

**Minutes of AIBD Thematic Group
ERN-Skin Board meeting, 11-12 December**



Mail 14/12/2025

Dear colleagues

We had the ERN skin board meeting last week, which allowed some of us to work on the AIBD guidelines in fragile patients

The **geriatricians** advised us to use the CFS scale which seems quite easy to use and allows to categorize patients in 3 subgroups depending on their frailty:

- fit (less than 4 points) : no particular need to adapt the existing guidelines
- fragile (4 to 7 points)
- terminal (severely disabled) (8-9 points)

For them patients in the last category only require palliative care . However, the expected duration of life of these patients may last up to 6 months in patients with a mark of 9 and up to 12 months in patients with a mark of 8, which means that we cannot offer them only palliative care, but that we must try to heal them for the months they have to live. +++

Roughly, it has **been proposed to** :

Classify our therapeutic proposals based on the degree of frailty, rather than on disease extent (mild , moderate , severe)

1- use topical CS in frail and terminal

2-if not sufficient, add oral prednisone 0.3 mg/kg/day in frail, and (if possible) 0,2 mg/kg/day in terminal (except if diabetes)

In case of oral CS: follow the patients closely (not always easy in these elderly patients), to prevent / treat main side effects of oral CS: (particular attention to the risk of delirium, confusion at the start of treatment)

- prevent the risk of falls

3 - propose Dupilumab or omalizumab rather than conventional immunosuppressants (to be discussed given the negative results of the dupixent RTCT on the primary endpoint (despite the approval of the FDA !!!)

4- avoid dapson

5- MTX as third line at a dose of 5-7.5 mg/ week in frail, MTX contra indicated in terminal

5- RTX contra indicated

6- IVIG exceptionally indicated if all other treatment previously failed

A main issue in our discussion was that geriatricians had in fact no experience in the treatment of BP patients, and even less of the drugs we potentially use to treat BP.....

I now let Marzia, Katerina and her colleagues in charge of writing these guidelines to adapt the draft according to our discussion during this meeting

Finally, I would like to remind you that we must translate the leaflets for the patients into our respective national languages before our next meeting at the beginning of the year.