

**Hospital Clinical Guideline Evidence Table  
Royal Children's Hospital Australia**

**EVIDENCE TABLE – Guideline Topic: Eczema**

Please record all resources used in developing Clinical Guideline. This form can be filled out electronically and email or printed as a hard copy. This needs to be submitted to the HCG publisher (jody.smith@rch.org.au) with the final version your guideline before the HCG can be published on the web.

<b>Title</b> Title of Study or Article	<b>Level</b> (I - IV)	<b>Author/s</b> Surname/s and Initials	<b>Source - Journal Title</b> - Date of Publication - Volume and Issue Number - Pages	<b>Comments</b> – please include. Data Base Searched 'Keywords' searched Study design, size of sample etc
Parental education in the treatment of childhood atopic eczema	II	Broberg, A. Kalimo, K. Lindblad, B. Swanbeck, G.	Acta Dermato-Venereologica.	Education program on AD management had positive effects on disease severity and parental compliance. data base: Medline, Cochrane Libraray. Key word: Atopic Dermatitis and education.
Comparison of parent knowledge, therapy utilization and severity of atopic eczema before and after explanation and demonstration of topical therapies by a specialist dermatology nurse	IV	Cork, M. J. Britton, J. Butler, L. Young, S. Murphy, R. Keohane, S. G.	British Journal of Dermatology.	Education program on AD management had positive effects on disease severity and parental compliance. data base: Medline, Cochrane Libraray. Key word: Atopic Dermatitis and education.
The effectiveness of wet wrap dressings using 0.1% mometasone furoate and 0.005% fluticasone propionate ointments in the treatment of moderate to severe atopic dermatitis in children	III-1	Pei, A. Y. Chan, H. H. Ho, K. M.	Pediatric Dermatology.	Wet dressings
'Wet-wrap' dressings for the treatment of atopic eczema in the community	IV	Mallon, E. Powell, S. Bridgman, A.	Journal of Dermatological Treatment	Wet Dressings
'Wet-wrap' dressings for the treatment of atopic eczema in children	IV	Goodyear, H. M. Spowart, K. Harper, J. I.	British Journal of Dermatology.	Wet dressings

Efficacy and safety of wet-wrap dressings in children with severe atopic dermatitis: influence of corticosteroid dilution	IV	Wolkerstorfer, A. Visser, R. L. De Waard van der Spek, F. B. Mulder, P. G. Oranje, A. P.	British Journal of Dermatology.	Wet Dressings
Randomised controlled trial of short bursts of a potent topical corticosteroid versus prolonged use of a mild preparation for children with mild or moderate atopic eczema	II	Thomas, K. S. Armstrong, S. Avery, A. Po, A. L. O'Neill, C. Young, S. Williams, H. C.	Bmj	Topical Steroid
Twice weekly fluticasone propionate added to emollient maintenance treatment to reduce risk of relapse in atopic dermatitis: randomised, double blind, parallel group study	II	Berth-Jones, J. Damstra, R. J. Golsch, S. Livden, J. K. Van Hooiteghem, O. Allegra, F. Parker, C. A. Multinational Study, Group	Bmj.	Topical steroids
Intermittent dosing of fluticasone propionate cream for reducing the risk of relapse in atopic dermatitis patients	II	Hanifin, J. Gupta, A. K. Rajagopalan, R.	British Journal of Dermatology.	Topical steroids
The management of moderate to severe atopic dermatitis in adults with topical fluticasone propionate. The Netherlands Adult Atopic Dermatitis Study Group	II	Van Der Meer, J. B. Glazenburg, E. J. Mulder, P. G. Eggink, H. F. Coenraads, P. J.	British Journal of Dermatology.	Topical Steroids
Comparison of mometasone furoate 0.1% cream and hydrocortisone 1.0% cream in the treatment of childhood atopic dermatitis	II	Vernon, H. J. Lane, A. T. Weston, W.	Journal of the American Academy of Dermatology	Topical steroids
Clinical dose and adverse effects of topical steroids in daily management of atopic dermatitis	IV	Furue, M. Terao, H. Rikihisa, W. Urabe, K. Kinukawa, N. Nose, Y. Koga, T.	British Journal of Dermatology	Topical steroids

Systematic review of treatments for atopic eczema	I	Hoare, C. Li Wan Po, A. Williams, H.	Health Technology Assessment`	Emollients, topical steroid, wet dressings, antihistaminestar preparations
The importance of skin barrier function	EO	Cork, M.J	Journal of Dermatological Treatment.	Emollients
Use of an emollient as a steroid-sparing agent in the treatment of mild to moderate atopic dermatitis in children	III-2	Lucky, A. W. Leach, A. D. Laskarzewski, P. Wenck, H.	Pediatric Dermatology.	Emollients

### The Hierarchy of Evidence

#### **The Hierarchy of evidence is based on the National Health and Medical Research Council (2000) and Oxford Centre for Evidence-based Medicine Levels of Evidence (May 2001)**

- I** Evidence obtained from a systematic review of all relevant randomised control trials.
- II** Evidence obtained from at least one properly designed randomised control trial.
- III-1** Evidence obtained from well-designed pseudo-randomised controlled trials (alternative allocation or some other method).
- III-2** Evidence obtained from comparative studies (including systematic reviews of such studies) with concurrent controls and allocation not randomised, cohort studies, case control studies, or interrupted time series with a control group.
- III-3** Evidence obtained from comparative studies with historical control, two or more single-arm studies, or interrupted time series without a parallel control group.
- IV** Evidence obtained from case-series, either post-test or pre-test and post test.
- V** Expert opinion without critical appraisal, or based on physiology, bench research, or historically based clinical principles.

Clinical guidelines are based on reviews of the best available evidence. **Level 1 evidence represents the gold standard for intervention studies;** however it is not available for all areas of practice and for some guidelines it may be appropriate to utilise results from studies with lower levels of evidence. Some clinical guidelines may also be informed by experts in the field, locally (RCH) and internationally (Journal articles) (expert opinion) etc. This NHMRC Hierarchy can be used to grade evidence. Please record details on the evidence table and return to Clinical Quality and Safety (CQS) with guideline draft. The Evidence table can be filled out electronically or printed and used as a hard copy.

*Please contact Jody Smith Clinical Guideline and Path Coordinator on ext 6956 if you have any concerns or require assistance.*