

Poison Ivy's Gonna Make You Itch: Update on Poison Ivy Project

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Madrid III ~ 8:45am - 9:30am

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Objectives

- Explain why contact with poison ivy causes a rash (physiology)
- Review the evidence regarding appropriate management of poison ivy
- Discuss the preliminary findings of the OKPRN Poison Ivy Study

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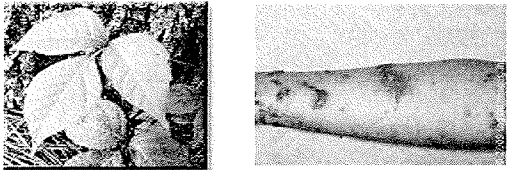
None

Financial Interests/Affiliations

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The OKPRN Poison Ivy Study

Jim Mold, MD, MPH



Disclosures

Nada

Nothing

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Background and Rationale

- Common; diagnosed and managed in primary care
- No clinical practice guidelines
- Very little research; only 3 RCTs and none that are helpful
 - 2 trials of agents no longer available
 - 1 small trial of Zanafel (some benefit)
- Multiple treatment approaches used
 - Survey of OKPRN members: 26 different treatment approaches
- Mechanism: Type IV hypersensitivity reaction (like a PPD)
 - Urushiol easily removed with detergent soap

OKPRN Survey (N=10)

- Estimated frequency of poison ivy visits (Spring – Fall)
 - Mean: 2.9 per week; median 2.5 per week
 - Range 1 – 10 per week
- Clinic
- Clinicians think of cases in two categories, mild and severe
- Categories of treatments reported
 - Physical measures (3)
 - OTCs (15)
 - Prescription topicals (2)
 - Prescription orasl meds (2)
 - Injectables (5)

Research Questions

- How often do primary care clinicians see poison ivy?
- What are the characteristics of patients who present with poison ivy in primary care?
- What treatments are most often recommended by primary care clinicians?
- What non-treatment factors influence the duration of signs and symptoms?
- Which categories of treatment are associated with earlier resolution of signs and symptoms?
- Are there any treatment types associated with early resolution but then reemergence of signs or symptoms?

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Method

- Participating primary care clinicians agree to collect a common set of clinical information on all patients with poison ivy.
- Patients with poison ivy are told that they are eligible to participate and can earn \$20 for completing a symptom diary.
- If interested, they are given a packet of information and contact information is faxed to Cara Vaught, one of the PEAs.
- Cara calls them; explains the study; consents them by phone.
- Cara then obtains the medical information from the clinician.
- Patients complete a symptom diary until the rash resolves; mails it to Cara.

Independent Variables

- Date (month, season)
- Duration prior to visit
- Patient age, gender
- History of contact with poison ivy
- Body parts affected at time of visit; estimated % stages S.A.
- Presence of pruritis, erythema, raised lesions, vesicles/bullae
- Diabetes mellitus
- Use of antihistamines, NSAIDs, or corticosteroids at time of onset
- Treatments already tried
- Treatments prescribed at visit
- Number of follow-up visits
- Treatments prescribed at follow-up visits

Treatment Categories

1. Topical antihistamines
2. Topical Zanafel or Teenu
3. Topical astringents
4. Topical anti-pruritics, other
5. Topical aloe vera
6. Topical bleach
7. Topical corticosteroids, low potency
8. Topical corticosteroids, moderate potency
9. Topical corticosteroids, high potency
10. Oral antihistamines
11. Oral corticosteroids
12. Parenteral corticosteroids

Results to Date (after 1st season)

- 18 participating practices (need more)
- 58 patients (shooting for 500)
- 39 completed diaries

Results to Date

Independent Variables	N	% or mean (SD)
Age	57	41 (20)
Gender (Female)	58	60%
Race (White)	57	86%
Diabetes	58	10%
Taking an NSAID prior to rash	58	14%
Rash on upper extremities	58	72%
Rash on lower extremities	58	47%
Rash on head or face	58	48%
Rash on trunk	58	43%
Pruritis	58	90%
Erythema	58	93%
Vesicles or bullae	58	59%

Results to Date

Outcome	N	Time in Days Mean (SD)
Complete resolution	39	16 (8)
Resolution of vesicles and bullae	39	6 (5)
Resolution of pruritis	39	13 (8)
Resolution of erythema	39	15 (8)

Treatments Used

Treatment Category	Number of Cases (%)
Topical Antihistamine	8 (15%)
Zanfel or Tecnu	3 (6%)
Topical Astringents	24 (44%)
Topical Antipruritics	9 (17%)
Topical Aloe Vera	0 (0%)
Topical Bleach	6 (11%)
Topical Corticosteroids, Low Potency	32 (57%)
Topical Corticosteroids, Moderate Potency	0 (0%)
Topical Corticosteroids, High Potency	17 (30%)
Oral Antihistamines	35 (64%)
Oral Corticosteroids	30 (54%)
Parenteral Corticosteroids	28 (51%)

Results to Date

Independent Variables	Longer Time to Complete Resolution P-value	Reoccurrence After Initial Resolution (Y/N) P-Value
Rash on upper extremities	0.05	
Vesicles or bullae	0.04	
Rash on lower extremities		0.05

None of the treatment categories was associated with either outcome, but the numbers in each treatment group are small.


Results to Date

Independent Variables	Longer Time to Complete Resolution of Pruritis P-value
Rash on Upper Extremities	0.05
Rash on Trunk	0.02

None of the treatment categories was associated with this outcome, but the numbers in each treatment group are small.

Questions, Thoughts, Suggestions?

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It's QUESTION TIME !!

I'm looking at you Pontious.

If you want to participate, please let me know. James-mold@ouhsc.edu
