

What's new in Dermatology (2022)

Some of the new information and major changes included in *Therapeutic Guidelines*.

The Dermatology guidelines have been extensively revised. This update focuses on the presentation, diagnosis, and individualised treatment of common dermatological conditions.

New conditions added to the guidelines include **dry (cracked) heels**, **inherited and acquired epidermolysis bullosa**, **naevus simplex**, **nodular prurigo** and **bed bugs**.

A significant new feature of the guidelines is the inclusion of **images** to aid recognition of common dermatological conditions at the point of care. Images have been sourced in collaboration with members of the Dermatology expert group and the Australasian College of Dermatologists.

Topical corticosteroids generally have good safety profiles. Despite this, many patients have safety concerns about their use, which can lead to underuse and treatment failure. Topical corticosteroids should be applied liberally (not sparingly). The guidelines have an expanded section on **considerations with topical corticosteroid use**, with general advice on choice, safety of use, and quantity for application (including a new pictorial on fingertip units to use on different parts of the body).

Acne is a common skin condition that can significantly affect a patient's social and emotional wellbeing. Treatment information has been updated to include new topical combination treatments. New flowcharts are now available to guide clinicians through management of acne based on severity and dominant type of acne present.

Vulvovaginitis in prepubertal females and **Candidal vulvovaginitis in adult females** topics have been revised to emphasise consideration of noninfective causes of vulvovaginitis in prepubertal females, and guide management of the 3 distinct categories of candidal vulvovaginitis—initial or infrequent episodes of candidal vulvovaginitis, recurrent acute candidal vulvovaginitis, and chronic candidal vulvovaginitis. The updated topics are nested in the Antibiotic guidelines, along with advice for the management of bacterial vaginosis.

The role of oral ivermectin in the treatment of **scabies** has been upgraded to reflect practice and practical considerations; oral ivermectin is now recommended equal first-line with topical permethrin for adults and children 15 kg or more.

Psoriasis is a chronic condition that can cycle between acute flares and remission. Advice is included on topical treatments available for psoriasis in primary care (treatment often involves rotation and combination of these treatments), and when to refer for dermatologist-prescribed treatments (eg phototherapy, methotrexate, the new drug apremilast, ciclosporin and biological therapy).

Management of **rosacea** was previously based on severity of the condition; however, treatment is now guided by the patient's presenting symptoms.

Skin cancer assessments are integral to detecting, managing and monitoring **solar damage and skin cancer**. The 'ABCDEFGF' rule for melanoma diagnosis emphasises the history of change in the lesion, and is now presented as a pictorial, available as a printable PDF for patients.

Patients with **sweating disorders** often seek treatment late, despite it affecting their quality of life socially, emotionally and professionally. **Primary hyperhidrosis** treatment is now guided by location, with clear instructions on when to refer to a specialist for additional treatments. **Hidradenitis suppurativa** is difficult to treat, and is often misdiagnosed, causing delayed specialist referral. Referral for suspected hidradenitis suppurativa has been emphasised, along with treatments that can be considered while waiting specialist assessment.

A new flowchart guiding treatment of **urticaria** has been added, outlining the role of antihistamines, leukotriene antagonists, H₂-receptor antagonists and doxepin. Clear guidance is included on when to refer for specialist assessment for consideration of specialist treatments (eg omalizumab, immunosuppressants). New information on assessment and treatment of **angioedema** is available, including specialist options for bradykinin-mediated angioedema.

Systemic diseases can sometimes have **cutaneous manifestations**; treatment information is provided on various skin conditions associated with systemic diseases. A new table is included to guide clinicians on investigations for **leukocytoclastic vasculitis** to determine urgency of referral.

Management information is available on various **anogenital, blistering and infective** skin conditions, **cutaneous drug reactions, dermatitis, hair loss and pigment disorders, insect and mite conditions, itch without rash, nail disorders, paediatric dermatology, pregnancy-specific dermatoses, flushing, and periorificial dermatitis.**

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