CLINICAL EFFECTIVENESS OF COMPLEX THERAPY FOR CHRONIC ECZEMA USING AFOBAZOLE

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Abstract: The anxiolytic afobazole was used for chronic eczema in the progression stage with a course dose of 360–450 mg for 12–15 days. The daily dose of the drug was 30 mg per day. To evaluate the treatment, the EASI index (Eczema Area Severity Index), the dermatological quality of life index (DLQI) and the dermatological symptom scale index (DSSI) were used. Comparison of the studied dermatological indices in patients receiving treatment with afobazole or only standard therapy showed the high effectiveness of the drug. At the end of the course of therapy, their values after using the drug were significantly lower than in the control group: DIQH - by 38%, DISHS - by 24%, EASI - by 44%.
Keywords: Treatment, anxiolytics, eczema, Afobazole.

INTRODUCTION

Modern problems in the treatment of chronic eczema are due to the high prevalence of the disease and the increasing proportion of patients with severe recurrent dermatosis. It accounts for 30 to 40% of cases in the structure of skin pathology and up to 36% of all labor losses due to dermatoses. It is known that eczema develops as a result of a complex interaction of neuroallergic, endocrine, metabolic and exogenous factors [1].

MAIN PART

Currently, convincing data have been accumulated on the important role of emotional stress in the pathogenesis of eczema. Stress not only triggers the onset of the disease, but also constantly supports its development and shortens the time of remission even after successful treatment. Both exogenously caused stress and the stressful effect of the disease itself are important. In 19–63% of cases, the development and exacerbation of eczema is caused by the action of psycho-emotional factors. In addition to the temporal relationship between the impact of emotional stress and the manifestations of skin pathology, there is often a clear parallelism between the severity, prevalence, course activity, duration of the disease and intensity of psycho-emotional disorders [2].

In patients with this pathology, the dominant personality accentuations are increased lability, anxious suspiciousness and excessive vulnerability, and an acutely painful perception of a flaw in appearance is combined with negative self-esteem and sensitive ideas of attitude [3].

In recent years, there has been an increasing interest in research aimed at studying the influence of psycho-emotional factors on the course of chronic forms of dermatoses, as well as the development of methods for psychotherapeutic and pharmacological correction of these disorders [4].

The appearance in clinical practice of a fundamentally new domestic tranquilizer afobazole, which is a mercaptobenzimidazole derivative and is not a benzodiazepine receptor agonist, significantly expands the possibilities of treating psychodermatological disorders of the anxiety spectrum. The drug has a combination of distinct anxiolytic, vegetative stabilizing and moderately pronounced activating properties. The anxiolytic effect is not accompanied by hypnosedative effects. The drug does not have muscle relaxant properties or a negative effect on memory and attention. With its use, drug dependence does not form and withdrawal syndrome does not develop [2].

The study was carried out with the participation of 40 patients who met the following criteria: the presence of a chronic form of idiopathic eczema in the acute stage, the age of patients from 18 to 60 years, the presence of at least 1-2 relapses per year, the absence concomitant diseases in the acute phase, requiring constant drug therapy.

The study showed that with the beginning of the use of afobazole, patients noted a significant reduction in itching, improvement in sleep, mood, reduction in restlessness, anxiety, and emotional instability. In most cases, a clear clinical effect was observed on the 3-4th day after the start of complex treatment using the drug. Subjective and objective symptoms also decreased significantly. By the 8-11th day from the start of treatment, resolution of erythematous-papular elements, oozing, excoriation, lichenification, and normalization of sleep is noted.

The regression of symptoms was also confirmed by the positive dynamics of dermatological indices (Table 1). By the end of the course of therapy, the DLQI value in the group of patients receiving afobazole decreased by 61% ($p<0.001$) compared with its values before the start of treatment, while against the background of standard treatment its decrease within the group was only 36% ($p< 0.05$). Similar dynamics were observed in changes in the DSSI and EASI indices. Thus, with the use of afobazole, the DSSI values decreased by 63% ($p<0.001$), the EASI index - by 65% ($p<0.001$), while with standard treatment their values decreased by 46% ($p<0.001$) and 45% ($p<0.001$).

Table 1

Changes in DLQI, DSSI and EASI indices with standard treatment and the use of afobazole (M±m)

Index / Group	DLQI		DSSI		EASI
	Before treatment	After treatment	Before treatment	After treatment	Before treatment
Standard treatment (n=21)	13,35±1,12	8,61±0,99*	17,00±0,94	9,14±0,64*	17,93±1,9
Treatment with afobazole (n=19)	13,93±1,62	5,36±0,65*,1	18,64±0,48	6,93±0,44*,1	15,51±2,66

Changes in individual indicators that make up the EASI index are presented in Table. 2. In patients receiving afobazole, the intensity of itching (by 62%), the severity of erythema (by 30%) and papules (by 72%) were significantly lower than with standard treatment. It should also be noted that the values of some other indicators were lower (swelling – by 41%, cracks – by 42%), but the identified differences did not reach a significant level. At the same time, the intensity of excoriation, lichenification, peeling and dryness was virtually equal.

CONCLUSION

Thus, the use of afobazole as part of complex therapy for chronic eczema increases the effectiveness of treatment of this disease, causing a more pronounced regression of the symptoms of the disease, reducing its severity and increasing the quality of life of patients.

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