

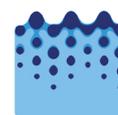
Dermatology Literary Review

November 2014 to March 2015

Title	Publication	Date	Overview
Public perception of dermatologists and comparison with other medical specialties: results from a national survey	Journal of the American Academy of Dermatology, Vol. 71. No. 5, pages 875-881.	November 2014	Article which reviewed the public's perception of dermatologists in the United States. 46% believed dermatologists spent the majority of their time managing skin cancer, and 27% believed they were performing cosmetic procedures. Compared with dermatologists, primary care physicians were perceived to have a more critical profession by 63%, a more difficult job by 54%, and work longer hours by 92% of
Quality of life in pediatric patients before and after cosmetic camouflage of visible skin conditions	Journal of the American Academy of Dermatology, Vol. 71. No. 5, pages 935-940.	November 2014	Study which looked at the effect of visible skin anomalies on children's and adolescents' quality of life (QoL) and the effect that cosmetic camouflage can have (n=41). Results showed that these children can have impaired QoL but that cosmetic camouflage can help improve this.
Diet in Dermatology, part I. Atopic dermatitis, acne, and non-melanoma skin cancer.	Journal of the American Academy of Dermatology, Vol. 71. No. 6, pages 1039.e1-1039.e12.	December 2014	Medical education article summarising the evidence to date on dietary modifications as a means to prevent or manage skin disease. Part I includes atopic dermatitis, acne, and non-melanoma skin cancer. Content on atopic dermatitis (development and/or prevention) includes: dietary supplementation, dietary exclusion, food allergy, maternal diet and breastfeeding.
Diet in Dermatology, part II. Melanoma, chronic urticaria, and psoriasis	Journal of the American Academy of Dermatology, Vol. 71. No. 6, pages 1053.e1-1053.e16.	December 2014	Part II of this review looks at dietary modifications that can potentially be utilised in the management of melanoma, chronic urticaria, and psoriasis patients including the effect of alcohol, supplementations, weight loss and gluten avoidance as means of reducing psoriasis.

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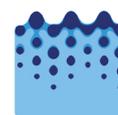
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The science of dermocosmetics and its role in dermatology	Journal of the European Academy of Dermatology & Venereology, Vol. 28, No. 11, pages 1409-1417.	November 2014	Article which looks at how cosmetics are trying to take on a new role in dermatology; safety and regulation guidelines; and future outlooks in cosmetics.
Long-term emollient therapy improves xerosis in children with atopic dermatitis	Journal of the European Academy of Dermatology & Venereology, Vol. 28, No. 11, pages 1456-1462.	November 2014	Study which assessed the efficacy and tolerability of long-term emollient therapy in the treatment of moderate to severe xerosis in young children with atopic dermatitis. Results showed that long-term therapy with emollient is effective and well tolerated.
Probiotics and primary prevention of atopic dermatitis: a meta-analysis of randomized controlled studies	Journal of the European Academy of Dermatology & Venereology, Vol. 29, No. 2, pages 232-242.	February 2015	Study results which found that probiotics seemed to have a protective role in atopic dermatitis prevention if they are administered in the pre- and postnatal period in both general and allergic risk population.
Key Questions Eczema	Pulse, pages 80-83.	November 2014	Questions and answers article on eczema including topical steroid strengths for management, recognising contact eczema and the use of emollients.
Atopic eczema: the current state of clinical research	British Journal of Nursing, Vol. 23, No. 20, pages 1061-1066.	6 November 2014	Article which looks at the most up-to-date information on atopic eczema including genetics, prevention, treatment and management.

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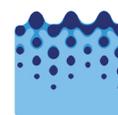
Title	Publication	Date	Overview
Market Trends in Baby Skin Care Products and Implications for Clinical Practice	Pediatric Dermatology, Vol. 31, No. 6, pages 734-738.	November/December 2014	US study which looked at the use of baby products. The study found that the prevalence of paediatric skin care product use is high and conflicts with current recommended skin care guidelines. Lower-income households reported a higher frequency of product use and were less likely to purchase fragrance-free products or ones that were made for sensitive skin.
Blowing away the pain: a technique for pediatric pain management	Pediatric Dermatology, Vol. 31, No. 6, pages 757-758.	November/December 2014	Article which describes a distraction technique for paediatric pain management that involves "blowing away the pain" where the patient breathes in through their nose and then blows out through their mouth.
Pediatric Dermatology: Past, Present, and Future	Pediatric Dermatology, Vol. 32, No. 1, pages 1-12.	January 2015	Review article which looks at the evolution of the subspecialty of paediatric dermatology from conception through to the present, along with obstacles to workforce expansion and potential solutions to improve access to care for children with skin diseases.
Atopic dermatitis	JAMA Dermatology, Vol. 150, No. 12, page 1380.	December 2014	Summary article on atopic dermatitis including prevalence data, genetic information, diagnosis and treatment.

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AL/1828/11.14/0.001
Date of preparation: March 2015.



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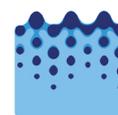
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Association between eczema and increased fracture and bone or joint injury in adults	JAMA Dermatology, Vol. 151. No. 1, pages 33-41.	January 2015	Study which looked at whether adult eczema is associated with an increased risk of injury. The results suggest that eczema in adulthood is a risk factor for fracture, particularly fracture and bone or joint injury. This may be partly due to itch and sleep problems.
In brief	Nursing Standard, Vol. 29. No. 25, page 10.	18 February 2015	A study has found that the incidence of dermatitis has increased 4.5 times in healthcare staff as a result of a drive to improve hand hygiene to reduce infections such as MRSA.
Food allergy in children with atopic dermatitis	Dermatology In Practice, Vol. 20, No. 4, pages 7-10.	Winter 2014	Article which provides a summary of the evidence associating food allergy with atopic dermatitis (AD). It emphasises the value of taking a history that includes symptoms relating to other organs, and highlights the importance of taking a wider view of the mechanisms of food allergy, to include non-immunoglobulin E (IgE) related food allergy.
Irritant and allergic contact dermatitis	Nursing in Practice, online article	February 2015	Summary article on irritant and allergic contact dermatitis which includes diagnosis and management information, including avoidance/protection and topical medication such as barrier creams, emollients, soap substitutes and corticosteroids.

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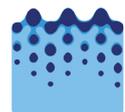
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Title	Publication	Date	Overview
Occupational allergic contact dermatitis and major allergens in France: temporal trends for the period 2001–2010	British Journal of Dermatology, Vol. 171, No. 6, pages 1375-1385.	December 2014	Study results which looked at occupational allergic contact dermatitis (OACD) trends in terms of industrial activities and main causal agents. 3738 cases of OACD were reported and the mean age was 35 years, 52% being women. The most frequent occupations were hairdressers, health care workers, cleaning staff and masons. Decreases were noted for cement compounds and plant products.
Hand eczema – prognosis and consequences: a 7-year follow-up study	British Journal of Dermatology, Vol. 171, No. 6, pages 1428-1433.	December 2014	7-year follow-up study to evaluate the clinical course of patients with hand eczema. 73% experienced a clinical improvement and 20% had moderate to very severe hand eczema at follow-up. Of those with persistent hand eczema only 40% had visited a dermatologist during the follow-up period.

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Hydromol[®]

PRESCRIBING INFORMATION

Please refer to full Summary of Product Characteristics or Product Information before prescribing

Hydromol® Cream

Presentation: Soft white cream containing sodium pyrrolidone carboxylate 2.5%. **Indications:** Dry skin conditions including dermatitis, eczema, ichthyosis and senile pruritus. **Dosage and Administration:** Apply liberally to affected area and massage into skin as often as required; it is especially beneficial after bathing. **Contra-indications:** Known hypersensitivity to any of the ingredients. **Warnings & Precautions:** Not designed for use as a diluent. **Interactions:** None known. **Side-effects:** Refer to SPC for full list. Rarely a non serious allergic type reaction may be experienced, e.g. rash. **Legal Category:** GSL. **Packs:** 50g & 100g tubes, & 500g tub with pump dispenser. **Basic NHS price:** 50g £2.19, 100g £4.09, 500g £11.92. **Marketing Authorisation number:** PL 16853/0089.

Hydromol® Ointment

Presentation: All purpose ointment containing Cetomacrogol Emulsifying Wax, Yellow Soft Paraffin and Liquid Paraffin. **Indications:** For the management of eczema, psoriasis and other dry skin conditions. **Dosage and Administration:** Emollient - Apply liberally and as often as required to the affected area. Bath additive - Melt Hydromol Ointment in warm water in a suitable container, add mixture to the bath. Soap substitute - Use as required when washing. **Contra-indications:** Hypersensitivity to any of the ingredients. **Warnings & Precautions:** Avoid eyes. Beware of slipping in bath. **Side-effects:** None known. **Legal Category:** Class 1 Medical Device. **Packs and basic NHS price:** 125g - £2.88, 500g - £4.89, 1kg - £9.09.

Hydromol® Bath & Shower Emollient

Presentation: Colourless liquid containing light liquid paraffin (37.8%) and isopropyl myristate (13%). **Indications:** For the treatment of dry skin conditions such as eczema, ichthyosis and senile pruritus. **Dosage and Administration:** Children, Adults and Elderly: Add 1-3 capfuls to an 8 inch bath of water, soak for 10-15 minutes. Alternatively, apply to wet sponge or flannel and rub onto wet skin. Rinse and pat dry. Infants: Add ½ to 2 capfuls to a small bath of water. **Contra-indications:** Known hypersensitivity to any of the ingredients. **Warnings & Precautions:** Avoid eyes. Beware of slipping in bath. **Side-effects:** None known. **Legal Category:** GSL **Packs and basic NHS price:** 350ml - £3.88, 500ml - £4.42, 1 litre - £8.80 **Marketing Authorisation number:** PL 16853/0090.

Hydromol® Intensive

Presentation: Smooth, unperfumed, non-greasy, off-white cream containing urea Ph.Eur 10% w/w in white soft paraffin. **Indications:** For the treatment of ichthyosis and hyperkeratotic skin conditions associated with atopic eczema, xeroderma, iasteatosis and other chronic dry skin conditions. **Dosage and Administration:** Apply sparingly twice daily. **Contra-indications:** Known hypersensitivity to any of the ingredients. **Warnings & Precautions:** Hydromol Intensive may increase the penetration through the skin of other topical agents. **Side-effects:** May produce local irritations (including erythema, burning or pruritus) and oedema when applied to sensitive, moist or fissured skin. **Legal Category:** P **Packs and basic NHS price:** 30g - £1.64, 100g - £4.37 **Marketing Authorisation number:** PL 16853/0061.

Full prescribing information is available from: Alliance Pharmaceuticals Ltd, Avonbridge House, Bath Road, Chippenham, Wiltshire, SN15 2BB.

Date last revised: November 2014.

Adverse Event Reporting

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard
Adverse events should also be reported to Alliance Pharmaceuticals (tel: 01249 466966,
email: pharmacovigilance@alliancepharma.co.uk) www.alliancepharma.co.uk