read more about CADTH and its review of pimecrolimus for the treatment of adults with atopic dermatitis, seborrheic dermatitis, or psoriasis at:



cadth.ca/pimecrolimus-treatment-adults-atopic-dermatitis-seborrheic-dermatitis-or-psoriasis-review-clinical-0

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