

INTRODUCTION

Pruritus is a defining feature of atopic dermatitis (AD) and prurigo nodularis (PN) and a major contributor to patient burden, affecting sleep, daily functioning, emotional well-being, and quality of life. For many patients, reducing itch is one of the most important treatment priorities, making symptom burden central to both patient conversations and therapeutic decision-making.

As the understanding of itch has expanded beyond the skin to include neuroimmune and inflammatory pathways, treatment approaches for AD and PN have also evolved. In this changing landscape, nurse practitioners in dermatology and primary care have an important role in recognizing the significance of itch, connecting symptoms to broader quality-of-life effects, and supporting timely, individualized care.

This educational activity was designed to reinforce the importance of addressing itch in AD and PN and support practical, patient-centered approaches to itch assessment, monitoring, and management in routine practice.

Learning Objectives

- Identify the substantial clinical gravity and patient-centric burden of itch in patients with prurigo nodularis (PN) or atopic dermatitis (AD) and its key role as a therapeutic target in these diseases.
- Recommend itch assessment and severity evaluation tools in patients with PN or AD to inform treatment decisions at baseline and measure therapeutic responsiveness longitudinally.
- Design evidence-driven treatment plans for patients with PN or AD that employ best practices for itch assessment at baseline and longitudinal evaluation of itch-related treatment efficacy.

PROGRAM OVERVIEW

Enduring On-Demand Activity

- Dates:** February 24, 2025, to February 28, 2026
- Follow-up Survey:** 60 days post activity
- Locations:** Hosted in the AANP CE Center and Epocrates Platform
- Audience:** NPs and other providers in dermatology and primary care caring for patients with AD and PN
- Anticipated Participation:**
 - 5,000 Learners (beyond front matter)
 - 3,900 Completions (certificate issued)

METHODS

Learners completed pre- and post-activity knowledge, competence and evaluation questions aligned with learning objectives. A paired analysis was conducted using McNemar and Wilcoxon tests to assess changes ($P \leq 0.05$). Software included Microsoft Excel (aggregating data) and Stata 18.5 (statistical analysis). Effect size quantified magnitude of change (0.10 = Small, 0.30 = Medium, 0.50 = Large). Demographics and intent-to-change responses were analyzed descriptively.

3 OUT OF 4
Patients With AD Considered
ITCHING to be one of the top two
Most Burdensome Symptoms

RESULTS: ENDURING ON-DEMAND ACTIVITY

Learner Demographics

Profession



- Learners represented many clinical environments, with 3,867 practicing in primary care and 318 practicing in dermatology.
- 61% of Learners reported regularly encountering and managing patients diagnosed with either AD or PN or Both.

AD and PN are multifactorial disorders caused by dysregulated signaling across the skin, immune system, and nervous system.

Skin



Nervous System

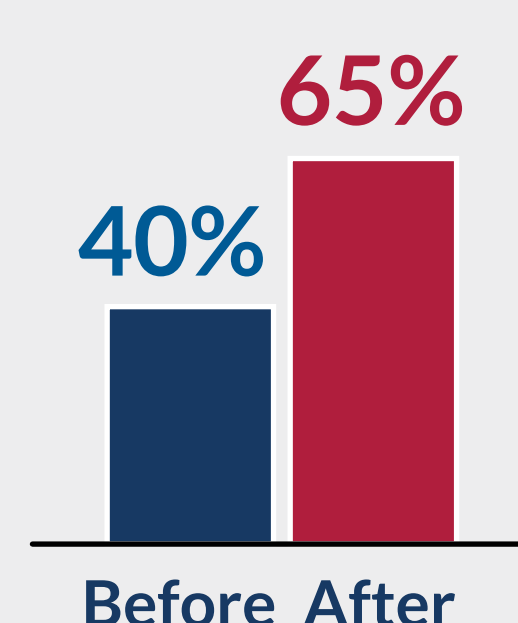


Immune System



Knowledge and Competence Gains

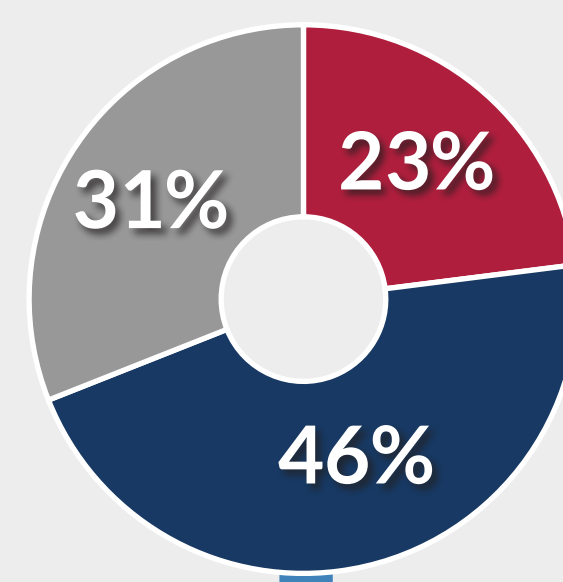
Total Correct Answers



- Change in Total Correct Answers: 25% increase, effect size 1.077 (large), $P < 0.001$.
- Learners achieved statistically significant improvement across all seven pre/posttest questions ($P < 0.001$).

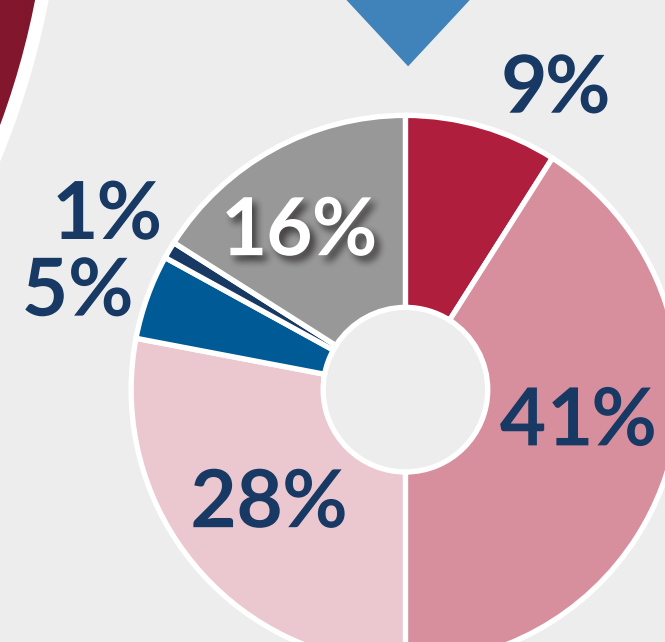
Incorporation of Validated Itch Assessment Tool into Routine Practice

Current Practice



- Yes
- No
- NA, I don't see patients/does not apply to my clinical practice/patient population.

Intention Following Activity

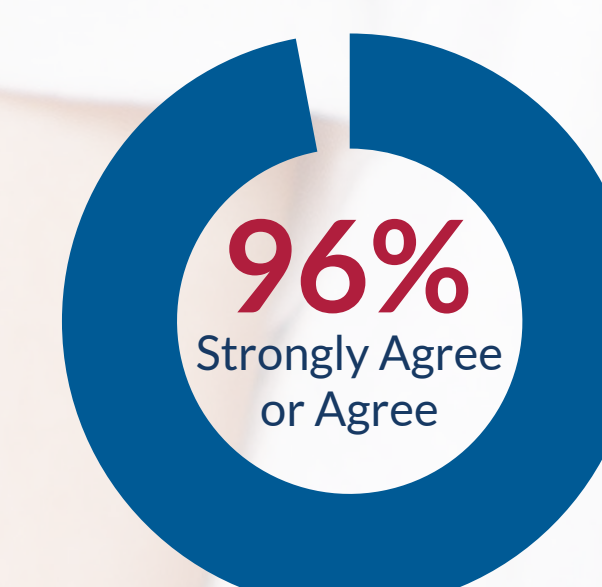


- Currently Do
- Highly Likely
- Maybe
- Unlikely
- Highly Unlikely
- NA, I don't see patients/does not apply to my clinical practice/patient population.

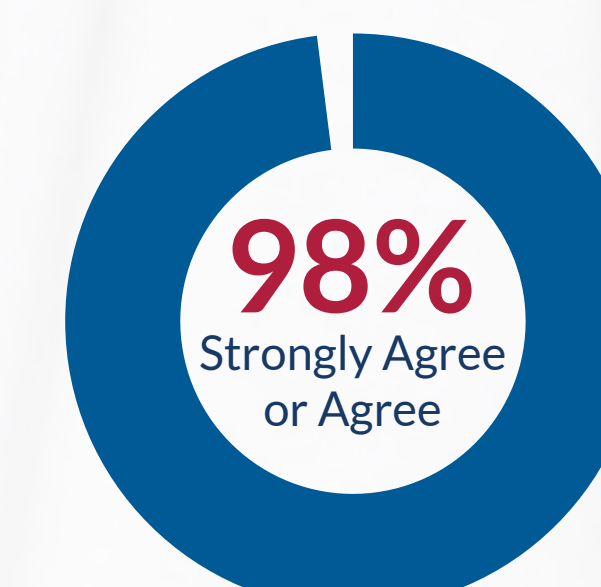
N=9,733

Learner Satisfaction

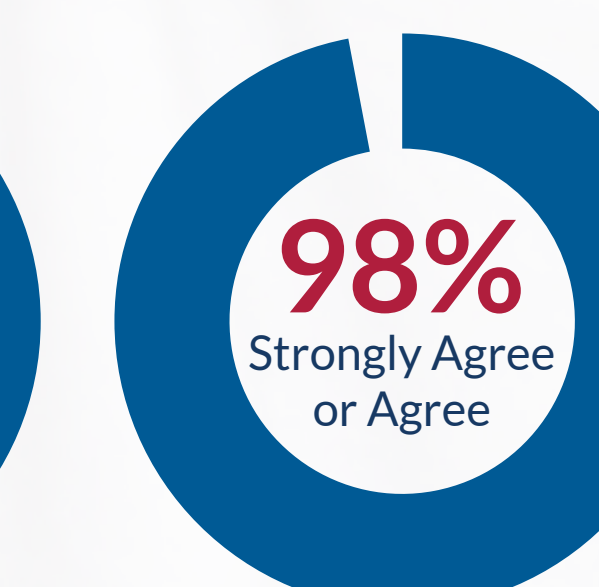
Speakers Were Effective



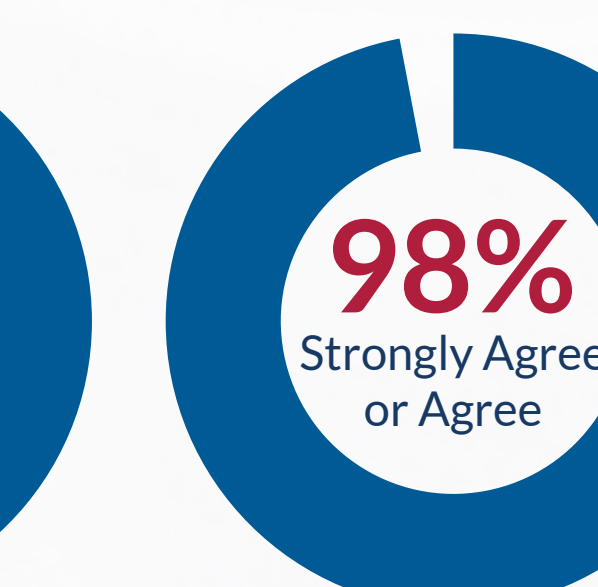
Learning Objectives Were Met



Content Was Fair and Balanced

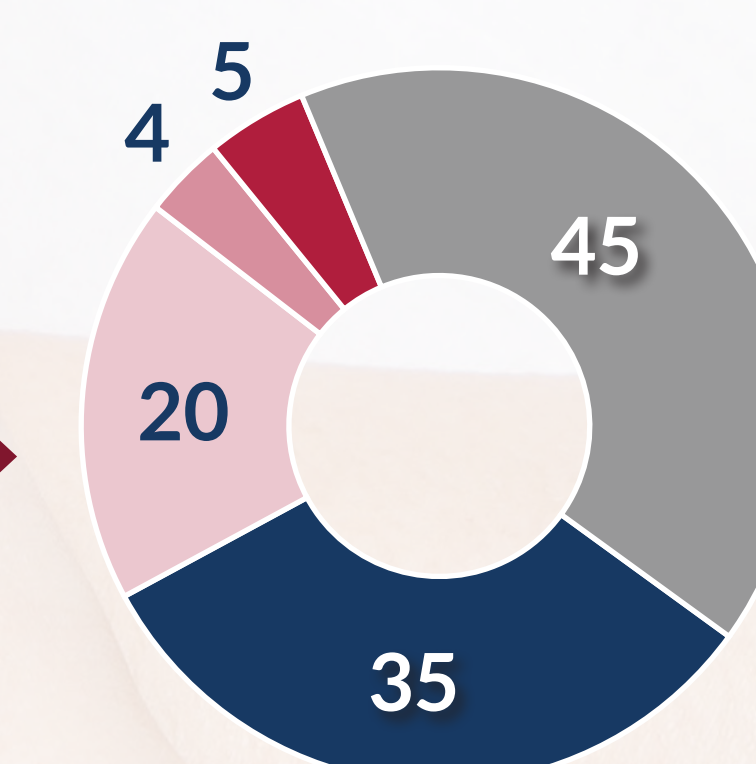


Content Was Free of Commercial Bias



RESULTS: 60-DAY FOLLOW-UP SURVEY

Follow Through With Incorporation of Validated Itch Assessment Tool (N = 109)



- Consistently (With Nearly Every Patient With AD and/or PN)
- Frequently (More Than 5 Times)
- Sometimes (3-5 Times)
- Rarely (1-2 Times)
- NA, I did not see any patients with AD or PN.

CONCLUSION AND REFERENCES

This activity demonstrated substantial impact, exceeding anticipated reach and engagement, with over 12,000 learners and a 25% increase in total correct responses from pre- to post-assessment ($P < 0.001$). High learner satisfaction (96-98%) further reinforces the effectiveness of the content and delivery.

Participation in this activity is expected to drive meaningful changes in clinical practice, including increased use of validated itch assessment tools (e.g., itch NRS), greater incorporation of symptom severity into treatment decision-making, and enhanced prioritization of patient-reported outcomes such as sleep and quality of life. These shifts are supported by post-activity intent data and follow-up findings, with over half of respondents reporting a positive impact on patient symptoms and quality of life.

References: Bewley A et al. *Dermatol Ther* (Heidelb). 2022;12(9):2039-2048; Birkner T et al. *J Dtsch Dermatol Ges*. 2023;21(10):1157-1168; Kim B et al. *J Allergy Clin Immunol*. 2024;153(4):879-893; Silverberg JI et al. *Ann Allergy Asthma Immunol*. 2018;121(3):340-347; Silverberg JI et al. *Dermatitis*. 2023;34(2):135-144; Wong LS, Yen YT. *Int J Mol Sci*. 2022;23(20):12390; Zeidler C et al. *J Eur Acad Dermatol Venerol*. 2024;38(8):1649-1661.