

HOME II

Harmonising Outcome Measures for Eczema

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What have we done as an international community?



The problem





Outcome measures – a real mess

- Too many – at least 20 named scales
- Many not tested at all (Charman C et al *JID* 2003; 120:932–941)
- Some are only partly tested (validity, repeatability, sensitivity change, consistency, interpretability)
- Some that are tested do not pass the tests

Schmitt J, Langan S, Williams HC. What are the best outcome measurements for atopic eczema? A systematic review *JACI* 2007;120:1389-98.

What's all the
FSSS about?

Take it
EASI

TIS a right
mess

Me too!

Meet my SIS

My name is
ADAM

SCORAD scores again

SASSAD rules OK

Give me a POEM

ADASI tonight?

IGADA bad
headache



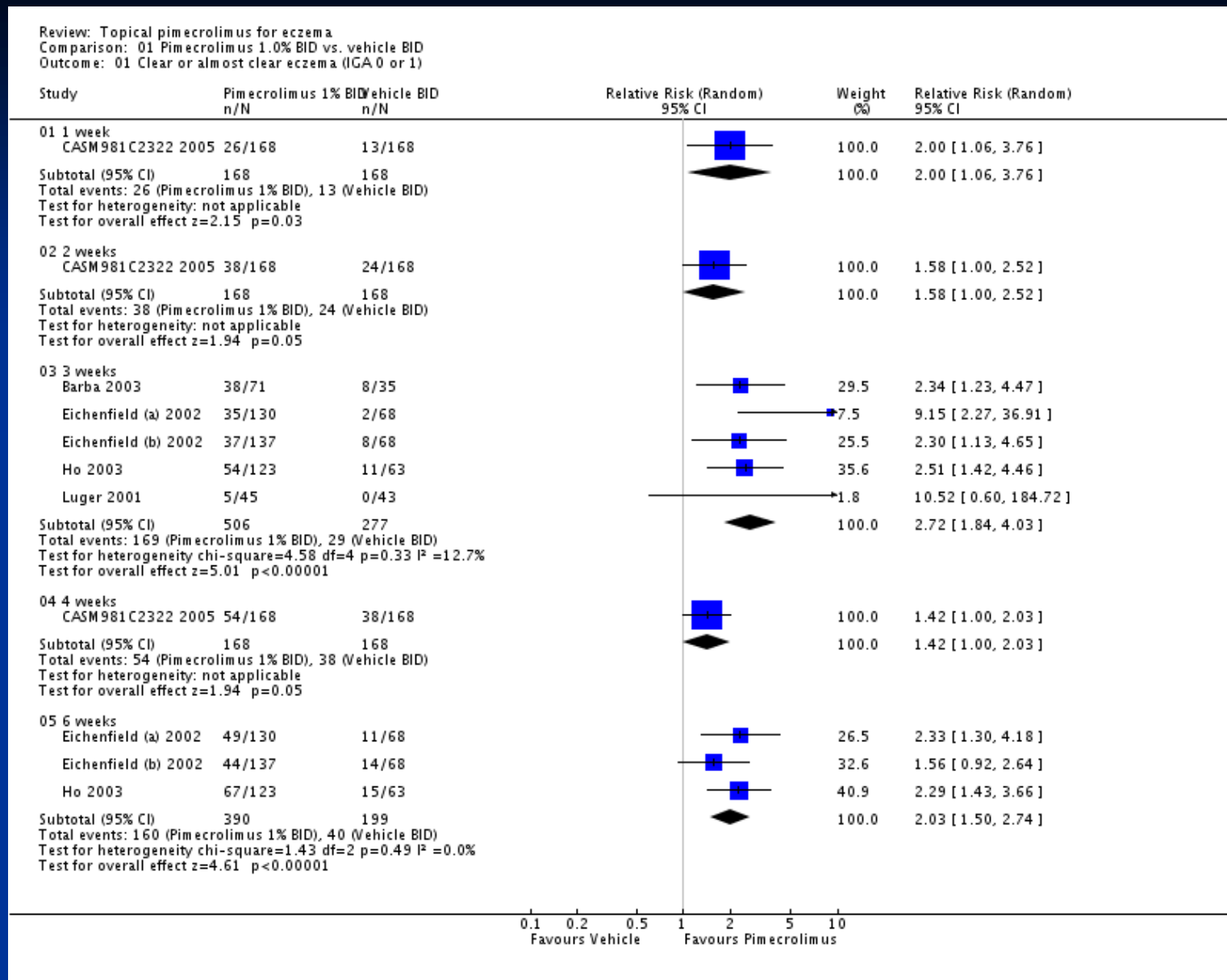
ess y for "Patriarchs and Prophets,"

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THE TOWER OF BABEL.

Why core outcomes?

- Easier to compare, contrast and synthesise results
- Reduces risk of inappropriate outcomes
- Reduces risk of selective reporting outcome bias



Ashcroft DM, Chen L-C, Garside R, Stein K, Williams HC. Topical pimecrolimus for eczema.
Cochrane Database of Systematic Reviews 2007, Issue 4.

Selective reporting outcome bias

- Viljanen et al randomised 230 infants with AD and cow's milk allergy to *Lactorham* GG, or mix of four probiotics or inert cellulose and concluded

“Treatment with LGG may alleviate atopic dermatitis symptoms in IgE-sensitised infants but not in non-IgE sensitised infants”

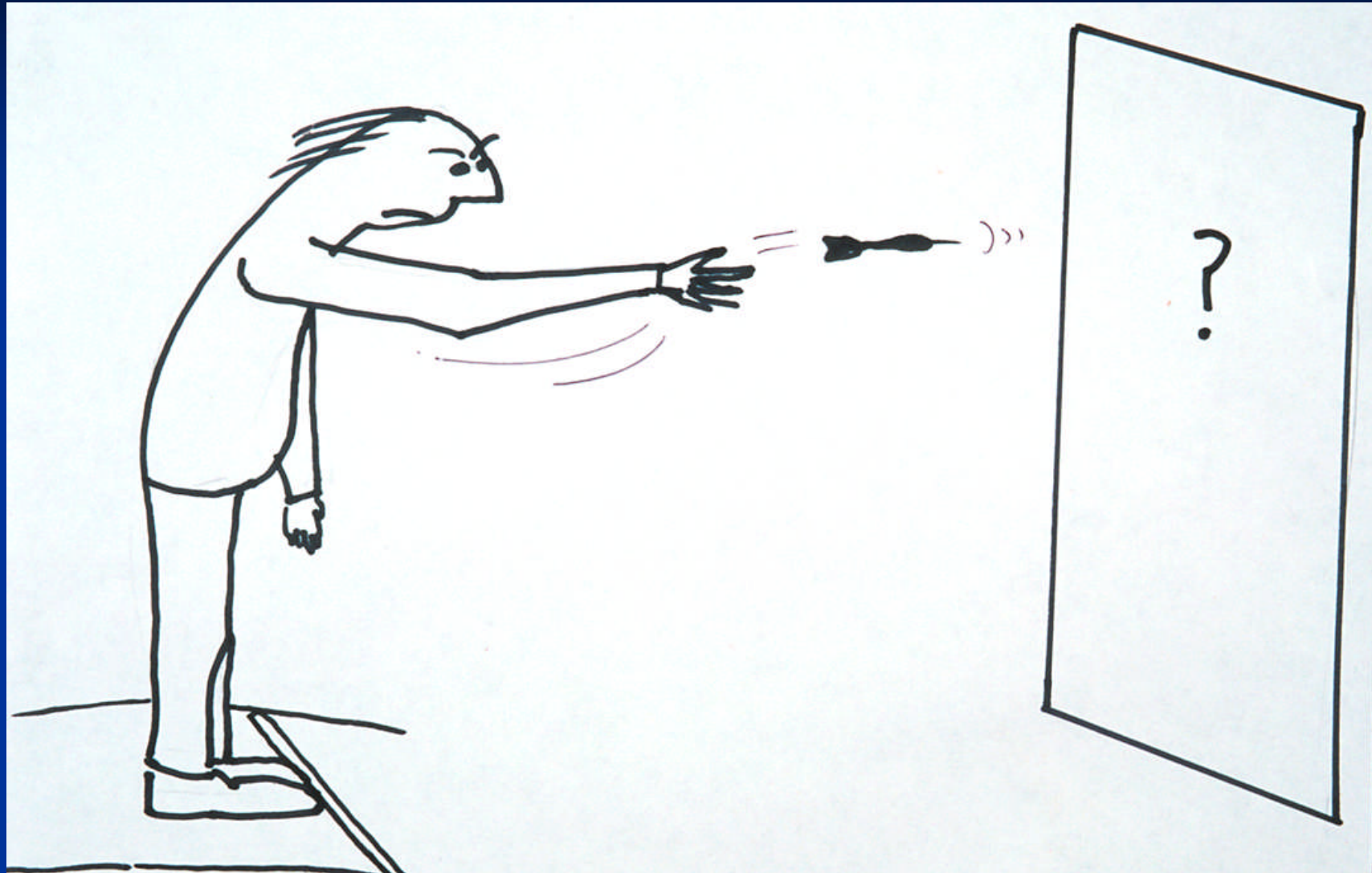
Viljanen et al Allergy 2005;60:494-500

But if you read the paper...

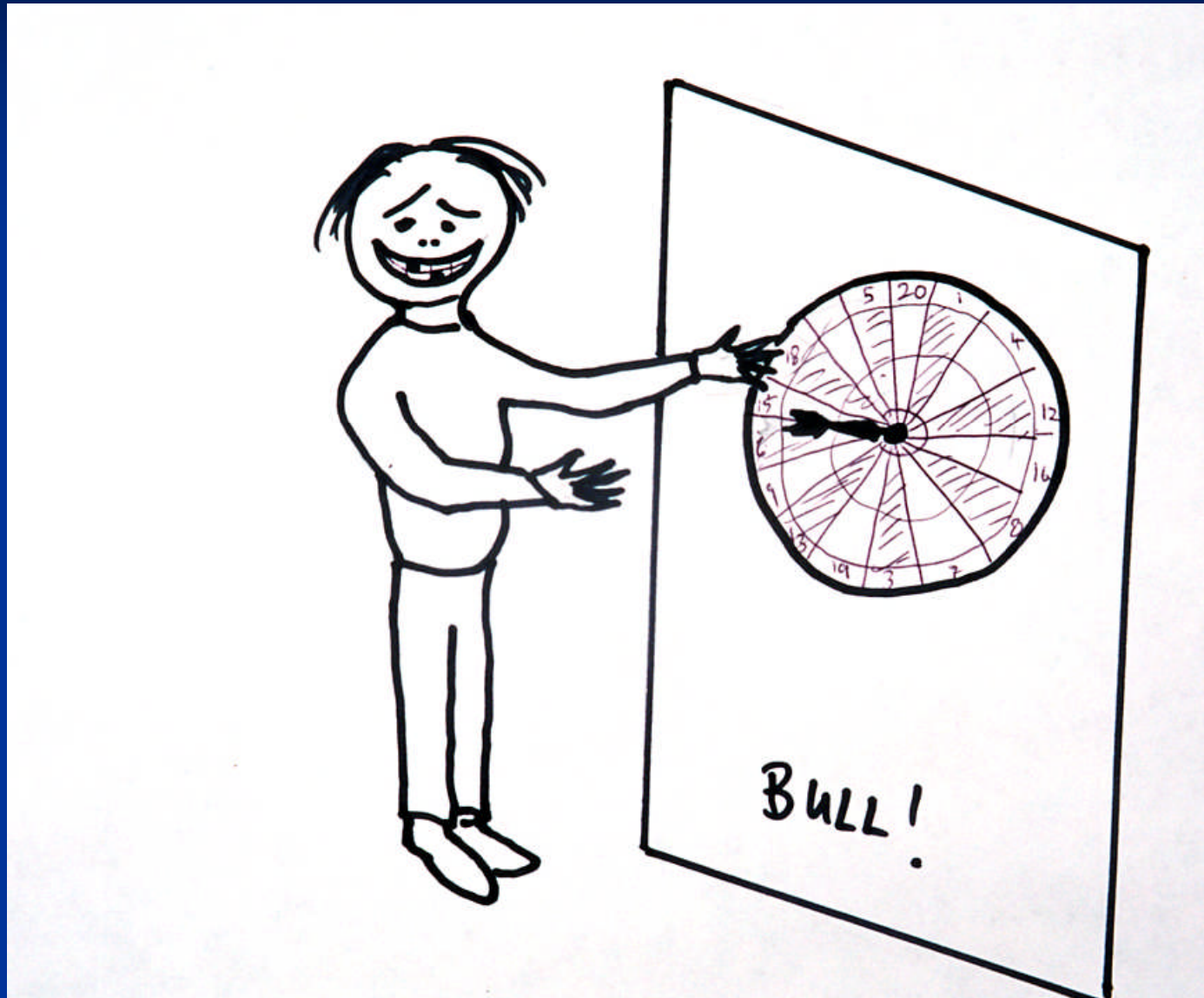
- Viljanen – main analysis for primary outcome not significant.
- Instead, they emphasised exploratory analysis in a subgroup 4 weeks after main assessment
- It's a bit like....

Williams HC. Two “positive studies of probiotics for atopic dermatitis – or are they?
Arch Dermatol 2006;142:1201-3

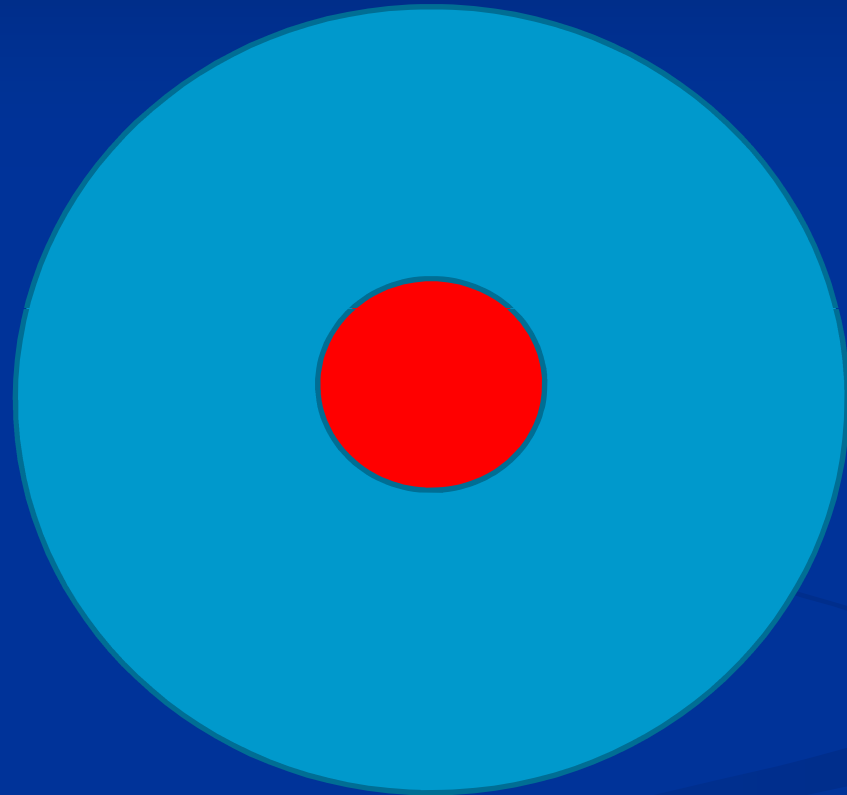
Throwing a dart



Then drawing the dartboard



Core outcome are just a
minimum set



What is happening elsewhere?

- OMERACT <http://www.omeract.org/>
- Pain – IMMPACT: www.immpact.com
- COMET initiative: Core Outcome Measures in Effectiveness Trials
<http://www.liv.ac.uk/nwhtmr/comet/comet.htm>

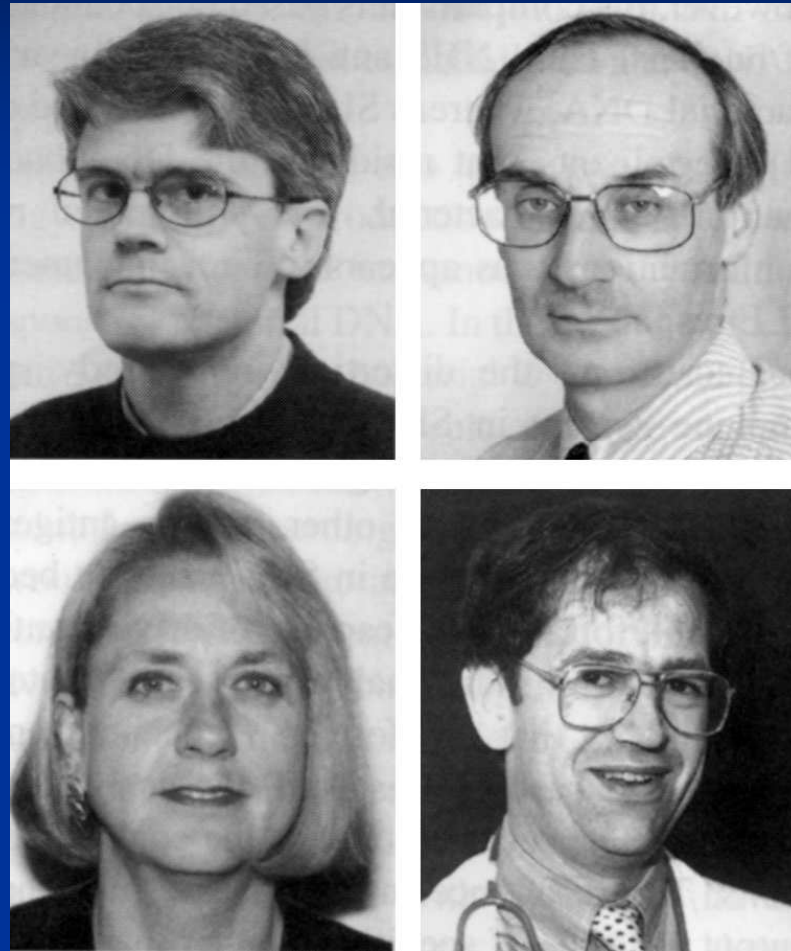
Tugwell P BM et al. OMERACT: An initiative to improve outcome measurement in rheumatology. *Trials*. 2007;8(38).

Clarke M. Standardising Outcomes in Paediatric Clinical Trials. *PLoS Medicine / Public Library of Science*. 2008;5(4):e102.

What are core outcomes?

- Minimum set for all clinical trials
- Typically an efficacy and harm measure
- Need to be relevant to patients
- Relevant to those making decisions about health care
- Maybe different for clinical trials and routine care
- Need to be valid, repeatable, sensitive to change, easy to use

OMERACT filter



Truth, Discrimination and Feasibility

The world of medicine is moving on
– what about atopic dermatitis?



Why do it?



HOME I

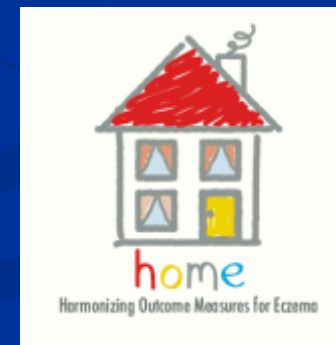
- *Is there enough interest, enthusiasm and commitment to sort our core outcomes for atopic eczema/atopic dermatitis? - YES*
- Are you willing to set aside your preferences/prejudices/allegiances to work as a group? - YES

Aims of HOME II

- To develop a collaborative working community
- To make decisions on which essential things need to be measured in all eczema trials (and clinical record keeping)
- To make decisions about which tools should be used to measure those essential things
- To identify topics for further research

Philosophy of HOME

- Working together
- Respecting all stakeholder viewpoints
- Putting prejudices and allegiances aside in order to achieve the greater good for patient care
- Evidence-based and evidence-generating
- Pragmatic
- To have fun



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