**The benefit of nested qualitative studies in dermatology randomised controlled trials.**

The current issue of the British Journal of Dermatology features a nested qualitative study that explores children’s experiences of using silk garments for the treatment of atopic eczema.1 Nesting qualitative studies within randomised controlled trials (RCTs) can be beneficial in making sense of trial outcomes. Such studies enable researchers to gain novel insights and an in-depth understanding of people’s beliefs, experiences, concerns and behaviour. This provides additional explanatory information, which can facilitate interpretation of the trial results.2 The CLOTHES trial evaluated the effectiveness and cost-effectiveness of silk garments in addition to standard care for the management of eczema in children with moderate to severe disease.3 The RCT and economic evaluation found no significant gain in the use of silk garments in treating childhood eczema. This qualitative study helps explore why.

The researchers gained valuable insight into children’s expectations of the silk garments and their views about wearing them, and a greater understanding about patterns of adherence and reasons for non-adherence. A significant sense of disappointment with the silk garments, in terms of effectiveness, quality, fit and durability was highlighted. Although the children generally reported limited improvement in their eczema, they expressed disappointment that their hopes and expectations for a ‘miracle cure’ had not been met by using the silk garments. The authors report that several children entered the trial believing that using the garments would lead to a reduction or ceasing of the need to use topical treatments, and thus reduce the treatment burden involved in regularly applying topicals. This frustration with topical treatments, desire for more natural treatments, and the search for a ‘cure’ reflects findings from other studies. Previous qualitative studies exploring the views and experiences of adult patients and parents/carers managing childhood eczema have found that concept of ‘control’ rather than ‘cure’ of eczema is challenging for many people.4 5 In the James Lind Alliance Priority Setting Partnership for Eczema evidence on natural treatments was one of the Top 10 research priorities for patients and carers.6

Previous research has highlighted treatment burden for parents but not for children.7 8 This study demonstrates that children and young people can be meaningfully engaged in dermatology research and can contribute to our understanding of childhood eczema management. Children’s explanations about why they did not wear the silk garments differed from explanations of non-adherence highlighted in previous qualitative interviews with parents and included sensitive subjects such as embarrassment and peer pressure. The value of including children in this study is illustrated by the unique insights gained about children’s expectations of the silk garments and detailed understanding of reasons for adherence and non-adherence. Conducting a nested qualitative study with child participants not only facilitated the interpretation of the trial results but also ensured that the selected objective outcome measures did not exclude factors that were important to children. Given the prevalence of atopic eczema amongst children and its impact on their health and well-being, it is vital to include them in research in order to enhance understanding of children’s beliefs and experiences about various interventions for managing childhood eczema.

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**Conflicts of interest**

None to declare

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