

Table 2. Consensus statements on conventional treatments for moderate-to-severe atopic dermatitis.

No.	Statement	Voting results (% of panellists)
7	For moderate-to-severe AD, emollients remain the mainstay of general disease management.	67% Strongly agree 17% Agree 16% Disagree
8	Topical corticosteroids are used as first-line therapy to treat acute exacerbations and maintain AD control in non-sensitive areas (e.g. hands and feet).	75% Strongly agree 17% Agree 8% Neutral
9	The use of topical calcineurin inhibitors should be considered, particularly for sensitive areas (e.g. neck, eyelids and genital areas) where topical corticosteroid use is likely to be associated with adverse events.	58% Strongly agree 42% Agree
10	The use of topical phosphodiesterase-4 inhibitors (e.g. crisaborole) should be considered, particularly for sensitive areas (e.g. neck, eyelids and genital areas) where topical corticosteroid use is likely to be associated with adverse effects.	50% Strongly agree 50% Agree
11	For the control of chronic moderate-to-severe AD, phototherapy could be considered as an alternative before using any systemic anti-inflammatory agents.	17% Strongly agree 75% Agree 8% Neutral
12	In cases of persistent moderate-to-severe AD, a holistic assessment is needed to decide when to initiate systemic therapy. This assessment should consider disease severity, quality of life, patient factors (e.g. adherence, avoidance of irritants and optimisation of treatment), alternative diagnoses and whether intensive topical treatment and phototherapy have been trialled.	83% Strongly agree 17% Agree
13	Among conventional systemic anti-inflammatory agents, ciclosporin has the best evidence in the treatment of moderate-to-severe AD.	8% Strongly agree 92% Agree
14	Systemic corticosteroids should be considered only as rescue therapy for acute flares, and not for long-term use in chronic AD.	83% Strongly agree 17% Agree
15	Long-term high-potency topical corticosteroid use for moderate-to-severe AD is not recommended.	17% Strongly agree 67% Agree 16% Disagree
16	Wet-wrap therapy in combination with high-potency topical corticosteroids should be used with caution to minimise potential adverse events.	42% Strongly agree 58% Agree
17	Topical corticosteroids are an effective treatment for moderate-to-severe AD. Tapering of corticosteroids should be initiated on adequate control of disease.	50% Strongly agree 42% Agree 8% Neutral
18	Tapering strategies can include using less potent corticosteroids, reducing application frequency of potent corticosteroids or using topical corticosteroids in combination with topical calcineurin inhibitors or phosphodiesterase-4 inhibitors.	33% Strongly agree 59% Agree 8% Neutral
19	There is a need to address steroid phobia to improve adherence to topical corticosteroids in the management of AD. At treatment initiation and follow-ups, healthcare providers should screen for steroid phobia (e.g. using the Topical Corticosteroid Phobia [TOPICOP] scale) and individualise patient education if patients express concerns about steroid use.	33% Strongly agree 59% Agree 8% Disagree

AD: atopic dermatitis