

After last revision
of Scope Journal
Melaine

Cochrane Skin Group

Appendix A

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Protocols and reviews are sent to an external peer reviewer who has content expertise on the treatment/intervention being reviewed. The following people have agreed to act as external reviewers to the editorial process :

Professor Terence Ryan

Professor Rod Hay

Professor William Cunliffe

Professor Peter Friedman

LINKS WITH OTHER COLLABORATIVE REVIEW GROUPS

The Cochrane Skin Group maintains contact with other CRG's with areas of potential overlap through the following representatives :

<i>Cochrane Group</i>	<i>Contact</i>
Wounds Group	Nicky Cullum
Peripheral Vascular Diseases Group	Elizabeth Royale
Cancer Network	Mandy Collingwood
Menstrual Disorders Group	Ruth Jepson
Pregnancy and Childbirth Group	Sonja Henderson
Infectious Diseases Group	Reive Rob
Musculo-Skeletal Diseases Group	Beverley Shea
Airways Group	Stephen Milan
Pain, Palliative Care & Supportive Care Group	Phillip Wiffen
Tobacco Addiction Group	Lindsay Stead
Probable Drugs and Alcohol Group	Marina Davoli

Protocols :

There are three protocols submitted for this version of the CDSR.

Reviews :

One review is expected to be complete for the next issue of the CDSR.

Publications :

The following publications relate to the Cochrane Skin Diseases Group:

1. Ladhani S. The need for evidence-based management of skin diseases. *International Journal of Dermatology* 1997; 36: 17-22.
2. Williams HC. The need for systematic reviews in dermatology. *Proceedings of Skin Therapy Forum III, University of Wales Oct 7-9, 1996.*
3. Li Wan Po A, Williams HC. Collating the evidence. In : Williams HC, Strachan DP (eds) *The challenge of dermato-epidemiology*. CRC Press Inc., Boca Raton 1997, 99-108.
4. Williams HC. Epidemiology of Skin Disease. In : Champion RH, Burton JL, Burns DA, Breathnach SM (eds). *Textbook of Dermatology 6th edition*. Blackwell Scientific Publications, Oxford, 1997 (in press).

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1. NHS Executive Trent Region Research & Development Programme, UK
2. The Welsh Office, UK
3. The University of Nottingham, UK
4. British Association of Dermatologists, UK

SCOPE

The Group aims to accept for review any aspect of skin disease management which it feels will be of value to professionals or to lay people with an interest in skin disease. It will thus accept all randomised controlled trials of interventions relevant to the prevention of skin disease, the treatment and management of established skin disease, and to the prevention of complications of skin diseases.

In addition to the more traditional skin diseases seen by dermatologists, the scope of the Group includes any skin problem which leads an individual to consult a health care professional and thus also includes areas which may be perceived as cosmetic, such as skin ageing. The Group also considers evidence about treatments that are sold *over-the-counter* or are otherwise widely available and which might be used for the treatment of skin problems.

The effectiveness of different models of health care delivery and management for skin disease is also considered part of the scope of the Group.

The Group considers that sexually transmitted diseases, although commonly managed by dermatologists, is in general best considered by other Groups.

There are at least 1,000 skin disease reaction patterns described. These are grouped in the main topic headings below following a classification derived from the British Association of Dermatologists' Diagnostic Index. A more detailed description of the scope for the most common conditions is given under the relevant headings.

TOPICS

Disease group headings A-Y are listed first with details of registered titles, protocols and reviews and name of contact reviewer in [] brackets listed afterwards.

A INFECTIOUS DISEASES AFFECTING THE SKIN

A0 Skin diseases caused by viruses: e.g. viral warts, herpes simplex (cold sores), herpes zoster (shingles), molluscum contagiosum

1. Preventative measures
 - reduction of transmission
2. Medical treatments
 - topic keratolytic agents (e.g. wart paints)
 - intralesional bleomycin
 - immunotherapy
 - high dose cimetidine
 - retinoids
 - antiviral drugs (e.g. acyclovir)
 - systemic corticosteroids (for herpes zoster)
 - tricyclic antidepressants

[Treatment of post-herpetic neuralgia, Dr Shamez Ladhani - liaison with Pain and Palliative Care Group]

[Diagnostic tests for Herpes simplex and varicella zoster infection, Dr. Michael Bigby]

3. Surgical procedures

- cryotherapy (freezing)
- cautery
- surgical excision
- laser therapy
- phenol

[Treatment of molluscum contagiosum, Dr Ruth MacSween]

A20 Skin diseases caused by bacteria: e.g. impetigo, boils, folliculitis, cellulitis
(Liaison with Cochrane Wounds Group for bacterial wound infections)

1. Preventative

- reduction of transmission

2. Medical treatments

- topical antiseptics
- topical antibiotics
- systemic antibiotics

3. Surgical procedures

- incision and drainage

A30-31 Leprosy and its complications

1. Preventative

- reduction of transmission
- interventions to prevent deformity
- interventions to prevent or reduce complications of treatment

2. Medical treatments

- antibiotic combinations

[Treatment of leprosy, Dr. Shamez Ladhani]

3. Surgical treatments

- procedures to correct deformity

A32-35 Tuberculosis and related infections of the skin: e.g. lupus vulgaris, atypical mycobacterial infection (fish tank granuloma etc)

1. Preventative

- reduction of transmission

2. Medical treatments

- antibiotic therapy

3. Surgical

- Excision

A5 Skin diseases caused by fungi e.g. candidosis (thrush), dermatophytosis (ringworm)

1. Preventative

- reduction of transmission : e.g. for tinea pedis (athlete's foot), tinea capitis (scalp ringworm)

2. Medical treatments

- topical antifungal agents
[Treatment of fungal infections of the foot, Dr Fay Crawford]
- topical corticosteroid/antifungal preparations
- oral antifungal agents

3. Surgical treatments

- nail ablation for onychomycosis (fungal infection of the nails)

A6 Skin diseases caused by parasites e.g. scabies, head lice, onchocerciasis

Please refer to Cochrane Infectious Diseases Group

B SKIN DISEASES DUE TO ENVIRONMENTAL OR PHYSICAL INJURY

B1 Pressure sores

Please refer to Cochrane Wounds Group

B5 Skin diseases provoked by sunlight and ultraviolet radiation e.g. actinic (solar) keratoses, polymorphic light eruption, sun-induced skin ageing, photosensitivity dermatitis. Skin cancer is considered separately in sections X1 to X4.

1. Preventative measures

- public education campaigns
- sunscreens

2. Medical treatments

- topical and oral corticosteroids
- betacarotene for porphyrias
- 5-fluoruracil for actinic keratoses
- topical and systemic retinoids
- phototherapy, photochemotherapy (PUVA)
- azathioprine or cyclosporin for photosensitivity dermatitis

3. Surgical treatments

- cryotherapy for actinic keratoses
- laser resurfacing of sun-damaged skin
- chemical peels for sun-damaged skin

C DERMATITIS AND ECZEMA

C1 Atopic dermatitis (atopic eczema, childhood eczema)

1. Preventative measures

- dietary (liaison with Cochrane Airways Group)
- reduction in airborne allergen exposure e.g. house dust mite (liaison with Cochrane Airways Group and Pregnancy and Childbirth Group)
- use of emollients (moisturisers)
- prevention of subsequent asthma in children with atopic dermatitis cetirizine (liaison with Cochrane Airways Group)

2. Medical Treatments

Topical treatments (creams/ointments applied directly to the skin)

- emollients
- topical corticosteroids
- [Long-term efficacy/safety, Mrs Barbara Meredith]
- tar preparations
- impregnated bandages (tar, ichthammol etc) and “wet wraps”
- corticosteroid/antibiotic combinations

Systemic treatments

- phototherapy, photochemotherapy
- azathioprine
- [Azathioprine in atopic dermatitis, Dr John Lear]
- cyclosporin
- antihistamines
- [Sedative versus non-sedative antihistamines in the treatment of atopic dermatitis, Dr Thomas Diepgen]
- Chinese Traditional Herbal therapy
- evening primrose oil
- [Evening primrose oil in atopic dermatitis, Prof Alain Li Wan Po]

Other approaches

- reduction in environmental allergens
- topical and systemic antimicrobial therapy
- dietary approaches
- psychological approaches (e.g. habit reversal, hypnosis)
- desensitisation
- combinations of the above

C2-C5 “Constitutional” Dermatitis e.g. seborrhoeic dermatitis (including dandruff, otitis externa), discoid eczema, pompholyx

1. Prevention

- use of soap substitutes

2. Medical treatments

- topical corticosteroids and combinations with other agents
- potassium permanganate and other astringents
- antifungal agents

- keratolytic shampoos
- antibiotic therapy
- superficial radiotherapy
- phototherapy, and photochemotherapy

C6-C8 Contact Dermatitis (allergic or irritant) e.g. nickel dermatitis, occupational hand dermatitis

1. Preventative measures

- modification of work practices
- removal of allergens/irritants from home or work environment or from diet (nickel)
- protective clothing (e.g. gloves)
- barrier creams
- occupational health screening for individuals at high risk of dermatitis
- soap substitutes

2. Medical treatments

Topical treatments

- emollients
- topical corticosteroids
- corticosteroid/antibiotic combinations
- superficial radiotherapy

Systemic treatments

- systemic corticosteroids
- azathioprine
- cyclosporin
- phototherapy, photochemotherapy

C9-CE Other eczematous reactions e.g. venous eczema (liaison with Cochrane Wounds Group), asteatotic dermatitis

1. Prevention

- emollients

2. Medical treatment

- emollients (including bath additives)
- impregnated bandages
- topical corticosteroids

D PSORIASIS AND OTHER KERATINISING DISORDERS

D1 Psoriasis

1. Preventative measures

- reduction or cessation of tobacco smoking and/or alcohol consumption (liaison with Cochrane Tobacco Addiction Group)
- stress reduction programmes
- antistreptococcal interventions (tonsillectomy, antibiotics)

[Antistreptococcal interventions in guttate and chronic plaque psoriasis, Dr Robert Chalmers]

2. Medical treatments

Topical treatments

- emollients
- occlusion
- salicylic acid
- tar preparations
- anthralin (dithranol)
- topical corticosteroids
- vitamin D analogues

[Treatments for guttate psoriasis, Dr Robert Chalmers]

Systemic treatments

- phototherapy
- photochemotherapy
- methotrexate
- cyclosporin
- hydroxyurea
- systemic retinoids
- oral Vitamin D analogues
- fumarates

[Treatments for erythrodermic and generalised pustular psoriasis, Dr Luigi Naldi]

[Treatments for chronic palmoplantar pustular psoriasis, Dr Robert Chalmers]

Other approaches

- psychological approaches
- dietary fish supplements
- balneotherapy including spa waters and Dead Sea therapy
- laser therapy
- combinations of the above

E PAPULOSQUAMOUS DISORDERS INCLUDING LICHEN PLANUS; GRANULOMATOUS DISORDERS OF THE SKIN (EXCLUDING TB & LEPROSY)

E0 Lichen planus

- topical corticosteroids
- systemic corticosteroids
- cyclosporin
- photochemotherapy

E6 Granuloma annulare

- intralesional corticosteroids
- cutaneous injury including cryotherapy
- nicotinamide

E8 Cutaneous sarcoidosis

- topical and intralesional corticosteroids
- antimalarial therapy
- methotrexate (liaison with Cochrane Airways Group)

F URTICARIA AND OTHER INFLAMMATORY SKIN DISORDERS

F1-F9 Urticaria (hives) and angio-oedema

- dietary measures
- oral H1 antihistamines
- oral H2 antihistamines
- systemic corticosteroids
- cyclosporin
- anabolic steroids (for hereditary angio-oedema)

FA2-3 Erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis

- systemic corticosteroids
- [Corticosteroids in toxic epidermal necrolysis, Dr. Sam Majumdar]
- prophylactic antiviral therapy (herpes simplex-induced erythema multiforme)
- intensive care (toxic epidermal necrolysis)

G DISORDERS OF SKIN COLOUR

G1 Increased skin pigmentation e.g. melasma (chloasma, mask of pregnancy)

- topical sunscreens (liaison with Cochrane Pregnancy and Childbirth Group for preventing melasma in pregnancy)
- azelaic acid
- topical hydroquinone
- topical retinoids

G6 Decreased skin pigmentation e.g. vitiligo (leucoderma)

1. Medical treatments

- topical corticosteroids
- phototherapy (psoralen + sunlight, photochemotherapy)
- [Treatments for vitiligo, Dr Paolo Freire]

2. Surgical treatments

- skin transplants

H DISORDERS OF SKIN APPENDAGES (HAIR, NAILS, SWEAT GLANDS)

H0 Nail disorders

- medical treatments such as intralesional corticosteroids
- surgical repair

H10 Excessive hair growth (hirsutism)

1. Non-medical treatments

- electrolysis
- bleaching
- laser hair removal

2. Medical treatments

- hormonal therapy ie anti-androgens such as spironolactone, cyproterone acetate (liaison with Cochrane Menstrual Disorders Group)

H12 Hair loss e.g. alopecia areata ("alopecia"), androgenic alopecia (male-pattern balding)

1. Medical treatments

- systemic corticosteroids
- topical immunotherapy (e.g. diphencyprone)
- hormonal therapy (anti-androgens)
- minoxidil

2. Surgical treatments

- hair transplant
- scalp reduction

H3 Acne

Topical treatments

- benzoyl peroxide
[Efficacy of benzoyl peroxide in acne, Dr Anne Eady]
- topical retinoids
- topical antibiotics
[Topical antibiotics in acne, Dr Anne Eady]
- azelaic acid
- adapalene
- combinations of the above

Oral treatments

- oral antibiotics
[Efficacy and safety of minocycline in acne, Dr Anne Eady]
- oral isotretinoin
- hormonal therapy such as anti-androgen therapy (liaison with Cochrane Menstrual Disorders Group)

Treatment of acne scars

- topical retinoids
- surgical treatments (including dermabrasion)
- laser therapy

H4 Rosacea

- topical metronidazole
- oral antibiotics
- oral isotretinoin
- eradication of Demodex mites

H6 Hidradenitis suppurativa and other disorders of the apocrine sweat glands

1. Medical treatments

- oral antibiotics
- oral isotretinoin
- anti-androgen therapy (liaison with Cochrane Menstrual Disorders Group)

2. Surgical treatments

- cryosurgery
- excision of apocrine gland-bearing skin

[Treatments for hidradenitis suppurativa, Dr Jan von der Werth]

H7 Sweating disorders

1. Medical treatments

- topical aluminium salts and antiperspirants
- systemic beta-blockade (propranolol)
- oral anticholinergic therapy
- iontophoresis

2. Surgical treatments

- excision of sweat glands (including axillary vault excision)
- sympathectomy

J DISORDERS INVOLVING THE SKIN'S BLOOD & LYMPHATIC VESSELS

J1 Ectasias of blood vessels in the skin (dilated blood vessels)

- laser therapy
- injection of sclerosing agents

J3 Cutaneous vasculitis (inflammation of blood vessels in the skin)

- systemic corticosteroids
 - dapsone
 - colchicine
 - immunosuppressive and cytotoxic drugs (cyclosporin, cyclophosphamide)
- (liaison with Cochrane Musculoskeletal Diseases Group)

J9 Oedema and lymphoedema

(liaison with Cochrane Peripheral Vascular Diseases Group)

JB Blushing and flushing reactions

Medical treatments

- propranolol
- antihistamines

JD Raynaud's disease ("white finger") and related disorders

(liaison with Cochrane Peripheral Vascular Diseases Group and Cochrane Musculoskeletal Group)

K DISORDERS OF THE DERMIS AND SUBCUTANEOUS TISSUE

K01 Cutaneous striae (stretch marks)

(liaison with Cochrane Pregnancy and Childbirth Group)

K80 Panniculitis (inflammation of subcutaneous fat)

- oral corticosteroids
- antituberculous therapy

M CONNECTIVE TISSUE DISORDERS AFFECTING THE SKIN; IMMUNOBULLOUS (BLISTERING) DISORDERS OF THE SKIN

M0 Lupus erythematosus

- photoprotection
 - topical and intralesional (injected) corticosteroids
 - antimalarial therapy
 - thalidomide
 - systemic corticosteroids
- (liaison with Cochrane Musculoskeletal Diseases Group)

M1 Systemic sclerosis (systemic scleroderma)

- systemic corticosteroids
 - penicillamine
 - extracorporeal photochemotherapy
- (liaison with Cochrane Musculoskeletal Diseases Group)

M5 Dermatomyositis

- systemic immunosuppressive agents
- (liaison with Cochrane Musculoskeletal Diseases Group)

ME Immunobullous (blistering) disorders of the skin e.g. bullous pemphigoid, pemphigus, dermatitis herpetiformis)

- topical corticosteroids
- systemic corticosteroids
- immunosuppressive therapy (e.g. azathioprine, cyclosporin, cyclophosphamide)
- dapsone
- long-acting sulphonamides
- minocycline
- plasma exchange
- gluten-free diet
- combinations of the above

[Treatment of bullous disorders, Dr Dédée Murrell]

N METABOLIC AND NUTRITIONAL DISORDERS AFFECTING THE SKIN

N4 Porphyrias affecting the skin

- venesection
- antimalarials

P PSYCHOLOGICAL, PSYCHIATRIC AND RELATED DISORDERS OF THE SKIN

P0 Pruritus and skin itching e.g. "senile pruritus", pregnancy itch, uraemic pruritus

- emollients
- aspirin (liaison with Cochrane Pregnancy and Childbirth Group for itching in pregnancy)
- phototherapy
- opiate antagonists
- use of non-biological washing powder
- combinations of the above

P1 Self-inflicted skin disease including dermatitis artefacta

- psychotherapy
- behaviour therapy
- antipsychotic agents

P3 Disorders of cutaneous image and perception including delusional psychosis affecting the skin

- pimozide
- psychiatric therapy

R SKIN DISEASE RESULTING FROM DRUGS OR TREATMENT

see FA2-FA3

S GENETIC AND CHROMOSOMAL DISORDERS AFFECTING THE SKIN

S4 Ichthyoses (inherited scaling disorders of the skin)

- emollients
- urea
- systemic retinoids

SA Epidermolysis bullosa (inherited blistering disorders of the skin)

1. Medical treatments
 - phenytoin
2. Surgical treatments
 - correction of deformity

W BIRTH MARKS AND DEVELOPMENTAL ABNORMALITIES OF THE SKIN

W6 Vascular malformations e.g. port-wine stains

- laser therapy
- other forms of light therapy

X TUMOURS AND CYSTS OF THE SKIN AND APPENDAGES

X0, X3 Benign tumours of the skin e.g. seborrhoeic warts, benign "moles" (see also B5)

- cryotherapy
- surgical removal
- laser therapy

X1-X2 Non-melanoma cancer and precancer of the skin e.g. Bowen's disease, squamous cell carcinoma, basal cell carcinoma ("rodent ulcer")

1. Preventative

- primary and secondary prevention by education
- screening of high risk groups
- reduction of suspected harmful exposures to ultraviolet radiation
- topical retinoids
- systemic retinoids

[Efficacy and safety of systemic and topical vitamin-A derivatives in the prevention of premalignant and malignant skin conditions, Dr J Bouwes Bavinck]

2. Medical treatment

- topical 5-fluorouracil
- interferon

3. Surgical treatment

- curettage and electrocautery
- surgical excision
- cryosurgery
- micrographic (Mohs') surgery
- laser surgery

4. Other treatments

- photodynamic therapy
- radiotherapy

X4 Malignant melanoma

1. Preventative

- primary and secondary prevention by education
- screening of high risk groups
- reduction of suspected harmful exposures to ultraviolet radiation

[The effectiveness of sunscreens in prevention of malignant melanoma and other premalignant lesions of the skin, Dr Ian Harvey]

2. Medical treatment

- cytotoxic chemotherapy
- isolated limb perfusion
- immunotherapy (interferon)

[Treatment of advanced malignant melanoma, Prof Malcolm Mason]

3. Surgical treatment

- margins of surgical excision
- regional lymph node dissection
- sentinel node biopsy

Y BENIGN AND MALIGNANT INFILTRATIONS OF THE SKIN

Y2 Cutaneous T-cell lymphoma (mycosis fungoides)

- photochemotherapy
- topical mechlorethamine (nitrogen mustard)
- topical corticosteroids
- oral retinoids
- interferon
- electron beam therapy
- radiotherapy
- extracorporeal photochemotherapy
- cytotoxic chemotherapy