FPIN's Clinical Inquiries

Complementary and Alternative Therapies for Atopic Dermatitis

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Clinical Question

What complementary and alternative therapies are effective in the treatment of atopic dermatitis?

Evidence-Based Answer

Evening primrose oil may be effective for the treatment of atopic dermatitis. (Strength of Recommendation [SOR]: B, based on one randomized controlled trial [RCT].) Homeopathy may be as good as conventional therapy for eczema. Probiotics (SOR: A, based on a Cochrane review) and borage oil (SOR: B, based on two RCTs) should not be used in the treatment of atopic dermatitis. Psychological and educational interventions for children with atopic dermatitis and their parents may decrease disease severity and improve parental quality of life. (SOR: B, based on a systematic review of five RCTs.)

Evidence Summary

EVENING PRIMROSE OIL

A small, low-quality RCT evaluating the use of 2,000 to 6,000 mg of oral evening primrose oil (8 percent gamma-linoleic acid) per day in 65 children and adults with atopic dermatitis found that evening primrose oil reduced itching and intensity of symptoms compared with placebo.[1] The number needed to treat was 1.6 (95% confidence interval, 1.3 to 2.6). There was no intention-to-treat analysis. The authors analyzed the results from the first 25 patients in each group (treatment and placebo) to report their results.

HOMEOPATHY

A 12-month, prospective, multicenter cohort observational study compared classical homeopathic treatment with unspecified conventional treatment in 118 children one to 16 years of age who had eczema.[2] Homeopathic treatment was defined as "a prescription of a single remedy according to the simile law" (let like be cured by like). Fifty-four children received homeopathic treatment, and 64 children received conventional treatment. After one year, eczema symptoms and disease-related quality of life as rated by patients or parents improved in both groups ($P = .45$).

PROBIOTICS

A Cochrane review of 12 RCTs evaluating the use of oral probiotics for the treatment of atopic dermatitis in 785 children three months to 13 years of age included a variety of probiotic strains and used parent-, patient-, and investigator-rated scales of eczema severity.[3] There were no significant differences in outcomes between the probiotic groups and placebo group.

BORAGE OIL

Two RCTs evaluating the use of oral borage oil in the treatment of atopic dermatitis did not show any improvement compared with placebo.[4,5]

PSYCHOLOGICAL AND EDUCATIONAL INTERVENTIONS

A Cochrane review analyzed five RCTs of psychological or educational interventions, in addition to conventional therapy, for atopic eczema in children.[6] The one study of a psychological intervention used biofeedback and hypnotherapy as relaxation techniques versus discussion only in 44 patients with a ▶

mean age of 9.8 years. After three sessions over 20 weeks, children in the intervention group had reduced skin surface damage and lichenification ($P = .042$). However, this study did not use an intention-to-treat analysis, and 13 of the 44 children were lost to follow-up. Three of the four educational studies identified significant improvements in disease severity in the intervention groups. The fourth trial evaluated long-term outcomes and found a statistically significant improvement ($P < .01$) in disease severity and parental quality of life over 12 months in all studied age groups (three months to 18 years). Heterogeneity in outcome measures and inadequate methodology limited data synthesis in this review. The psychological and educational interventions were delivered by nurses or multidisciplinary teams.

Recommendations from Others

The American Academy of Dermatology's guidelines for treatment of atopic dermatitis state that although probiotics may be of benefit in the treatment of atopic dermatitis, the effectiveness, safety, and optimal dosage and duration of therapy need to be established.[7] This recommendation was released before the publication of the Cochrane review on probiotics for the treatment of eczema. The guideline authors also reviewed studies evaluating other complementary and alternative therapies, and did not find evidence to support their use in the treatment of atopic dermatitis.

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Author disclosure: No relevant financial affiliations to disclose.

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