



This is a repository copy of *Treatment of severe, chronic hand eczema. Results from a UK-wide survey.*

White Rose Research Online URL for this paper:
<http://eprints.whiterose.ac.uk/104211/>

Version: Accepted Version

Article:

Smith, IL, Brown, S orcid.org/0000-0002-1840-3786, Nixon, J orcid.org/0000-0003-1705-7698 et al. (11 more authors) (2017) Treatment of severe, chronic hand eczema. Results from a UK-wide survey. *Clinical and Experimental Dermatology*, 42 (2). pp. 185-188. ISSN 0307-6938

<https://doi.org/10.1111/ced.13015>

© 2016 British Association of Dermatologists. This is the peer reviewed version of the following article: "Smith, I. L., Brown, S., Nixon, J., Cowdell, F. C., Ersser, S., Fernandez, C., Goodfield, M., Green, C. M., Hampton, P., Lear, J. T., Smith, C. H., Sunderland, L., Tubeuf, S. and Wittmann, M. (2017), Treatment of severe, chronic hand eczema: results from a UK-wide survey. *Clin Exp Dermatol*, 42: 185–188. doi:10.1111/ced.13015" which has been published in final form at <https://doi.org/10.1111/ced.13015>. This article may be used for non-commercial purposes in accordance with Wiley Terms and Conditions for Self-Archiving.

Reuse

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

Table 2

	Most efficient treatment in terms of long-term outcome (e.g. stable 3-6 months after cessation of therapy)*	If using, do you recommend to the patient to continue using topical steroids?			
		Yes	No	Not applicable	Not answered
PUVA	56 (28.9%)	165 (85.1%)	10 (5.2%)	9 (4.6%)	10 (5.2%)
Alitretinoin	82 (42.3%)	156 (80.4%)	18 (9.3%)	6 (3.1%)	14 (7.2%)
Acitretin	27 (13.9%)	138 (71.1%)	17 (8.8%)	16 (8.2%)	23 (11.9%)
Ciclosporin A	27 (13.9%)	160 (82.5%)	13 (6.7%)	10 (5.2%)	11 (5.7%)
Oral Steroids	8 (4.1%)	118 (60.8%)	44 (22.7%)	15 (7.7%)	17 (8.8%)
Methotrexate	34 (17.5%)	159 (82.0%)	10 (5.2%)	13 (6.7%)	12 (6.2%)
Azathioprine	34 (17.5%)	157 (80.9%)	12 (6.2%)	11 (5.7%)	14 (7.2%)
Narrowband UVB	9 (4.6%)	103 (53.1%)	8 (4.1%)	62 (32.0%)	21 (10.8%)
Mycophenolate Mofetil	3 (1.5%)	118 (60.8%)	10 (5.2%)	38 (19.6%)	28 (14.4%)
Don't know	39 (20.1%)	-	-	-	-
Not answered	4 (2.1%)	-	-	-	-