In conclusion an age related educational programmes for the control of atopic dermatitis in children and adolescents were significantly effective in the long term management of the disease.

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Commentary: The double benefits of educational programmes for patients with eczema

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Editorial by Williams

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Stabb et al's study clearly shows that educational programmes for the management of atopic dermatitis in children and self management in adolescents greatly improve control of the disease.[1] What they fail to say, however, is why the programmes are so effective, or that they could be a valuable resource in primary care (where most patients with atopic dermatitis are seen) as well as in secondary care.

Poor adherence to therapy is a major reason for treatment failure in patients with atopic dermatitis. The most important cause is lack of knowledge about the disease and its treatment.[2] People with eczema and their carers have several educational needs that must be met if they are to be enabled to take control of the disease. They need to understand the nature of the condition—that it is a chronic and relapsing disorder with no cure at present, but that it can be managed effectively; they need the opportunity to try a range of treatments to find those that suit them best; they need reassurance that the treatments are safe and effective; they need to be shown how best to apply topical treatments; and they need to be motivated to continue treatment, albeit usually in a modified form when the disease is in remission.

All this takes time—a scarce resource in most healthcare systems. In Britain an appointment with a general practitioner typically lasts 10 minutes,[3] nowhere near sufficient time to provide the education necessary for effective management of atopic dermatitis. The problem is exacerbated by the suboptimal training of general practitioners in dermatology.[4]

One factor that is often ignored but which can and should be addressed in educational programmes for atopic dermatitis is the need for patients to be able to choose their topical treatments. Treatments for almost all non-dermatological diseases are taken orally or injected. Most treatments for atopic dermatitis are topical and must be "worn" by patients in much the same way as women wear make-up. If a topical treatment is cosmetically unacceptable to a patient, he or she will not use it, resulting in waste, poor clinical outcomes, and patient dissatisfaction.

A further common and significant factor in non-adherence to treatment regimens for atopic dermatitis is "steroid phobia."[5] Patients—and especially the parents of small children—need to be educated about the safety and efficacy of topical corticosteroids and their use.

Patients also need to be educated about the quantities of topical treatments used and to be shown how to apply those treatments. At present in Britain this is often made more difficult for patients by the under-prescribing of emollients.[2]

The potential benefits that educational programmes for atopic dermatitis have to offer patients and carers are matched by their benefits to health professionals. Good education is time consuming, and although individual tuition may be ideal it is unlikely to be practicable. Institutes dedicated to eczema, as with those pioneered in Germany, are neither difficult nor expensive to run and offer the opportunity to educate groups of patients.

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