

Topical treatment of atopic dermatitis with heparin and levomenol: A survey of dermatologist's experience



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Summary

A questionnaire was filled in by 61 German dermatologists treating a total of 18,000 patients suffering from atopic dermatitis per quarter. The physicians were asked for their personal assessment of the therapeutic applicability of a topical preparation containing heparin and levomenol (also known as (-)-alpha-bisabolol) as active constituents.

The medication was rather well-known to the dermatologists, with 98.4% of the responding physicians having experience with the preparation. 91.5% of those having experience even regularly treated children with this combination.

A typical rationale for the use was avoiding corticosteroids (96.7%), and frequently the cream is used in cases of intolerabilities against the standard therapy with corticosteroids and/or calcineurin inhibitors (88.3%). A common use was the prophylactic application in the interval between episodes.

In randomized controlled clinical studies the cream preparation with heparin plus levomenol was found efficacious and well-tolerated. This was confirmed by the survey presented herein.

Introduction

Typical symptoms of atopic dermatitis are dry, eczema and agonizingly itching skin. The severity of the eczema guides the therapeutic approach: level one is basic skin care (applicable also to all other levels). Skin care measures can prolong the time to the episodic next level, where glucocorticoids are needed to cope with the inflammation. Level 2 is characterized by mild eczematous activity, where the standard treatment would be topical glucocorticoids, which, however, cannot be used on a daily basis for a prolonged time. For the more severe levels 3 and 4 a treatment with calcineurin inhibitors is required, and the severe forms are treated with oral glucocorticoids and/or immunosuppressants (1).

According to the German therapeutic guideline (S2k), level 2 may also involve the use of antipruritic and antiseptic agents, and, depending on the skin type, oil in water emulsions can be used in level 1 for basic care (1, 2). The current German therapeutic guideline considers the use of skin care preparations providing anti-inflammatory benefits beyond the regular control of the skin hydration status (2). The S2k guideline does not mention levomenol and heparin, but recommends considering the use of complementary therapeutic approaches based on controlled clinical studies (2).

Clinical experience shows that topical preparations with anti-inflammatory and anti-itching-effects are quite promising especially in the early stages. One such topical preparation is the combination of heparin and levomenol (Sensicutan cream), for which the benefits in the treatment of atopic dermatitis have been shown in a randomized, placebo-controlled double-blind study (3). In addition, a synergistic effect of the combination of heparin and levomenol has been demonstrated in double-blind trials compared to the efficacy of the single substances and to placebo (4, 5).

Topical heparin has been shown to possess anti-inflammatory, anti-allergic and wound-healing properties (6), and has been successfully applied in the treatment of eczema (7). Levomenol has been shown to possess strong anti-inflammatory effects even when applied topically. The compound is therefore a common constituent of skin care products including preparations used for the treatment of allergic disorders of the skin (8, 9).

Clinical studies need long-term confirmation of the practical applicability under routine conditions. With the survey presented herein, dermatologists were asked for their personal assessment of the therapeutic applicability of Sensicutan cream.

Study Design and Methods

The survey was evaluated in June 2021, examining the experience of 61 German dermatologists and covering approximately 18,000 patients with atopic dermatitis per quarter. The physicians were asked whether, when and why they would prefer the topical use of Sensicutan cream (Harras Pharma Curarina, Munich, Germany) as a medicinal product based on heparin and levomenol as active constituents for the treatment of atopic dermatitis. The questions asked were:

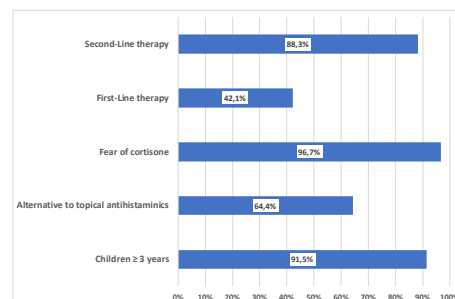
1. Would you apply the cream with heparin + levomenol in the treatment of children aged ≥ 3 years?
2. Would you consider this cream to be an alternative to topical antihistaminics?
3. Would you recommend the cream to patients afraid of using corticosteroids?
4. Would you consider the cream as a first-line therapy in the early stage of an episode?
5. Would you consider the cream as a second-line therapy in the case of poor tolerability of the standard treatment?

Results

Not all questions were answered by all of the 61 responding dermatologists. The following percentages refer to the responders (Figure 1).

1. 91.5% (54 of 59 participating physicians) confirmed having experience with the cream in the treatment of children.
2. 64.4% (38 of 59) used the cream as an alternative to topical antihistaminics.
3. Fear of corticosteroids by patients is a typical rationale for the prescription of the cream by 96.7% (58/60) of the physicians.
4. 42.1% (24 of 57) of the physicians regularly use the cream as a first-line therapy.
5. 88.3% (53/60) prescribe the cream as second-line therapy when the patient does not tolerate the standard therapy.

The physicians could add their own therapeutic experience. A typical comment was the statement of using the cream as a preventive measure between episodes, as a basic skin care measure with a delaying and preventive effect of flares of atopic dermatitis.



According to other frequent comments, many physicians recommend the combined use of corticosteroids and the cream with heparin/levomenol to reduce the dosing of corticosteroids and thus improve their safety of application.

Discussion and Conclusions

Overall, the study participants confirmed the good applicability and tolerability of the topical heparin/levomenol combination in the treatment of atopic dermatitis in children and adults.

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