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Letter to the Editor

Real-world symptom improvement in paediatric atopic dermatitis: insights from patient-reported outcome measures with mometasone furoate

Sir,

Patient-reported outcome measures (PROMs) are validated tools that complement physician assessments and play a crucial role in guiding treatment decisions and monitoring disease burden in atopic dermatitis (AD).[1] However, their use in routine clinical practice stays limited due to low physician awareness and adoption1. Additionally, topical corticosteroid (TCS) phobia among patients and caregivers can adversely affect adherence and treatment outcomes.[2]

In this context, evaluating patient-reported outcomes with mometasone furoate 0.01% cream offers important real-world insights into perceived effectiveness and tolerability, helping to bridge gaps between clinical practice, patient experience, and therapeutic success.

Clinical studies have demonstrated that once daily application of mometasone furoate 0.1%, cream, and lotion) in patients with atopic dermatitis over 2–12 weeks provides efficacy that exceeds that of less potent corticosteroids administered twice daily, and is comparable to or greater than several highly potent corticosteroids requiring two to three applications per day, across all age groups.[3]

Its favorable safety profile is supported by selective cutaneous biotransformation, resulting in reduced interaction with dermal tissues and so lower atrophogenic potential. In addition, mometasone furoate shows a low propensity for sensitization and minimal systemic exposure. Collectively, it is considered a highly effective topical corticosteroid with a minimal risk of both local and systemic adverse effects with the advantage of once daily application and better treatment adherence.[3]

With this clinical and real world evidence backdrop, the present study evaluated patient reported outcomes (PRO) in a large, multicenter cohort of pediatric patients with AD in India. PRO was assessed on Likert scale where the score of 8-10 showed good improvement and score of 1-3 was considered as poor response. A total of 1084 patients with mild to moderate disease were included from 408 centers, with a mean age of 8.1 years and a male predominance (61%). Most patients had mild (61.1%) or moderate (38.9%) disease, with lesions commonly involving the face (27.3%), trunk (24.4%), and back (11.25%). Common age of children with AD presentation was typically less than 5 years in many cases, showing early or active disease. Secondary infection was present in 17.4% of patients. Concomitant therapy was prescribed in 62.6%, predominantly moisturizers (54.8%), followed by antibiotics (7.4%) and other treatments.

Consistent with these characteristics, evaluation of patient reported outcomes revealed rapid and clinically meaningful improvement across all key symptom domains, including itching, rash burden, skin dryness and overall symptoms, assessed on a 10-point scale. Pruritus showed substantial relief (mean score 7.7), with improvement typically seen within 4.5 days and one quarter of patients responding as early as day 3. Similar outcomes were seen for reduction in rash size and number (mean 7.7), with most patients showing improvement within 3–5 days.

Skin dryness improved significantly (mean 7.7), with noticeable changes within 4–5 days while overall symptom control showed the greatest benefit (mean 7.8), reflecting broad alleviation of disease burden. Across all domains, responses were predominantly clustered in the higher range (7–10), showing consistently favorable and clinically meaningful patient perceived effectiveness.

Importantly, the observed clinical benefits were accompanied by a rapid onset of action and a favorable tolerability profile. Approximately 30–32% of patients reported noticeable improvement within 2–3 days of treatment initiation, with early relief in pruritus contributing to disruption of the itch–scratch cycle and prevention of further disease exacerbation.

Overall, mometasone furoate 0.1% cream was well tolerated, with over 95% of patients reporting no treatment related adverse effects. The incidence of local adverse events was low and predominantly mild, including irritation or burning (3.6%), treatment emergent itching (3.3%), and skin redness (3.0%). Most events were self-limiting, with very few moderate cases and no severe reactions reported.

In conclusion, this large real world study provides strong patient reported evidence supporting the rapid effectiveness and favorable tolerability of mometasone furoate 0.1% cream in pediatric AD. However, clinical trials still primarily rely on clinician-reported endpoints. As dermatologic treatments become more targeted to

specific symptoms and sites, future research should prioritize understanding patients' experiences and the changes that matter most to them.[4] Importantly, integrating PROM provides valuable insights into treatment perception, adherence, and satisfaction, especially in the context of topical corticosteroid phobia. Routine use of PROMs can help align clinical outcomes with patient experience, supporting more personalized and patient-centered management of AD.

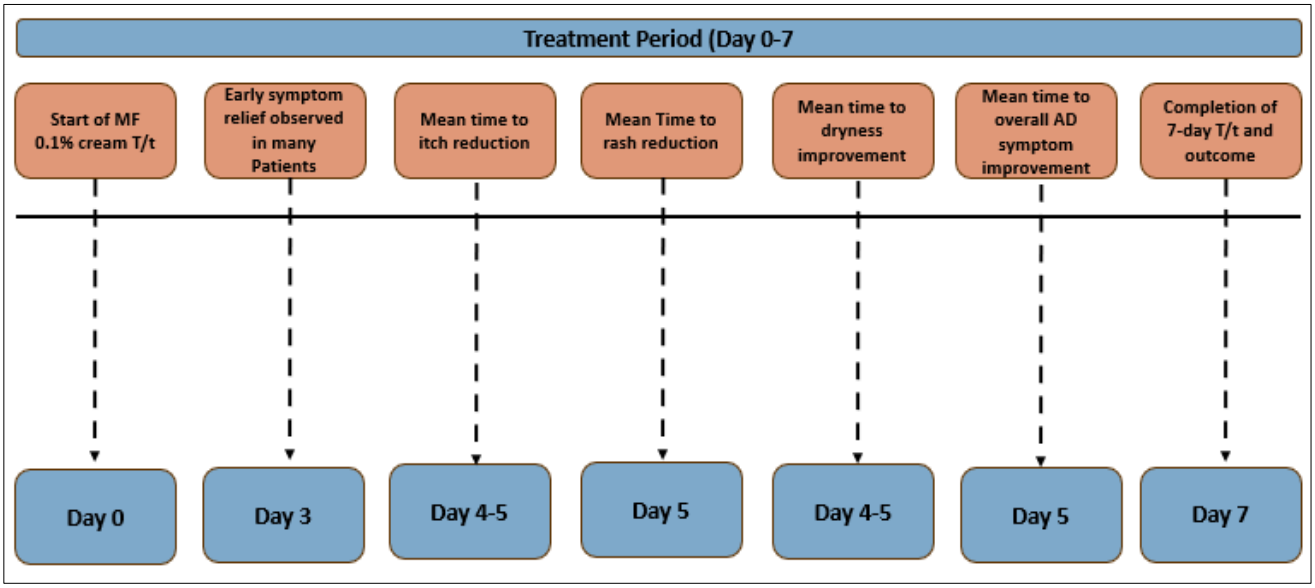


Figure 1: Patient-reported outcome measures after 7 days of mometasone furoate 0.1% cream treatment in paediatric atopic dermatitis (n=1084).

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