Posters

CURRENT CHALLENGES IN MODERATE ATOPIC DERMATITIS: AN ITALIAN DELPHI CONSENSUS

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Introduction. Moderate atopic dermatitis (AD) represents a clinical "grey zone", often underestimated and inconsistently managed despite a substantial disease burden. While treatment pathways are well established for mild and severe disease, the moderate stage lacks clear and widely adopted guidance.

Methods. A two-round Delphi consensus was conducted involving Italian dermatology experts. Thirty-one statements were developed based on a structured literature review (PRISMA approach) and evaluated using a 5-point Likert scale. Consensus was defined as ≥75% agreement. Following the first round, statements were revised based on panel feedback and re-evaluated in a second round.

Results. Forty-eight dermatologists participated in the first round and 36 in the second. All statements reached consensus in round one. On the basis of the first round comments, 26 final statements were approved. In the second round, the number of statements achieving unanimous consensus increased from 3 to 10, while 14 statements reached an agreement ranging from 90% to 99% and only 2 between 80% and 89%. The consensus highlighted that moderate AD is associated with a significant multidimensional burden, including pruritus, sleep disturbance, psychological impact, and impaired quality of life. Treatment approaches are heterogeneous, with patients often positioned between insufficient topical therapies and conventional systemic treatments, which may present safety limitations. A key unmet need identified is the limited access to innovative targeted therapies (biologics and Janus kinase inhibitors), particularly for patients who do not meet current eligibility criteria despite a clinically relevant disease burden.

Conclusions. Moderate AD is associated with a considerable burden and relevant unmet needs. This Delphi consensus provides practical insights to support improved disease assessment and management and highlights the importance of aligning treatment access with patients' clinical needs. Funding sources: the present work was supported by Incyte who had no role in content development.