

Interventions to improve atopic management in primary care: A Systematic Review (Search Strategy)

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Background: Several studies comparing primary care management of atopic dermatitis (AD) with accepted treatment guidelines suggest primary care providers are often unfamiliar or uncomfortable with, and/or not adequately managing the disease. Due to the prevalence of AD and shortage of specialty dermatology care in many areas, affected patients and primary care providers stand to mutually benefit from improved efficacy of its management. Effectively changing health care provider practice can be difficult, and few interventions to improve primary care management of AD have been published.

Objectives: The objectives of this systematic review are to:

1. Identify and quantify interventions aimed at the improvement of primary care management of AD.
2. Evaluate efficacy of identified interventions, and suggest aspects that may be more conducive to future success in this endeavor.

Methods: A systematic review of all studies that evaluate interventions to improve primary care management of AD is in progress. Databases were searched up to February 24, 2019 and included PubMed, Medline, CINAHL, (EBSCO), Scopus, Embase, LILACS, GREAT, and CINAHL.

Inclusion criteria: human data; ecological studies, prospective and retrospective cohort studies, longitudinal studies, case-control studies, independent studies, randomized controlled trials (RCTs), controlled clinical trials (CCTs), and studies where exposure clearly precedes the outcome; studies examining interventions to improve primary care management of atopic dermatitis; published in/translated into English, Spanish, or Portuguese; only articles from peer-reviewed journals; patients can be any age; no restrictions on publication date will be imposed.

Exclusion criteria: gray literature (conference abstracts, dissertations), popular press articles, letters, case reports, reviews, commentaries, or editorials; non-English, non-Spanish, or Non-Portuguese language articles; studies for which no full text is available; studies involving cell cultures, cell lines, cell excisions, genetics, or molecular data.

Databases searched according to our protocol, output was integrated into Covidence for review, duplicates were dropped automatically as a function of Covidence, and the remainder will be screened inclusion or exclusion in two steps (in progress). Title and abstract reviews was performed by 2 independent reviewers and conflicts were included for the next stage. Full articles will be screened for inclusion and eventual data extraction. Data from included studies will be synthesized and presented with the intent of eventual publication.

Results: In total, 4101 articles were identified by our search strategy, 1092 duplicates were removed, and 3009 titles and abstracts were screened. We have identified 145 full-text articles to screen for ultimate inclusion or exclusion in the data analysis. This is in progress at the time of abstract submission. If accepted, we will present our detailed search strategy and most up-to-date results at the time of poster presentation.

Conclusion: There is a clear need for improved primary care management of AD. A systematic review of interventions addressing this need has not been performed to the authors' knowledge. Its results may help guide future interventions aimed at the objective.