

1.22 Burden of Atopy: Documentation of Atopic Dermatitis Prevalence in a Specialised Asthma Clinic

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Background: Asthma and Atopic Dermatitis share pathophysiological mechanisms. Ireland has among highest asthma rates worldwide[1]. 1-in-10 Irish adults experience atopic dermatitis[2]. Biologic therapies have revolutionised asthma and eczema, such as Dupilumab. **Methods:** We audited Asthma Clinic letters over 6-weeks, examining 71 letters. Recorded variables included documentation of skin status, ACQ-7(Asthma Control Questionnaires), Treatment, Eosinophils and Dermatology referrals. **Results:** We reviewed 71 letters (age \bar{x} =50, 33 males, 38 females, aged 21-84 years). 100% of letters(n=71) recorded respiratory symptoms/examination. 94.4%(n=67) documented ACQ-7 score. 47.9%(n=34) referred to hay-fever presence/absence and/or sinusitis. 97.2%(n=69) documented eosinophil count. 15.5%(n=11) referred to eczema absence/presence. 9.9%(n=7) documented eczema presence. 57.8% (n=41) were on Biologics, including 15.5%(n=11) on Dupilumab, one patient had eczema pre-commencement which improved. There were no Dermatology referrals. **Discussion:** Respiratory symptoms were documented to high-standard. Only 15.5%(n=11) referred to atopic dermatitis presence/absence, versus 47.9% documenting hay fever/sinusitis presence/absence. 9.9% eczema prevalence is consistent with the Irish population, but less-than-expected in an Asthma clinic, potentially reflecting patients on Biologics or need for improved skin-status questioning to appreciate dual disease burden.

Disclosures: Conflict of Interest: The Authors declare that they have no conflict of interest.

References

[1] <https://irishthoracicsociety.com/wp-content/uploads/2019/04/Chapter-6-Asthma.pdf>

[2]<https://irishskin.ie/eczema/>

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