Therapeutic management of Atopic Dermatitis (AD) in early childhood

Confirmed diagnosis of AD?[A]

No → Consider other differential diagnoses*

Yes → Assess severity[B]

Be aware of complications (e.g. infections); re-assess individual triggers; perform allergy tests if indicated[C]

Good adherence → Assess treatment adherence

Now optimized → Assess severity[B]

Mild or transient AD

Moderate or recurrent AD

Severe or persistent AD

Basic therapy

Barrier restoration
- Emollients

Educational programs

Identification and avoidance of individual trigger factors (including allergens in selected cases)
- Specific counseling on trigger factors
- Avoidance of trigger factors (if possible) and clinically relevant allergens

Mild or transient AD

- Reactive or proactive therapy with:

  -Topical glucocorticosteroids class I-II-III[#]

  -Topical calcineurin inhibitors[#]

- Reactive therapy with:

  -Topical phosphodiesterase inhibitors

Moderate or recurrent AD

- Proactive or reactive therapy with:
  -Topical glucocorticosteroids class II-III[#%]
  -Topical calcineurin inhibitors[#]
- Wet wrap therapy
- Ultraviolet therapy[2]
- Antiseptics (bleach baths, silver coated textiles[1])
- Psychological counseling
- Climate therapy (where available)

Severe or persistent AD

- Proactive or reactive therapy
- Psychological counseling
- Antiseptics[1]
- Systemic immunosuppression[3]:
  -Cyclosporine A[%]
  -Methotrexate[%]
  -Azathioprin[%]
  -Mycophenolate mofetil[%]
- Interleukin 4/13 blocker:
  -Dupilumab (biological)
- Consider hospitalization

Effect of treatment on AD?

No / insufficient effect → Assess treatment adherence

(Almost) complete remission → Assess severity[B]