NKR 44: calcineurin inhibitorer vs. local steroid

Review information

Authors

Danish Health Authority[1]

[1][Empty affiliation]

Citation example: DHA. NKR 44: calcineurin inhibitorer vs. local steroid. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Bauer 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** intervention ● *Age: mean(SD)*: 34.8(12.47) ● *Sex (%male)*: 35 control ● *Age: mean(SD)*: 30.87(8.08) ● *Sex (%male)*: 43.8 **Included criteria:** Patients suffering from moderate to very severe chronic relapsing atopic hand dermatitis (IGA 3) aged 18 years, who had responded to treatment with mometasone fuorate 0.1 % once dailyover 1–3 weeks (IGA 2), were inclu-ded after having obtained written infor-med consent. **Excluded criteria:** Atopic dermatitis covering >20 % of body surfacearea, use of phototherapy, systemic prednisoloneor systemic immunosuppressiveagents 4 weeks before screening visit,topical tar, pimecrolimus and tacrolimus7 days prior to screening visit, hypersensitivityto ingredients of the studymedication and/or the vehicle, womenwithout adequate contraception or pregnancyor lactation. Further exclusioncriteria were malignant disease withinthe last five years, concomitant skindisease or infections on the hands. **Pretreatment:** There were no significant differences between the patients randomized to pi-mecrolimus (n = 20) and vehicle (n = 16)concerning age, sex, body weight, heightand ethnicity (Table 2). No significantdifferences were seen in duration of treatment in patients randomised to pimecrolimus (37.3 ± 19.5 days) and vehicle (33.2 ± 21.7 days, p = 0.60) oruse of study medication (pimecrolimus82.9 ± 59.0 g; vehicle 79.0 ± 48.7 g, p = 0.97). Moreover, there were no significant differences in the numbers ofdiscontinuations per group (pimecroli-mus n = 10, 50.0 %; vehicle n = 9, 56.3 %; p = 0.749)
Interventions	**Intervention Characteristics** intervention ● *treatment*: pimecrolimus1 % cream twice a day after clinical response (IGA 2)to a 1–3 week treatment with mometasonefuorate 0.1 %. ● *dose*: twice a day ● *duration*: 8 weeks control ● *treatment*: pimecrolimusVehicle twice a day after clinical response (IGA 2)to a 1–3 week treatment with mometasonefuorate 0.1 %. ● *dose*: twice a day ● *duration*: 8 weeks
Outcomes	*Sværhedsgrad af eksemet* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: HECSI ● **Range**: 0-360 ● **Direction**: Lower is better ● **Data value**: Change from baseline *Livskvalitet* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: DLQI ● **Range**: 0-30 ● **Direction**: Lower is better ● **Data value**: Change from baseline *Hudatrofi* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: TEWL ● **Data value**: Endpoint

Identification	**Sponsorship source:** AB: Although not directly related to thisstudy AB served as a paid lecturer forNovartis and other companies. DL:none. UM: none. MM: Although not directlyrelated to this study MM served asa paid lecturer for Novartis and othercompanies. MB is employee of NovartisPharma GmbH, the manufacturer of pimecrolimuscream. TLD: Although notdirectly related to this study TLD servedas a paid lecturer for Novartis and othercompanies. **Country:** Germany **Setting:** Outpatient clinics **Comments:** - **Authors name:** Andrea Bauer **Institution:** Klinik und Poliklinik für Dermatologie, Medizinische Fakultät Carl Gustav Carus, Technische Universität Dresde **Email:** andrea.bauer@uniklinikum-dresden.de **Address:** Department of DermatologyUniversity Hospital Carl Gustav Carus Technical University DresdenFetscherstrasse 74D-01307 Dresden
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Quote: "The allocation sequence was generated by use of a permutated- block randomisation list in blocks' of 4 with equal allocation to pimecrolimus and vehicle."
Allocation concealment	Low risk	Quote: "Group [31]. Randomisation and blinding Randomization was performed by allo- cation of the consecutive patients to the lowest available number from the rando- misation list. The allocation sequence was generated"
Blinding of participants and personnel	Low risk	Quote: "Verum and vehicle creams were prepared from the commercial product and blin- ded labelled for this study by Novartis Pharma GmbH. Patients and investiga- tors were blinded to assignment of pati- ents during the entire study period until the closing of the data bank."
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	Judgement Comment: 1/16 dropout in the control group, no dropouts in intervention group (n=20)
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Hordinsky 2010

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** intervention ● *Age: mean(SD)*: 43.9 (14.4) ● *Sex (%male)*: 40 control ● *Age: mean(SD)*: 44.1(15.1) ● *Sex (%male)*: 35.5 **Included criteria:** Patients of either sex were eligible for inclusion in the study if they were at least 18 years of age and had a history of chronic hand dermatitis for at least 90 days. Patients were required to have mild-to-moderate hand dermatitis of the target hand, as defined by an Investigator's Global Assessment (IGA) score of 2 (mild) or 3 (moderate). When both hands were affected, the target hand was defined as the more severely affected. **Excluded criteria:** The principal exclusion cri-teria were dyshidrotic dermatitis, psoriasis affecting the hand, f lares of atopic dermatitis, and medication or concomitant condi-tions that could interfere with the conduct of the study or inter-pretation of the results. Immunocompromised patients, and those with a history of malignant disease, were also excluded **Pretreatment:** There were no clinically relevant differences in baseline demographic characteristics or disease history between the pimecrolimus cream 1% and vehicle groups
Interventions	**Intervention Characteristics** intervention ● *treatment*: pimecrolimus cream 1% ● *dose*: twice daily ● *duration*: up to 6 weeks control ● *treatment*: vehicle cream ● *dose*: twice daily ● *duration*: up to 6 weeks
Outcomes	*Sværhedsgrad af eksemet* ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Scale**: number of patients with IGA score 0-1 ● **Direction**: Lower is better

	● **Data value**: Endpoint *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Hudatrofi* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** M. Hordinsky received research and/or consulting supportfrom Novartis. A. Fleischer: advisory board – Allergan, Amgen, Astellas, Galderma,GSK, Ortho Dermatologics, Stiefel; consultant – Allergan,Astellas, Asubio, Combe, Galderma, Gerson Lehrman, Intendis,Kikaku America International, Merz, Novartis, Serentis, Taisho;investigator – 3M, Abbott, Amgen, Astellas, Asubio, Beiersdorf,Biogen, BioCryst, Dow, Centocor, Coria, Galderma, GSK, Genentech,Intendis, Medicis, Novartis, Ortho Dermatologics, Pfizer,Serentis, Stiefel, Taisho; speaker bureau – Amgen, Astellas, Galderma,Intendis, Medicis, Novartis, Stiefel, Upsher-Smith. J.K. Rivers has received research support and honoraria forspeaking from Graceway Pharmaceuticals, GlaxoSmithKline,Merck, Solta Medical, Medicis and Novartis. Y. Poulin has received research grants and/or honoraria fromAbbott, Advitech, Amgen, Astellas-Biogen, Boehringer, Celgene,Centocor, Dermik, Galderma, GlaxoSmithKline, Isotechnika,LEO Pharma, Merck Serono, Novartis and Schering. D. Belsito is a consultant and/or received honoraria from Novartis,Astellas, Allerderm, Basilea, Galderma, Sanofi-Aventis,Stiefel, Warner-Chilcott and Amgen/Wyeth. T. Hultsch was an employee of Novartis Pharma AG at thetime of this study. **Country:** Austria, Canada, Denmark, Hungary, Italy, Norway and the USA **Setting:** - **Comments:** - **Authors name:** Maria Hordinsky **Institution:** University of Minnesota School of Medicine, Minneapolis, Minn. **Email:** hordi001 @ umn.edu **Address:** Dr. M. Hordinsky University of Minnesota, Department of Dermatology 420 Delaware St, MMC 98 Minneapolis, MN 55455 (USA)
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Judgement Comment: Randomization was performed using a validated automatedsystem and was stratified by baseline IGA score at each center.
Allocation concealment	Unclear risk	no comments
Blinding of participants and personnel	Low risk	Quote: "The study, which was randomized, double-blind and vehicle- controlled,"
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	Judgement Comment: Withdrawal was equal between groups: 48/325 in the intervention group and 49/327 in the control group.
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Katsarou 2012

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** intervention ● *Age: mean(SD)*: - ● *Sex (%male)*: - control ● *Age: mean(SD)*: - ● *Sex (%male)*: - **Included criteria:** age >= 18 years.chronic hand eczema present at least 6 months before referral. pos patch test reactions relevant to patients records, absence of atopy documented with negative personal and family atopic history and total serum IgE concentration<= 100/IU/ml, aviodance of topical and systemic corticosteroids and/or immunosuppressants for preceding two weeks before study onset. **Excluded criteria:** - **Pretreatment:** none
Interventions	**Intervention Characteristics** intervention ● *treatment*: clobetasol proprionate for 3 days. Tacrolimus ointment 0.1% x 2 daily for 30 days then x 1 daily for 2 months ● *dose*: 2 times daily for 30 days then 1 time daily for 2 months ● *duration*: 90th days control ● *treatment*: Clobetasol proprionate for 3 days. Mometasone furoate 0.1%

	● *dose*: 2 times daily for 1 week, then 1 time daily for 2 weeks, then 2 times a week up ● *duration*: 90th days
Outcomes	*Sværhedsgrad af eksemet* ● **Outcome type**: ContinuousOutcome *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Hudatrofi* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** None **Country:** Greece **Setting:** hospital **Comments:** - **Authors name:** Alexandra Katsarou **Institution:** Dept. of dermatology, A. Sygros Hospital **Email:** alkats,duoa@yahoo.gr **Address:** Dept. of Dermatology, A. Sygros Hospital
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Judgement Comment: Random numbers in a computerized way
Allocation concealment	High risk	Judgement Comment: an investigator's assistant enrolled an assigned the treatment of the participants
Blinding of participants and personnel	Unclear risk	not reported
Blinding of outcome assessors	Unclear risk	not reported
Incomplete outcome data	Unclear risk	Judgement Comment: No baseline data available
Selective outcome reporting	High risk	
Other sources of bias	Unclear risk	not reported

Krejci Manwaring 2008

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** intervention ● *Age: mean(SD)*: 46 ● *Sex (%male)*: 19 control ● *Age: mean(SD)*: 44 ● *Sex (%male)*: 36 **Included criteria:** Diagnosed atopic/allergic/irritant dermatitis of the hands with a combined symtom severity score of 5-16 (score 0-16), adults aged 18 or over (female neg. pregnancy test), not using topical tacrolimus 28 days prior to the study, not using topical corticosteroids, nonsteroid immunosuppressants or light treatments 1 week prior to the study. **Excluded criteria:** - **Pretreatment:** no significant
Interventions	**Intervention Characteristics** intervention ● *treatment*: First week prednisone 30mg/day combined with tacrolimus ointment 1%. Tacrolimus ointment 1% for the rest of the study. ● *dose*: 2 times a day ● *duration*: 12 weeks control ● *treatment*: First week prednisone 30mg/day combined with vechile. Vechile ointment for the rest of the study. ● *dose*: 2 times a day ● *duration*: 12 weeks
Outcomes	*Sværhedsgrad af eksemet* ● **Outcome type**: DichotomousOutcome ● **Unit of measure**: %change in IGA ● **Direction**: Higher is better ● **Data value**: Change from baseline *Livskvalitet* ● **Outcome type**: ContinuousOutcome *Hudatrofi* ● **Outcome type**: ContinuousOutcome

	Flare ● **Outcome type**: DichotomousOutcome ● **Reporting**: Fully reported ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Astekka Pharma inc, Fujisawa Healthcare Inc, Connetics, Galderma, Amgen, Biogen, Genentich, novartis Pharmaceuticals Corp., Bioform Medical. **Country:** USA **Setting:** - **Comments:** - **Authors name:** Jennifer Krejci-Manwaring **Institution:** Dept. of Dermatology, Wake Forest university School of Medicine, Winston.Salem, NC **Email:** sfeldman@wfubmc.edu **Address:** Dept. of Dermatology, Wake Forrest University School of Medicine Winston-Salem, NC
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	Judgement Comment: The randomization code list, correlating the kit numbers with the content of each kit, was kept on file at the Fujisawa Helathcare Medical Information Dept. until the time of analysis.
Allocation concealment	Low risk	Judgement Comment: Both the investigators and the patients were blinded to treatment assignment
Blinding of participants and personnel	Low risk	Judgement Comment: Each patient was assigned a subject number with corresponding prelabled tubes of study medication. The vehicle and tacrolimus ointments were packaged in identical containers labeled with the subject number, so nither the subject, coordinator, nor the invewstigator knew which treatment the patient received.
Blinding of outcome assessors	Low risk	Judgement Comment: Each patient was assigned a subject number with corresponding prelabled tubes of study medication. The vehicle and tacrolimus ointments were packaged in identical containers labeled with the subject number, so nither the subject, coordinator, nor the invewstigator knew which treatment the patient received.
Incomplete outcome data	Low risk	Judgement Comment: 5/22 in the intervention group and 1/11 in the control were lost to follow up.
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Schnopp 2002

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Tacrolimus (FK506 0.1%) ● *Age (mean)*: 43 ● *Palm affected*: 12 ● *Female (%)*: 15 (94) Mometasone furoate 0.1% ● *Age (mean)*: 43 ● *Palm affected*: 12 ● *Female (%)*: 15 (94) **Included criteria:** moderate to severe chronic, relapsing dyshidrotic eczema **Excluded criteria:** use of topical glucocorticoids or any systemic treatment with possible influence on the course of the disease (eg. steroids, antibiotics, antihistamines, nonsteroidal anti-inflammatory medications). **Pretreatment:** Each person was his/her own control (right vs left hand)
Interventions	**Intervention Characteristics** Tacrolimus (FK506 0.1%) ● *Description*: tacrolimus ● *Dose*: twice daily ● *Duration*: 4 weeks Mometasone furoate 0.1% ● *Description*: Mometasone ointment ● *Dose*: twice daily ● *Duration*: 4 weeks
Outcomes	*Sværhedsgrad af eksemet* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: DASI ● **Direction**: Lower is better

	• **Data value**: Endpoint
Identification	**Sponsorship source:** Funding sources: none **Country:** Germany **Setting:** Hospital **Comments:** **Authors name:** Christina Schnopp **Institution:** Dept. of Dermatology and Allergy Biederstein, Technical University Munich **Email:** nina.schnopp@lrz.tu-muenchen.de **Address:** Dept. of Dermatology and Allergy Biederstein, Technical University Munich, Biedersteiner Str. 29, D-80802 Munchen, Germany
Notes	*Louise Klokker Madsen* on 06/04/2016 02:52 **Outcomes** mean værdier aflæst fra figur 3, SD taget fra teksten (2 ugers målingen). 16 deltagere randomiseret, antageligt 8 i hver gruppe (ikke opgivet) *Nkr44 HåNdeksem* on 14/04/2016 21:14 **Outcomes** SD taget fra uge 2.tæller hænder personer. n=16 hænder i hver gruppe

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	not reported
Allocation concealment	Unclear risk	not reported
Blinding of participants and personnel	High risk	Judgement Comment: not reported (but it says: 'observer-blinded', not double blind.
Blinding of outcome assessors	Low risk	Judgement Comment: 'observer-blinded'
Incomplete outcome data	Low risk	Judgement Comment: no dropouts during treatment period (4 dropped out during the washout period)
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Footnotes

Characteristics of excluded studies

Abramovits 2010

Reason for exclusion	Wrong study design

Bissonnette 2010

Reason for exclusion	Wrong study design

Day 2008

Reason for exclusion	Wrong study design

Diepgen 2007

Reason for exclusion	Wrong study design

Gelmetti 2010

Reason for exclusion	Wrong study design

Luger 2007

Reason for exclusion	Wrong study design

Madan 2007

Reason for exclusion	Wrong study design

Mensing 2008

Reason for exclusion	Wrong study design

Pacor 2006

Reason for exclusion	Wrong comparator

Ricci 2007

Reason for exclusion	Wrong study design

Schliemann 2008

Reason for exclusion	Wrong study design

Van 2012

Reason for exclusion	Wrong intervention

Wollina 2006

Reason for exclusion	Wrong study design

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Bauer 2012

Bauer,Andrea; Lange,Nora; Matterne,Uwe; Meurer,Michael; Braeutigam,Matthias; Diepgen,Thomas L.. Efficacy of pimecrolimus 1% cream in the long term management of atopic hand dermatitis. A double-blind RCT. Journal der Deutschen Dermatologischen Gesellschaft = Journal of the German Society of Dermatology : JDDG 2012;10(6):426-33. [DOI:]

Hordinsky 2010

Hordinsky,Maria; Fleischer,Alan; Rivers,Jason K.; Poulin,Yves; Belsito,Donald; Hultsch,Thomas. Efficacy and safety of pimecrolimus cream 1% in mild-to-moderate chronic hand dermatitis: a randomized, double-blind trial. Dermatology (Basel, Switzerland) 2010;221(1):71-7. [DOI:]

Katsarou 2012

Katsarou,Alexandra; Makris,Manolis; Papagiannaki,Konstantina; Lagogianni,Eirini; Tagka,Anna; Kalogeromitros,Dimitrios. Tacrolimus 0.1% vs mometasone furoate topical treatment in allergic contact hand eczema: a prospective randomized clinical study. European journal of dermatology : EJD 2012;22(2):192-6. [DOI:]

Krejci Manwaring 2008

Krejci-Manwaring,Jennifer; McCarty,Martha Ann; Camacho,Fabian; Manuel,Janeen; Hartle,Jennifer; Fleischer,Alan,Jr; Feldman,Steven R.. Topical tacrolimus 0.1% improves symptoms of hand dermatitis in patients treated with a prednisone taper. Journal of drugs in dermatology : JDD 2008;7(7):643-6. [DOI:]

Schnopp 2002

Schnopp,C.; Remling,R.; Mohrenschlager,M.; Weigl,L.; Ring,J.; Abeck,D.. Topical tacrolimus (FK506) and mometasone furoate in treatment of dyshidrotic palmar eczema: a randomized, observer-blinded trial. Journal of the American Academy of Dermatology 2002;46(1):73-77. [DOI: S0190962202206787 [pii]]

Excluded studies

Abramovits 2010

Abramovits W.; Granowski P.. Innovative management of severe hand dermatitis. Dermatologic clinics 2010;28(3):453-465. [DOI:]

Bissonnette 2010

Bissonnette R.; Diepgen T.L.; Elsner P.; English J.; Graham-Brown R.; Homey B.; Luger T.; Lynde C.; Maares J.; Maibach H.I.. Redefining treatment options in chronic hand eczema (CHE). Journal of the European Academy of Dermatology and Venereology 2010;24(Web Page):1-20. [DOI:]

Day 2008

Day,Isaiah; Lin,Andrew N.. Use of pimecrolimus cream in disorders other than atopic dermatitis. Journal of cutaneous medicine and surgery 2008;12(1):17-26. [DOI:]

Diepgen 2007

Diepgen T.L.; Agner T.; Aberer W.; Berth-Jones J.; Cambazard F.; Elsner P.; McFadden J.; Coenraads P.J.. Management of chronic hand eczema. Contact dermatitis 2007;57(4):203-210. [DOI:]

Gelmetti 2010

Gelmetti,Carlo; Frasin,Adina; Restano,Lucia. Innovative therapeutics in pediatric dermatology. Dermatologic clinics 2010;28(3):619-29. [DOI:]

Luger 2007

Luger,Thomas; Paul,Carle. Potential new indications of topical calcineurin inhibitors. Dermatology (Basel, Switzerland) 2007;215 Suppl 1(Journal Article):45-54. [DOI:]

Madan 2007

Madan,V.; Griffiths,C. E. M.. Systemic ciclosporin and tacrolimus in dermatology. Dermatologic therapy 2007;20(4):239-50. [DOI:]

Mensing 2008

Mensing,C. O.; Mensing,C. H.; Mensing,H.. Treatment with pimecrolimus cream 1% clears irritant dermatitis of the periocular region, face and neck. International journal of dermatology 2008;47(9):960-4. [DOI:]

Pacor 2006

Pacor,Maria L.; Di Lorenzo,Gabriele; Martinelli,Nicola; Mansueto,Pasquale; Friso,Simonetta; Pellitteri,Maria Esposito; Di Fede,Gaetana; Rini,Giovambattista; Corrocher,Roberto. Tacrolimus ointment in nickel sulphate-induced steroid-resistant allergic contact dermatitis. Allergy and Asthma Proceedings : The Official Journal of Regional and State Allergy Societies 2006;27(6):527-31. [DOI:]

Ricci 2007

Ricci G.; Dondi A.; Patrizi A.. Role of topical calcineurin inhibitors on atopic dermatitis of children. Current medicinal chemistry 2007;14(14):1579-1591. [DOI:]

Schliemann 2008

Schliemann,Sibylle; Kelterer,Daniela; Bauer,Andrea; John,Swen M.; Skudlik,Christoph; Schindera,Ingo; Wehrmann,Wolfgang; Elsner,Peter. Tacrolimus ointment in the treatment of occupationally induced chronic hand dermatitis. Contact dermatitis 2008;58(5):299-306. [DOI:]

Van 2012

Van,Gils R.; Boot C.R.L.; Knol D.L.; Rustemeyer T.; Van,Mechelen W.; Van Der,Valk P.; Anema J.R.. The effectiveness of integrated care for patients with hand eczema: Results of a randomized, controlled trial. Contact dermatitis 2012;66(4):197-204. [DOI:]

Wollina 2006

Wollina U.; Hansel G.; Koch A.; Abdel-Naser M.B.. Topical pimecrolimus for skin disease other than atopic dermatitis. Expert opinion on pharmacotherapy 2006;7(14):1967-1975. [DOI:]

Studies awaiting classification

Ongoing studies

Other references

Additional references

Other published versions of this review

Classification pending references

Data and analyses

1 Pimecrolimus vs control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Sværhedsgrad af eksemet (ptt. med moderat/svær eksem), EOT	1	36	Mean Difference (IV, Random, 95% CI)	-10.75 [-51.98, 30.48]
1.1.1 HECSI (lower=better)	1	36	Mean Difference (IV, Random, 95% CI)	-10.75 [-51.98, 30.48]
1.2 Sværhedsgrad af eksemet (ptt. med mild/moderat eksem), EOT	1		Risk Ratio (IV, Random, 95% CI)	Subtotals only
1.2.1 patients with IGA 0-1	1	652	Risk Ratio (IV, Random, 95% CI)	1.28 [0.99, 1.66]
1.3 Livskvalitet (ptt. med moderat/svær eksem), EOT	1	36	Mean Difference (IV, Random, 95% CI)	-1.07 [-4.92, 2.78]
1.3.1 DLQI (lower=better)	1	36	Mean Difference (IV, Random, 95% CI)	-1.07 [-4.92, 2.78]
1.4 Hudatrofi (ptt. med moderat/svær eksem), EOT	1	36	Mean Difference (IV, Random, 95% CI)	1.45 [-9.54, 12.44]
1.4.1 TEWL (lower=better)	1	36	Mean Difference (IV, Random, 95% CI)	1.45 [-9.54, 12.44]
1.5 Cancer	0	0	Odds Ratio (M-H, Fixed, 95% CI)	Not estimable
1.6 Flare	0		Risk Ratio (IV, Fixed, 95% CI)	No totals

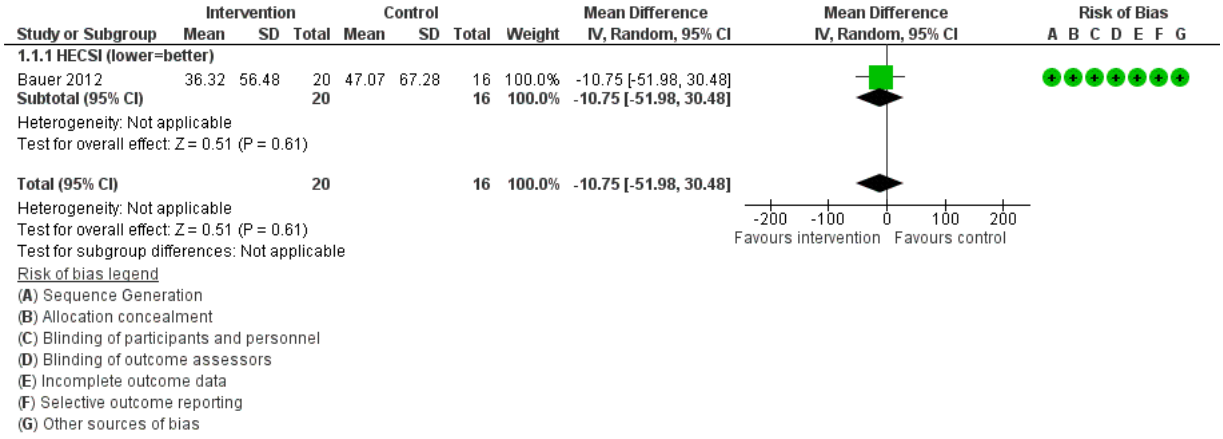
2 Tacrolimus vs control

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate

2.1 Sværhedsgrad af eksemet (ptt. med moderat/svær eksem), længste follow up (4 uger)	1	32	Mean Difference (IV, Fixed, 95% CI)	1.50 [-3.34, 6.34]
2.1.1 DASI (lower=better)	1	32	Mean Difference (IV, Fixed, 95% CI)	1.50 [-3.34, 6.34]
2.2 Sværhedsgrad af eksemet (ptt. med moderat/svær eksem), EOT	1	20	Mean Difference (IV, Random, 95% CI)	-0.30 [-2.21, 1.61]
2.2.2 % change in IGA (higher=better)	1	20	Mean Difference (IV, Random, 95% CI)	-0.30 [-2.21, 1.61]
2.3 Cancer	0	0	Odds Ratio (M-H, Fixed, 95% CI)	Not estimable
2.4 Flare	0		Risk Ratio (IV, Fixed, 95% CI)	No totals

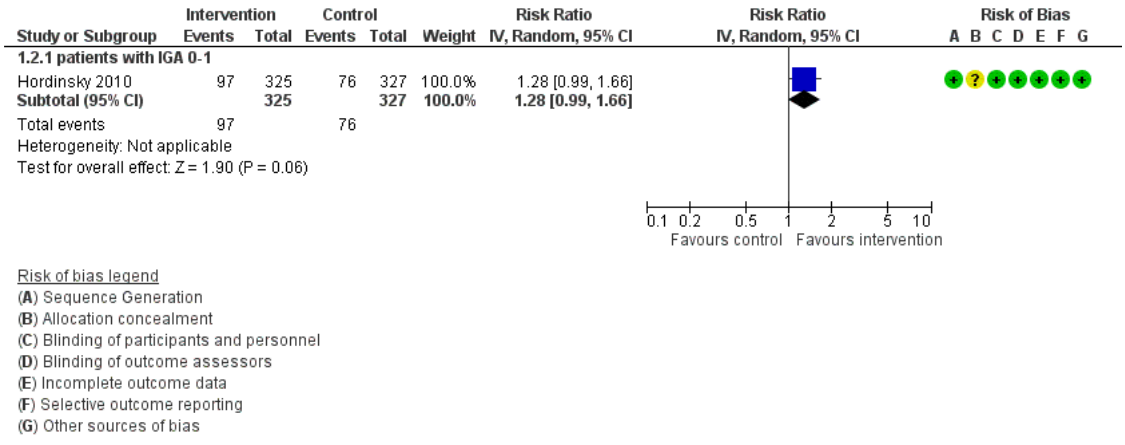
Figures

Figure 1 (Analysis 1.1)



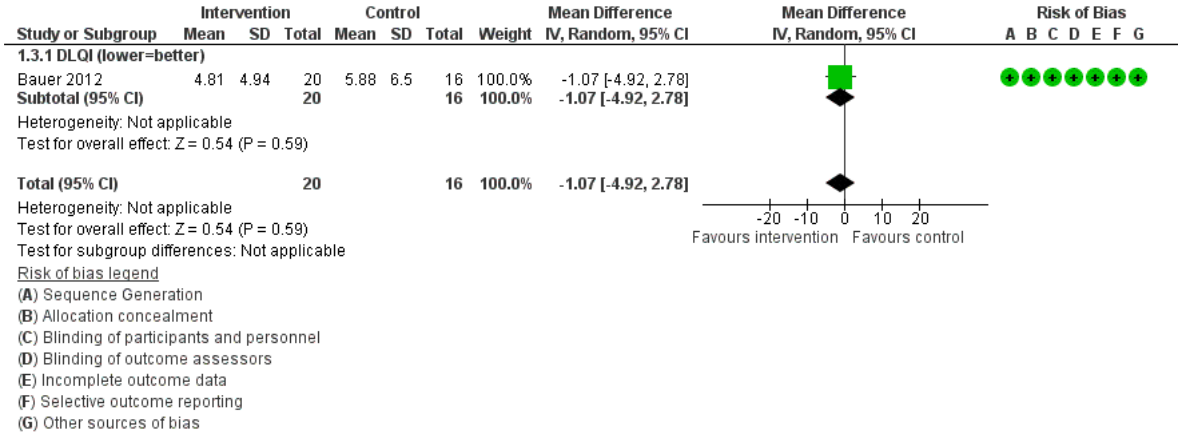
Forest plot of comparison: 1 Pimecrolimus vs control, outcome: 1.1 Sværhedsgrad af eksemet (ptt. med moderat/svær eksem), EOT.

Figure 2 (Analysis 1.2)



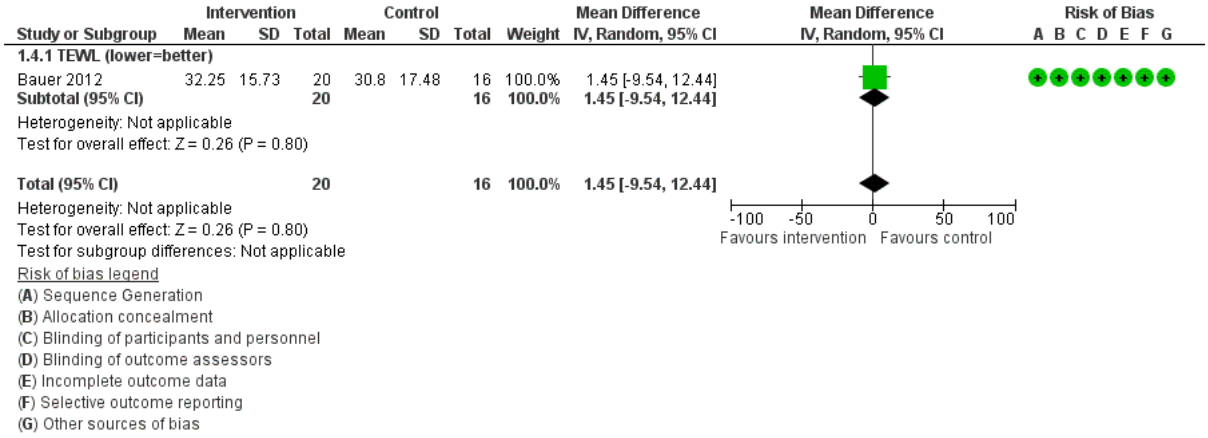
Forest plot of comparison: 1 Pimecrolimus vs control, outcome: 1.2 Sværhedsgrad af eksemet (ptt. med mild/moderat eksem), EOT.

Figure 3 (Analysis 1.3)



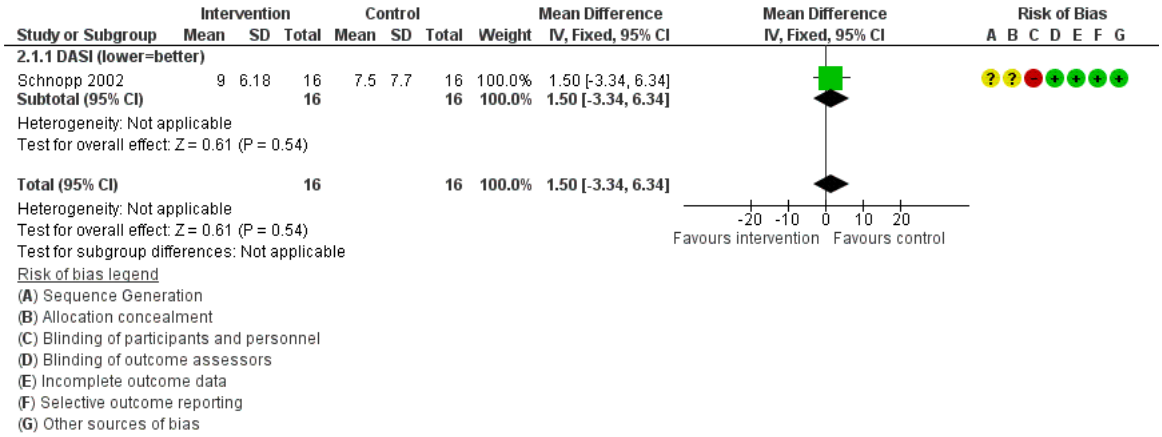
Forest plot of comparison: 1 Pimecrolimus vs control, outcome: 1.3 Livskvalitet (ptt. med moderat/svær eksem), EOT.

Figure 4 (Analysis 1.4)



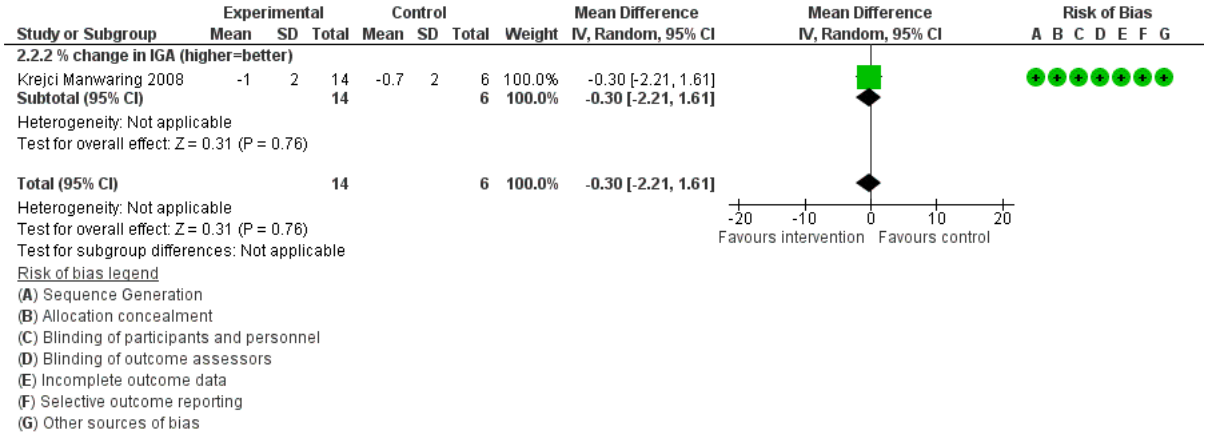
Forest plot of comparison: 1 Pimecrolimus vs control, outcome: 1.4 Hudatrofi (ptt. med moderat/svær eksem), EOT.

Figure 5 (Analysis 2.1)



Forest plot of comparison: 2 Tacrolimus vs control, outcome: 2.1 Sværhedsgrad af eksemet (ptt. med moderat/svær eksem), længste follow up (4 uger).

Figure 6 (Analysis 2.2)



Forest plot of comparison: 2 Tacrolimus vs control, outcome: 2.2 Sværhedsgrad af eksemet (ptt. med moderat/svær eksem), EOT.