Study questionnaire

Item	Level of agreement
 AD can also develop <i>de novo</i> in adults or young adults, or even in advanced age 	
 AD is a multifaceted disease that is derived from the interactions of multiple factors, including the skin components (cellular and extracellular components that form the skin barrier) 	□ 1 □ 2 □ 3 □ 4 □ 5
 AD is a multifaceted disease that is derived from the interactions of multiple factors, including the immune system (innate and adaptative) 	□ 1 □ 2 □ 3 □ 4 □ 5
 AD is a multifaceted disease that is derived from the interactions of multiple factors, including the skin microbiome 	□ 1 □ 2 □ 3 □ 4 □ 5
 AD is a multifaceted disease that is derived from the interactions of multiple factors, including genetic factors 	□ 1 □ 2 □ 3 □ 4 □ 5
 AD is a multifaceted disease that is derived from the interactions of multiple factors, including environmental factors 	□ 1 □ 2 □ 3 □ 4 □ 5
 Currently, the diagnosis and assessment of the severity of AD are made on clinical grounds 	□ 1 □ 2 □ 3 □ 4 □ 5
 The clinical criteria defined by Hanifin and Rajka are used for the clinical diagnosis of AD 	□ 1 □ 2 □ 3 □ 4 □ 5
 The clinical presentation of AD depends on the age of the patients 	□ 1 □ 2 □ 3 □ 4 □ 5
 With greater frequency, children < 2 years of age and adults present involvement of the face and neck, in addition, adults also present involvement of the flexor and extensor surfaces 	□ 1 □ 2 □ 3 □ 4 □ 5
 Some forms of presentation seen in adults include, for example, dermatitis of the head and neck, chronic eczema of the hands and multiple zones of lichenification or prurigo 	□ 1 □ 2 □ 3 □ 4 □ 5
 The classification of "intrinsic" AD (not associated with IgE) and "extrinsic" AD (associated with IgE) has practical implications related to specific avoidance strategies in the management of the disease 	□ 1 □ 2 □ 3 □ 4 □ 5
 The blood eosinophil count is not a useful biomarker in AD 	□1□2□3□4□5
 Currently there are no validated biomarkers that help in the diagnosis of AD 	□ 1 □ 2 □ 3 □ 4 □ 5

AD: atopic dermatitis, IgE: immunoglobulin E

Section 2: Differential diagnosis (1 item)

Item	Level of agreement
 In certain situations, skin biopsy should be considered to exclude other 	
conditions, such as early stage T-cell cutaneous lymphoma, psoriasis or	□1□2□3□4□5
dermatitis herpetiformis, among others	

Section 3: Severity of AD (2 items)

Item	Level of agreement
 The SCORAD index is used to quantify the severity of the disease in order to assess the comparative efficacy of treatments and progression of the disease in routine clinical practice 	□1□2□3□4□5
 The EASI score is a validated scale that is not used in routine clinical practice 	□ 1 □ 2 □ 3 □ 4 □ 5

AD: atopic dermatitis; SCORAD: scoring atopic dermatitis; EASI: eczema area and severity index.

Section 4: Etiology and physiopathology (4 items)

Item	Level of agreement
 A high percentage of patients with AD also present food allergy, allergic rhinitis or asthma 	□ 1 □ 2 □ 3 □ 4 □ 5
 Treatments oriented to increase filaggrin expression are useful in the management of AD in a particular group of patients 	□ 1 □ 2 □ 3 □ 4 □ 5
 Currently there is an unmet need in the treatment of moderate-severe AD 	□ 1 □ 2 □ 3 □ 4 □ 5
 Biologic drugs are especially promising for adult patients with moderate or severe forms of the disease 	□ 1 □ 2 □ 3 □ 4 □ 5

AD: atopic dermatitis.

Section 5: Comorbidities of AD (4 items)

Item	Level of agreement
 AD in adults is frequently associated with allergic comorbidities 	□ 1 □ 2 □ 3 □ 4 □ 5
 AD in children is frequently associated with allergic comorbidities 	□ 1 □ 2 □ 3 □ 4 □ 5
 The relative risk of suffering immune-mediated inflammatory diseases such as rheumatoid arthritis and chronic inflammatory bowel disease is higher in patients with AD than in the general population 	□ 1 □ 2 □ 3 □ 4 □ 5
 Children with AD are more prone to suffer from mental disorders such as depression, anxiety, behavior disorders, among others 	□ 1 □ 2 □ 3 □ 4 □ 5

AD: atopic dermatitis.

Section 6: Health-related quality of life (2 items)

ltem	Level of agreement
 AD causes considerable psychological anxiety and results in a dramatic impact on the quality of life both for patients and their families 	□ 1 □ 2 □ 3 □ 4 □ 5
 The usefulness of PO-SCORAD for the self-assessment of AD in children suggests the importance of integrating the perspectives of the physician and the patient in the management of AD 	□ 1 □ 2 □ 3 □ 4 □ 5

AD: atopic dermatitis; PO-SCORAD: patient-oriented SCORAD.

Section 7: Treatment and follow-up (19 items)

Item	Level of agreement
Substances that should be avoided	
 When the prick test is positive for any allergen with suspicion of clinical involvement, avoidance of these allergens as far as possible may be a useful complementary measure 	□ 1 □ 2 □ 3 □ 4 □ 5
 Patients with moderate-to-severe AD should follow a diet that does not include foods testing positive in the prick test or prick-prick test and that are clinically relevant for the patient 	□ 1 □ 2 □ 3 □ 4 □ 5
Topical anti-inflammatory treatment	
 The use of wet wraps increases the effect of topical corticosteroids 	□ 1 □ 2 □ 3 □ 4 □ 5
 Proactive "treatment", for example, application two times per week in long-term follow-up, can help reduce new flares 	□ 1 □ 2 □ 3 □ 4 □ 5
 Proactive "treatment" with application of tacrolimus ointment two times per week can help reduce new flares 	□ 1 □ 2 □ 3 □ 4 □ 5
 Simultaneous combination on the same location of topical glucocorticoids and topical calcineurin inhibitors does not seem to be useful 	□ 1 □ 2 □ 3 □ 4 □ 5
 Based on results of clinical trials of crisaborole, this is not the treatment of choice for severe AD 	□ 1 □ 2 □ 3 □ 4 □ 5
Antipruritic treatment	
 There are no sufficient bibliographic references supporting the general use of first- and second-generation antihistamines for treating pruritus in AD 	
- First- and second-generation antihistamines, in general, are not useful for	□ 1 □ 2 □ 3 □ 4 □ 5

systemic treatment of AD	
Allergen-specific immunotherapy (allergen-SIT)	
 Allergen-SIT has positive effects in some sensitized patients with AD 	□1□2□3□4□5
 AD is not a contraindication for the use of immunotherapy in patients with allergic respiratory diseases (allergic rhinoconjunctivitis, allergic bronchial asthma) 	□ 1 □ 2 □ 3 □ 4 □ 5
Systemic treatments	
 With the current immune response modifiers, the therapeutic needs of patients with severe AD are not sufficiently covered 	□ 1 □ 2 □ 3 □ 4 □ 5
 In the treatment of severe AD, cyclosporine has an adequate risk-benefit ratio 	□ 1 □ 2 □ 3 □ 4 □ 5
 With phototherapy, the therapeutic needs of patients with severe AD are not sufficiently covered 	□ 1 □ 2 □ 3 □ 4 □ 5
 In the treatment of severe AD, phototherapy has an adequate risk-benefit ratio 	□ 1 □ 2 □ 3 □ 4 □ 5
New systemic treatments	
 Treatment with biologics should be considered in patients with severe AD not controlled with conventional systemic and topical treatment 	□ 1 □ 2 □ 3 □ 4 □ 5
 The objectives of these new biologics should be targeting mainly cytokines involved in Th2 allergic inflammation such as IL-4, IL-5, IL-13, and IL-31 	□ 1 □ 2 □ 3 □ 4 □ 5
 Dupilumab has the potential to become the new first-line reference treatment for patients with moderate-to-severe AD who are candidates to systemic treatment (with or without topical treatment) 	□ 1 □ 2 □ 3 □ 4 □ 5
 According to results of phase II studies, JAK inhibitors will be a future treatment of AD 	□ 1 □ 2 □ 3 □ 4 □ 5

AD: atopic dermatitis; SIT: specific immunotherapy; IL: interleukin; JAK: Janus kinase.