

NEA Magazine

RESEARCH, SUPPORT AND EDUCATION FOR THOSE AFFECTED BY ECZEMA | FALL 2020



National
Eczema
Association

TELEMEDICINE FOR ECZEMA p.11 • ECZEMA IN THE ARMED FORCES p.15 • MY JOURNEY p.28

Natralia Happy Little Bodies Eczema Care Regimen for Kids

Born in Australia, and now available worldwide, Natralia grew from a father's desire to help his young son, who faced the day-to-day challenges of eczema. Understanding the side-effects of long-term hydrocortisone use and knowing that eczema is a chronic condition that often results in extensive rashes, he was uncomfortable having his young son use steroid-based creams on a long-term basis. He knew there had to be a better option. He worked alongside experienced pharmacists to develop **Natralia Eczema & Psoriasis Cream**, free from petro-chemicals, parabens and hydro-cortisone.



Since that time, Natralia has grown to include a variety of skin care solutions, from eczema and psoriasis care, to dry skin and restorative treatments. As Natralia has grown, we have maintained our commitment to developing products that are safe and highly effective.

That is our promise.

Natralia offers eczema care products for both adults and children and we understand that eczema requires more than just a rash cream; it requires a regimen of care. Both our adult line of eczema products and our children's line include:

- A hydrocortisone-free, **flare control cream** to help relieve rash, irritation, itching and redness. Formulated with a unique blend of botanicals and essential oils, the adult product features licorice root, known for its effective anti-inflammatory properties and the children's flare cream contains colloidal oatmeal, known for its ability to gently soothe itchy skin.
- A soap and sulfate free **body wash and shampoo** to help prevent moisture loss while bathing.
- A **daily moisturizer**, containing colloidal oatmeal, clinically proven to restore moisture and hydrate the skin for up to 24 hours.

Natralia's **Happy Little Bodies** products contain colloidal oatmeal to help soothe itchy, eczema rashes and restore moisture.

The line is pH balanced for children's skin.



The Natralia brand is the result of in-depth, focused product development. Each product that carries the Natralia name has been specifically developed to deliver superior efficacy through an innovative and exhaustive research process.

Lacorium Health, the owners of the Natralia brand, are renowned for their innovative approach and global knowledge and have more than 20 years of experience.

For more information about Natralia, visit www.natralia.com.



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CONTRIBUTORS Emily Delzell, Ashley Ann Lora

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National Eczema Association
505 San Marin Drive, suite B300
Novato, CA 94945

Phone: 800.818.7546 or 415.499.3474
Fax: 415.472.5345
Email: info@nationaleczema.org
nationaleczema.org



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National
Eczema
Association

OUR MISSION

The National Eczema Association (NEA) improves the health and quality of life for individuals with eczema through research, support and education.

NATIONAL ECZEMA ASSOCIATION is a national nonprofit patient advocacy organization dedicated to eczema education and research. The association was founded in 1988 in Portland, Oregon, by individuals with eczema, nurses, physicians and others concerned with the enormous social, medical and economic consequences of this disease. NEA is governed by a volunteer Board of Directors and advised on medical issues by a volunteer Scientific & Medical Advisory Council. The association is supported by individual and corporate donations. Advertising is accepted for publication if they are relevant to people with eczema and meet certain standards.

NEA Magazine provides health information from a variety of sources, but this information does not dictate an exclusive treatment course and is not intended as medical advice. Persons with questions regarding specific symptoms or treatments should consult a professional health care provider who has the appropriate training and experience. Opinions expressed by NEA Magazine do not necessarily reflect the views of the National Eczema Association, its Board of Directors, its Scientific & Medical Advisory Council or its contributors.

Welcome to the new NEA Magazine with our updated branding, which you'll also see throughout our redesigned website. We hope you love it as much as we do! Also, Happy Eczema Awareness Month (EAM).

2020 has sure thrown us all for a loop. One of the first challenges NEA faced early in the pandemic was the decision to cancel the in-person Expo. We couldn't imagine anything taking the place of our most anticipated annual gathering. But sure enough, our community came out and showed up! The engagement from our presenters, experts of all kinds, and most of all, our community of eczema warriors made this a truly triumphant event. We saw more of you than ever and from farther-flung corners of the world!

Thanks to all who joined, shared and supported one another — and danced on Zoom like your living room was a club! Read the Virtual Expo recap on page 25, and don't forget that the medical presentations, chat rooms and social challenges are still available on the Virtual Expo website (for registrants) through the end of October at EczemaExpo2020.org.

The new set of challenges that have come with COVID-19 are only compounded for eczema warriors who overcome innumerable obstacles on a daily basis. From avoiding allergens that trigger flares to distracting ourselves from the itch that makes it tough to get a good night's rest, eczema families are constantly coming up with creative ways to make life with eczema more manageable. Through it all, our community has grown stronger and smarter. Now, we have the opportunity to become #EczemaWise.

EczemaWise is not only our theme for EAM, it's also the revolutionary new app we're launching this month to help eczema families have improved health outcomes. Available for iOS and Android, EczemaWise makes it easier than ever to track triggers, manage symptoms and partner with healthcare providers to develop a personalized eczema care plan. Read more about it on page 19, then visit EczemaWise.org to sign up. By the way, we have lots of exciting ways for you to get EczemaWise during EAM, so flip to page 22 to learn more.

I also want to make sure you know about our brand-new program, NEA Ambassadors. Launched just after Expo, NEA Ambassadors provides a virtual platform for eczema warriors to connect with other community members to exchange experiences, find inspiration and make positive change in the areas of eczema advocacy, research and community outreach. We're excited to see so many already signed up and hope you'll join! Learn more on page 24, then sign up at Ambassadors.NationalEczema.org.

And here's to 2021!

Yours,



Julie Block
President & CEO



When it comes to your eczema, how has COVID-19 changed your day-to-day life?



I've had more time to properly care for my skin and hydrate, and no flare-ups. — Dana Marie W.

We have had more time to devote to wet wrap therapy, and it has transformed my daughter's skin! — Jeanne M.

Wearing masks at work flares up the eczema around my lips — mostly under my nose. — Marie M.

My hands are an absolute disaster from all the hand washing and sanitizer. I don't do sanitizer anymore. I just bring gentle soap with me and wash ASAP. — Anne F.

My skin is so much worse — more stress, more handwashing and cleaning (working in childcare, even through stage 4 lockdown), no salt therapy, no false nails which control scratching! — Briony M.

My daughter (16) is the one with eczema. As if life wasn't difficult enough for a teen with eczema, all her fun stuff (like camp for dermatology-impacted kids) was canceled. So that's been a bummer. — Holli Y.

I lost my insurance. — Auna N.

I've had extreme eczema flare-ups on my face and neck. I work the nightshift and wear masks for up to 10 hours! My face is actually raw by the morning! — Sabrina S.

I have hand eczema flare-ups and wear gloves when I grocery shop. — Tracy M.



I'm able to spend more time putting Vaseline on in the morning and night. I don't have to worry about wearing shorts in the summer because I'm home and can wear long pants that help with my leg breakouts. Overall, it's been helpful being home! — kaitlinmduncan

The stress and anxiety I have experienced during quarantine has significantly increased my itch and rashes. I have never had so many rashes at once in my life. I have never noticed my itch as much as I do now. — maddy_harman

I believe my flares are getting better because of doing school from home, and it's a bit less stressful (although I do miss my in-school learning). — molly_j03

I love wearing a mask because it hides my facial eczema. Makes me feel normal. — the_ratcliffs

I always thought my eczema was only connected to stress. However, I have been stressed while working from home. Now I believe my flare-ups could be connected to the office environment where I work. With how great my skin has been, it's hard to imagine going back to the office. — alexa_dallas

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@nationaleczema



Leading medical experts answer your most pressing questions about eczema

Why do some people with severe eczema also suffer from severe allergies and asthma?

Patients with atopic diseases have skewed TH2 immune responses. The arms of the immune system, which are overactivated in atopy, cause inflammation and production of specific immunoglobulin E (IgE) targeted against environmental and food allergens. Eczema is often the first step of the atopic march. Food allergy, rhinitis and asthma are the other commonly associated atopic conditions. Some patients are lucky enough to outgrow eczema but then develop these other atopic conditions.

Are there any risks of AD in children if their parents only have asthma and hay fever?

Eczema is a complex skin disease with both genetic and environmental components. Any family history with atopy — diseases such as food allergies, eczema, allergic rhinitis (hay fever) and asthma — is a risk factor for development of eczema and other atopic conditions among children.

*Ari Zelig, MD, allergist and immunologist,
Asthma and Allergy Associates of Florida*



What are ways to help make a home or room environment allergy-free?

- **Mold:** These thrive on humidity, so avoidance of a humidifier is wise. A dehumidifier would be helpful.
- **Dust mites:** Vacuum often, removal of carpet is helpful, washing sheets/pillowcases in hot water once weekly and dust mite covers are helpful.
- **Pet allergens:** Removal from bedroom, bathe them weekly and get a HEPA air purifier.
- **Pollen:** Keep windows closed and shower before bed so you don't bring the pollen into bed to inhale all night.

What are your opinions of metal on metal hip joints and eczema when the metals are cobalt/chrome with a titanium spray for bonding?

Contact dermatitis with metals can lead to implant failure. If you have a history of metal hypersensitivity, it is important to do patch testing before surgery to an array of metals commonly used in orthopedic implants. Depending on patch test results, your allergist can help guide your orthopedic surgeon in their choice of implant. If you do not have a history of metal hypersensitivity, however, you don't need to have patch testing done in advance. ►

Why do so many eczema sufferers seem to be able to sleep in daytime but have so much trouble at night?

There are several reasons. One is that skin temperature gets warmer around bedtime and the first part of the night, making itching worse. Another reason is that when we are tired, the part of the brain that controls our ability to keep ourselves from scratching goes to sleep first.

Additionally, some people develop insomnia from the itching, and then take naps to try and catch up on some missed sleep. However, this reduces your ability to sleep at night, perpetuating the insomnia. It can become a terrible cycle.



Lisa Meltzer, PhD, pediatric psychologist, National Jewish Health, Denver

Do you have any advice for managing unbearable itch without scratching?

It is very normal to have an itch that feels like it will not go away and that you have to scratch. That is where regular practice of mindfulness will come in. You want to try to practice regularly (ideally at the same time each day) so that it will naturally kick in during the moment of an itch flare. You will find that, with time, you can retrain the way your mind and body respond to the sensation of itch.

Additionally, you may want to try different techniques to help during the flare itself. Itch is transmitted by receptors in our skin and received by our mind, so you can often dampen the sensation of itch by applying something cold in the area (an ice pack, cold washcloth or cold lotion). The itch sensation is then received and processed in the mind, so using breathing techniques (like slow breathing or cooling breaths) and meditation can help retrain our immediate need to respond to it.

Mamta Jhaveri, assistant professor of dermatology, Johns Hopkins Medicine, Washington, D.C.



Is *Staphylococcus aureus* the only bacterial species that is seen in high (over) abundance on eczema skin, or are there other species/genera that seem to go hand in hand with eczema?

This is a super interesting question. I think we know that *Staphylococcus aureus* is the main player for many people, but it is certainly possible that there are other "bad actors." No matter what, it does seem that there is a decrease in/loss of diversity before a flare-up, and then things become bacterially diverse again before healing. We still have a lot to learn on this. But it does seem that, for some people at least, just reducing staph can help. For others, not so much.

Peter Lio, MD, assistant professor of clinical dermatology and pediatrics dermatology at Northwestern University Feinberg School of Medicine and founding director of the Chicago Integrative Eczema Center ▶



In the Aron Regimen, what does CASM stand for?

Compounded antibacterial, steroid and moisturizer (CASM) is a combination of antibiotic cream or ointment steroid cream or ointment and moisturizing products. The objective is to not only treat the inflammation characteristic of eczema, but also the infection, which is invariably present in chronic and severe cases. We want to be able to apply both the steroid and topical antibiotic products to wide areas of the skin, as appropriate and in a safe manner.

Aren't there safety concerns around long-term use of topical corticosteroids?

There are indeed concerns about the potency of using topical corticosteroids and the potential for resistance in using topical antibiotics. And these are real questions, but they may be significantly allayed by delivering low-potency steroid and antibiotic via the moisturizing component of the compound. This slow potency situation enables the therapy to be maintained for longer periods, even when the skin is much improved.

Treating until controlled and then stopping the treatment completely until the next flare is not, in my opinion, an appropriate approach for a chronic condition such as atopic dermatitis.

Most people don't realize your regimen is more than just a mixture of ingredients. I understand that proper guidance with tapering of the compound is also key to the success of the treatment. What is your methodology for tapering on CASM?

You are 100% correct; tapering of the CASM compound is of the essence. The reason for this is that, as the skin improves and the symptoms abate, the frequency of application of the compound should be reduced slowly but steadily over a period of time. This reduction in frequency of application reduces the dose of steroid delivered to the skin and therefore reduces the potential for steroid side effects such as absorption of the steroid or skin thinning.

The pace of reduction depends on the clinical response of the patient. The more rapid the initial response, the more rapid one may reduce the frequency of application. This is a clinical decision to be made by the physician in charge of the patient who should be reporting their progress to their physician at regular intervals.

As a rule of thumb — just to give you a general idea — at the beginning of therapy, I usually request applications be maintained for 10 days. With progress, the first reduction may be maintained for two weeks. The next reduction could

probably be maintained for three to four weeks and so forth. The ultimate objective of this tapering protocol is to maintain the improved condition on a low-level application frequency.

*Richard Aron, MB Ch B, founder of Aron Regimen, private practice consultant dermatologist, registered with the Human Sciences Council of South Africa **



Do you have a question for our ecz-perts?
Email them to editor@nationaleczema.org.

ECZEMA: UNDER CONTROL. SO ROLL UP THOSE SLEEVES.

DUPIXENT is a breakthrough in the treatment of uncontrolled moderate-to-severe eczema (atopic dermatitis).

Approved for ages 6 years and up.

HELP
HEAL
YOUR
SKIN
FROM
WITHIN

RACHEL, REAL PATIENT.
Individual results may vary.

DUPIXENT helps restore the look and feel of skin. And it's not a cream or steroid. It's a biologic that continuously treats eczema over time—even between flare-ups. See and feel a significant difference with:

Clearer skin • Fast itch relief

- In clinical trials at 16 weeks, 37% of adults and 24% of teens (ages 12-17) saw clear or almost clear skin vs 9% and 2% not on DUPIXENT.
- And 38% of adults and 37% of teens (ages 12-17) had significantly less itch vs 11% and 5% not on DUPIXENT.

DUPIXENT
(dupilumab) Injection

200mg • 300mg

— TALK TO YOUR ECZEMA SPECIALIST AND VISIT [DUPIXENT.COM](https://www.dupilumab.com) OR CALL 1-844-DUPIXENT (1-844-387-4936) —

INDICATION

DUPIXENT is a prescription medicine used to treat people aged 6 years and older with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin (topical), or who cannot use topical therapies. DUPIXENT can be used with or without topical corticosteroids. It is not known if DUPIXENT is safe and effective in children with atopic dermatitis under 6 years of age.

IMPORTANT SAFETY INFORMATION

Do not use if you are allergic to dupilumab or to any of the ingredients in DUPIXENT®.

Before using DUPIXENT, tell your healthcare provider about all your medical conditions, including if you: have eye problems; have a parasitic (helminth) infection; are scheduled to receive any vaccinations. You should not receive a "live vaccine" if you are treated with DUPIXENT; are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby. There is a pregnancy exposure registry for women who take DUPIXENT during

pregnancy to collect information about the health of you and your baby. Your healthcare provider can enroll you or you may enroll yourself. To get more information about the registry call 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupilumab/>; are breastfeeding or plan to breastfeed. It is not known whether DUPIXENT passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

Especially tell your healthcare provider if you are taking oral, topical or inhaled corticosteroid medicines or if you have atopic dermatitis and asthma and use an asthma medicine. **Do not** change or stop your corticosteroid medicine or other asthma medicine without talking to your healthcare provider. This may cause other symptoms that were controlled by the corticosteroid medicine or other asthma medicine to come back.

DUPIXENT can cause serious side effects, including:

Allergic reactions (hypersensitivity), including a severe reaction known as anaphylaxis. Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following symptoms: breathing problems, fever, general ill feeling, swollen lymph nodes, swelling of the face, mouth and tongue, hives, itching, fainting, dizziness, feeling lightheaded (low blood pressure), joint pain, or skin rash.

Eye problems. Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision.

The most common side effects in patients with atopic dermatitis include injection site reactions, eye and eyelid inflammation, including redness, swelling, and itching, and cold sores in your mouth or on your lips.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of DUPIXENT. Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to

the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Use DUPIXENT exactly as prescribed. Your healthcare provider will tell you how much DUPIXENT to inject and how often to inject it. DUPIXENT is an injection given under the skin (subcutaneous injection). If your healthcare provider decides that you or a caregiver can give DUPIXENT injections, you or your caregiver should receive training on the right way to prepare and inject DUPIXENT. **Do not** try to inject DUPIXENT until you have been shown the right way by your healthcare provider. In children 12 years of age and older, it is recommended that DUPIXENT be administered by or under supervision of an adult. In children younger than 12 years of age, DUPIXENT should be given by a caregiver.

Please see Brief Summary on next page.

SANOFI GENZYME  REGENERON

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YOU MAY BE ELIGIBLE FOR COPAY ASSISTANCE*

*Limitations apply. Visit [DUPIXENT.com](https://www.dupilumab.com) for full program terms.

Brief Summary of Important Patient Information about DUPIXENT® (dupilumab) Rx Only (DU-pix'-ent) injection, for subcutaneous use

What is DUPIXENT?

- DUPIXENT is a prescription medicine used:
 - to treat people aged 6 years and older with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin (topical), or who cannot use topical therapies. DUPIXENT can be used with or without topical corticosteroids.
- DUPIXENT works by blocking two proteins that contribute to a type of inflammation that plays a major role in atopic dermatitis.
- It is not known if DUPIXENT is safe and effective in children with atopic dermatitis under 6 years of age.

Who should not use DUPIXENT?

Do not use DUPIXENT if you are allergic to dupilumab or to any of the ingredients in DUPIXENT. See the end of this summary of information for a complete list of ingredients in DUPIXENT.

What should I tell my healthcare provider before using DUPIXENT?

Before using DUPIXENT, tell your healthcare provider about all your medical conditions, including if you:

- have eye problems
- have a parasitic (helminth) infection
- are scheduled to receive any vaccinations. You should not receive a “live vaccine” if you are treated with DUPIXENT.
- are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby.
 - **Pregnancy Exposure Registry.** There is a pregnancy exposure registry for women who take DUPIXENT during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Your healthcare provider can enroll you in this registry. You may also enroll yourself or get more information about the registry by calling 1 877 311-8972 or going to <https://mothertobaby.org/ongoing-study/dupixent/>.
- are breastfeeding or plan to breastfeed. It is not known whether DUPIXENT passes into your breast milk.

Tell your healthcare provider about all of the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Especially tell your healthcare provider if you:

- are taking oral, topical, or inhaled corticosteroid medicines
- have atopic dermatitis and asthma and use an asthma medicine

Do not change or stop your corticosteroid medicine or other asthma medicine without talking to your healthcare provider. This may cause other symptoms that were controlled by the corticosteroid medicine or other asthma medicine to come back.

How should I use DUPIXENT?

- **See the detailed “Instructions for Use” that comes with DUPIXENT for information on how to prepare and inject DUPIXENT and how to properly store and throw away (dispose of) used DUPIXENT pre-filled syringes and pre-filled pens.**
- Use DUPIXENT exactly as prescribed by your healthcare provider.
- Your healthcare provider will tell you how much DUPIXENT to inject and how often to inject it.
- DUPIXENT comes as a single-dose pre-filled syringe with needle shield or as a pre-filled pen.
- DUPIXENT is given as an injection under the skin (subcutaneous injection).
- If your healthcare provider decides that you or a caregiver can give the injections of DUPIXENT, you or your caregiver should receive training on the right way to prepare and inject DUPIXENT. **Do not** try to inject DUPIXENT until you have been shown the right way by your healthcare provider. In children 12 years of age and older, it is recommended that DUPIXENT be administered by or under supervision of an adult. In children younger than 12 years of age, DUPIXENT should be given by a caregiver.

- **If your dose schedule is every other week and you miss a dose of DUPIXENT:** Give the DUPIXENT injection within 7 days from the missed dose, then continue with your original schedule. If the missed dose is not given within 7 days, wait until the next scheduled dose to give your DUPIXENT injection.
- **If your dose schedule is every 4 weeks and you miss a dose of DUPIXENT:** Give the DUPIXENT injection within 7 days from the missed dose, then continue with your original schedule. If the missed dose is not given within 7 days, start a new every 4 week dose schedule from the time you remember to take your DUPIXENT injection.
- If you inject more DUPIXENT than prescribed, call your healthcare provider right away.
- Your healthcare provider may prescribe other medicines to use with DUPIXENT. Use the other prescribed medicines exactly as your healthcare provider tells you to.

What are the possible side effects of DUPIXENT?

DUPIXENT can cause serious side effects, including:

- **Allergic reactions (hypersensitivity), including a severe reaction known as anaphylaxis.** Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following symptoms: breathing problems, fever, general ill feeling, swollen lymph nodes, swelling of the face, mouth and tongue, hives, itching, fainting, dizziness, feeling lightheaded (low blood pressure), joint pain, or skin rash.
- **Eye problems.** Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision.

The most common side effects of DUPIXENT in patients with atopic

dermatitis include: injection site reactions, eye and eyelid inflammation, including redness, swelling and itching, and cold sores in your mouth or on your lips. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all of the possible side effects of DUPIXENT. Call your doctor for medical advice about side effects. You may report side effects to FDA.

Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

General information about the safe and effective use of DUPIXENT.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use DUPIXENT for a condition for which it was not prescribed. Do not give DUPIXENT to other people, even if they have the same symptoms that you have. It may harm them.

This is a brief summary of the most important information about DUPIXENT for this use. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for more information about DUPIXENT that is written for healthcare professionals.

For more information about DUPIXENT, go to www.DUPIXENT.com or call 1-844-DUPIXENT (1-844-387-4936)

What are the ingredients in DUPIXENT?

Active ingredient: dupilumab

Inactive ingredients: L-arginine hydrochloride, L-histidine, polysorbate 80, sodium acetate, sucrose, and water for injection

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Issue Date: June 2020

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TURMERIC

**Is there healthcare gold for people with eczema in this yellow-gold spice?
Scientists aren't sure, but early research is promising.**

BY EMILY DELZELL

You may have noticed that turmeric, a deep yellow-gold spice that's been used in medicine, cosmetics and cooking for thousands of years, is having a moment. You can find this spice — made from the ground rhizome, or underground root, of a plant related to ginger — in everything from face masks to supplements to lattes. Most of these products tout one or more of turmeric's potential health perks, which include clearer skin, an enhanced immune system and reduced inflammation.

Turmeric in various topical and oral forms is a staple of Ayurvedic and Traditional Chinese Medicine. Its anti-inflammatory, anti-pain, antibacterial and wound-healing properties — and long history of safety — give it allure as a complementary treatment for eczema, said dermatologist Peter Lio, MD.

Its medicinal power lies in its main active component, a potent micronutrient called curcumin, which also gives the spice its distinctive color, said Lio, clinical assistant professor of dermatology and pediatrics at Northwestern University's Feinberg School of Medicine and founding director of the Chicago Integrative Eczema Center.

Scientists have found some evidence for turmeric's benefits related to a number of diseases, including less pain in arthritis, better control of type 2 diabetes and reduced inflammation in psoriasis. Studies of the spice, however, have usually been small or done only in animals or test tubes, and many have produced mixed results. ►

Is there solid evidence turmeric can improve eczema symptoms?

The short answer is no, not yet. There are only two studies of turmeric's effects in people with eczema. Both reported some improvements in symptoms with a topical cream or gel, but results were complicated by product formulations containing multiple herbal extracts.

"There are still many unanswered questions about how effective turmeric is for eczema, though there are data that demonstrate its real clinical effects in several different formulations in other conditions," said Lio. Another problem, he added, is that turmeric has poor "bioavailability," meaning the body can't absorb enough of the active ingredient to circulate it widely.

"It also rapidly degrades, and in topical preparations, stains everything the characteristic bright yellow color," he said.

What's the best way to use it?

First, if you want to try turmeric, it should be in addition to — not a replacement for — appropriate medical treatment, said Lio.

"We want to use proven treatments to get good control of eczema and then add complementary things like turmeric to see if they further cool inflammation and decrease the need for medication," he explained.

As for the best formulation, too few high-quality studies mean the jury is still out. Right now, Lio recommended only oral turmeric for eczema because he thinks there's decent evidence it reduces itching in other conditions.

Topical products aren't likely to cause harm other than temporarily staining the skin. Whether it's a turmeric-containing cream or an oral supplement, Lio advised sticking with reputable manufacturers.

"If you can, ask a trusted practitioner to look over the product," he said. With supplements, you can also check for seals of approval from ConsumerLab.com or USP, independent groups that test for several quality standards, including verifying that the label's ingredients match the bottle's contents.

Lio's top choice for people with eczema who want to try turmeric is a homemade milk. The recipe he gives his patients includes black pepper, which has an active ingredient called piperine that increases the bioavailability of curcumin. When choosing turmeric or other spices, buy small quantities you'll use up quickly and look for a vibrant, uniform color and intense aroma.



Turmeric Milk

Makes two servings

Serving size: 1 cup

Ingredients:

2 cups of unsweetened almond, coconut or hemp milk

1 tablespoon agave or honey

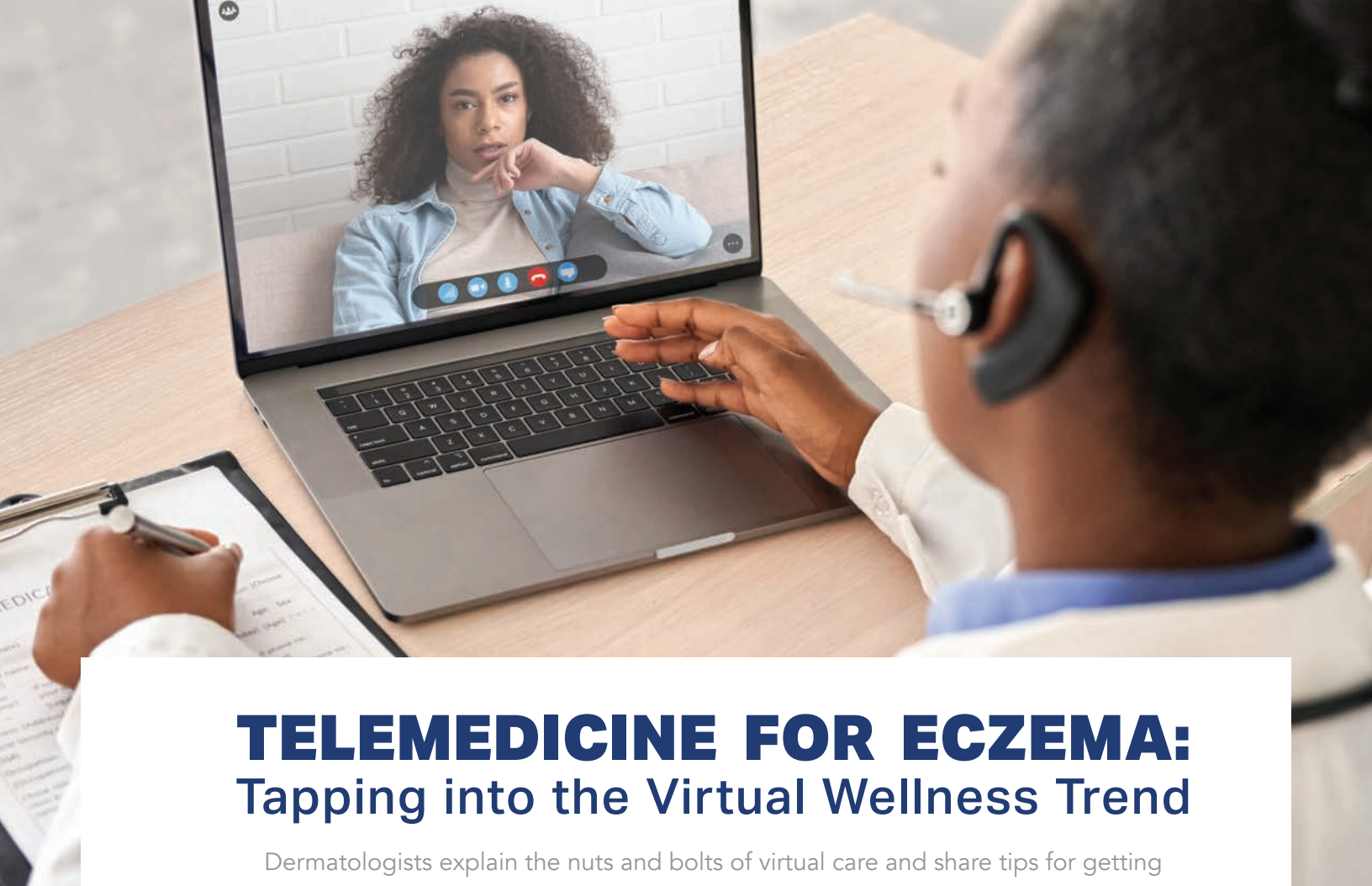
1 tablespoon extra-virgin coconut oil

1 teaspoon ground turmeric

1 cinnamon stick or 1 teaspoon ground cinnamon

Small pinch of black pepper

Warm the milk, add the remaining ingredients and whisk to combine. Strain. Drink two cups daily. *



TELEMEDICINE FOR ECZEMA: Tapping into the Virtual Wellness Trend

Dermatologists explain the nuts and bolts of virtual care and share tips for getting the best results from online appointments.

BY EMILY DELZELL

Melissa Thomson's 10-year-old son Jonte gets care for his severe atopic dermatitis (AD) from more than 10,000 miles and 10 time zones away. Jonte is in the Hunter Valley area of New South Wales, Australia. His dermatologist, Dr. Richard Aron, is in Cape Town, South Africa.

"When a patient seeks help from a foreign dermatologist, they are usually in a desperate situation. It takes a leap of faith," Aron said. In his 12 years of doing telemedicine for eczema and other skin conditions, known as teledermatology, he's treated patients around the globe.

In 2016, Thomson was worried about her son's quality of life. Jonte had been hospitalized several times and needed wet wraps every night. Her search for a better solution led her to Aron's Facebook treatment discussion group. It outlined his specialized regimen, compounded antibacterial, steroid and moisturizer (CASM), which involves tailored doses of steroids and antibiotics diluted with moisturizers and compounded into a cream by the patients' local pharmacists.

Thomson initially felt hesitant to get care from a dermatologist who couldn't physically examine her son. But she felt an urgency to try something different from the potent medication that her local dermatologist said was the next step for Jonte.



"Our son saw improvement overnight, and this continued," said Thomson, adding that Aron has since treated Jonte for serious flares. Care has been fast, convenient and effective for this eczema family. "The whole process has been a blessing for us, and we are grateful to have the option to seek medical assistance from the other side of the world."

Most teledermatology appointments don't take place across such vast distances. And, in the time of COVID-19, virtual skincare is more available than ever to people with eczema.

Here's what you need to know about teledermatology, along with tips for getting the best care. ►

HOW TELEDERMATOLOGY APPOINTMENTS WORK FOR PEOPLE WITH ECZEMA

Dermatologists provide virtual skincare in a couple different ways. Some, like Aron, use what's called "store-and-forward" technology. With this method, patients send their dermatologist digital pictures of their skin, along with information about their medical history and symptoms.

The dermatologist reviews the images and info, emails the patient treatment recommendations and sends prescriptions to their pharmacy. Patients can email questions and concerns at any time. Everything takes place through secure, private patient portals that protect personal health information.

Other dermatologists use live video chats that mimic many aspects of in-person appointments. Patients get an email with a link to the video appointment and log on from their computer or smart device at the scheduled time. They discuss their symptoms with their dermatologist, who examines their skin over the video feed.

Video chats are also done through private, secure web-based platforms. Some platforms may ask you to download an app for the video, while others allow you to click a link and enter a secure video chat with your doctor.

Some dermatologists offer both video- and image-based care. Call your dermatologist's office or visit their website to see if they offer virtual care and how their system works.

VIRTUAL SKINCARE IS EFFECTIVE, AND ITS USE IS SKYROCKETING

"In most cases, dermatologists can manage patients with eczema effectively with teledermatology," said April Armstrong, MD, professor of dermatology and associate dean for clinical research at the University of Southern California Keck School of Medicine in Los Angeles.

Her research, published in 2017 in the journal *Telemedicine and eHealth*, shows people with atopic dermatitis who got virtual skincare were as happy with their quality of life, including eczema symptoms, as those who had in-person visits. Similarly, evidence published in 2020 in the *Archives of Dermatological Research* shows dermatology patients are generally very satisfied with virtual care.

That's good news because more and more patients are getting telemedical care these days as a result of COVID-19. Before the pandemic began, only 14,000 Medicare patients per week used some form of telemedicine. However, between mid-March and early June, more than 10 million got virtual healthcare, according to the U.S. Department of Health and Human Services.

"The pandemic has created a rapid rise in teledermatology," Armstrong said. "It's a very good option for patients who want to stay at home but still make sure that their eczema is well monitored and managed."

People with eczema who have to drive long distances to see their dermatologists also benefit from virtual care, said Kari Martin, MD, associate professor of dermatology and child health at the University of Missouri in Columbia, Missouri.

"Having the appointment in their own homes saves patients time as well as money in gas, lost work and childcare," she said. "Since COVID-19 began, insurers have expanded coverage for telemedical care, and dermatology practices are offering many more timeslots for live appointments."

Live video appointments are popular with both patients and providers, Martin added.

"Doctor and patient get to talk, and patients get immediate feedback on their questions. This back-and-forth discussion can be critical, and the video-based experience is much like an in-person visit," she said. ►

April Armstrong, MD





TIPS FOR GETTING THE BEST HEALTHCARE ONLINE

Teledermatology and other kinds of virtual healthcare aren't without snags. Unsurprisingly, many issues that can frustrate patients and providers are technical. The right preparation, however, can prevent problems.

Here's what dermatologists suggest for effective, glitch-free virtual care:

Check with your insurer to see if they cover teledermatology. Many insurers covered some level of telemedical care before COVID-19. During the pandemic, federal government expanded coverage and simplified rules for virtual care. At press time, legislation was in the works to make many of these changes permanent.

Ask your dermatologist's office in advance how your appointment will work. To prepare well, you'll need to know what kind of appointment you're having (live or with digital pictures and email) and whether you'll be provided with any necessary links, through email or text.

Make a list of issues and questions you want to cover. "When patients have an organized list, it helps me cover all the points they want to talk about," said Peter Lio, MD, clinical assistant professor of dermatology and pediatrics at Northwestern University's Feinberg School of Medicine and founding director of the Chicago Integrative Eczema Center.

Take high-resolution pictures of areas of eczema and send them to your dermatologist before the appointment. This is especially helpful for skin in hard-to-see areas or when the patient is a child. "Sometimes the video stream quality isn't high enough to see the skin in great detail," Lio said.

Take several pictures of affected skin from different angles. Make sure images are clear and unblurred. The most helpful

pictures show skin in natural light without any background distractions.

Set up for video appointments in a well-lit, private area with a strong internet connection. A quiet, distraction-free environment is best. It should be a room where your video stream won't stall, get choppy or cut out.

Not everyone with eczema has access to high-speed internet and the devices needed for successful video appointments. If you don't and aren't ready to make an in-person visit, ask your dermatologist if phone-based care is possible.

Test your camera and microphone. "Make sure they're working before your appointment," Armstrong said. "If you're not comfortable with the technology, ask a friend or family member for help setting it up and testing it."

Also make sure the device you're using is placed or can be moved to where you can easily show your doctor the areas of skin you're concerned about.

Understand how your follow-up care will work before you end the appointment. Most dermatologists send follow-up emails and answer questions through their patient portal. Some may phone you. Know how they'll get in touch with prescriptions and other information, and how to connect with them if you have questions.

"I email my treatment recommendations through our patient portal, along with links to over-the-counter products I've suggested so patients know exactly what to pick up," said Lio. "I also include a link to the pharmacy where I've sent their prescriptions."

Aron agrees that good communication and ongoing care are the key to giving people with eczema the best outcomes with teledermatology. "I take responsibility for my virtual patients' care exactly as I would if they were in my office," he said. ►

OTHER WAYS TO TAP INTO VIRTUAL WELLNESS

Like everyone else, people with eczema are living with uncertainty and near-daily life changes brought by COVID-19. An ongoing Census Bureau survey that began in April found that rates of depression and anxiety among U.S. adults are three times what they were in early 2019.

Stress and other mental health issues can make eczema worse and harder to cope with. As with medical care, there are more options than ever to virtually improve mental health and overall wellness.

The pandemic has bolstered the already booming world of online exercise and wellness classes. You can do yoga, indoor cycle or lift weights with an instructor who's teaching live from the other side of the country or world.

There are also many options for getting some online calm if creating art, cooking or listening to music is how you destress. If museums are your relaxation jam, you can wander virtually through some of the world's best galleries from your smartphone or computer.

Virtual mental health counseling, or telecounseling, is also readily available. Like other telehealth care, it's often covered by insurance. It works like most virtual care, with video chats done through secure platforms.

As with teledermatology, you'll need a strong internet connection and good lighting to get the best results from telecounseling, said licensed professional counselor Lisa Henderson.

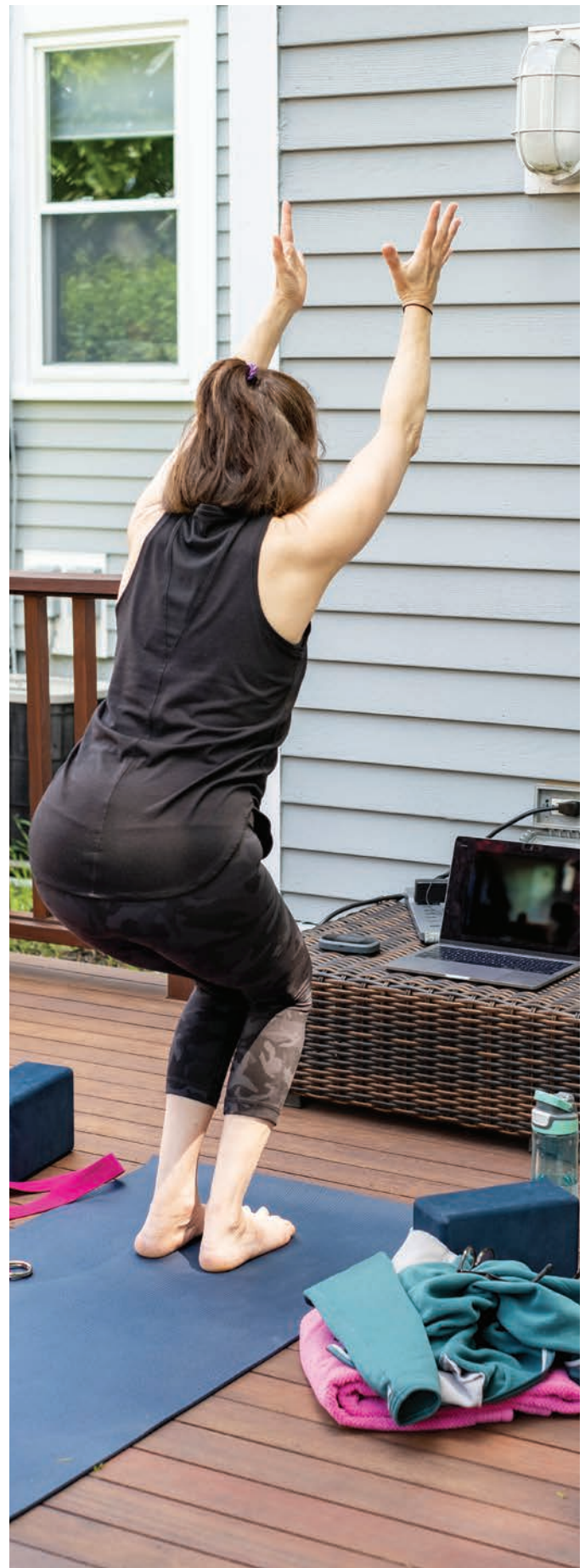
"Counselors are trained to read micro-expressions, and we communicate with them too," said Henderson, co-founder and COO of Synchronous Health in Nashville, Tennessee.

"Another important consideration for getting the most out of a session is feeling safe in your surroundings. If you're worried about who might hear what you're saying, the session won't be as effective as if you feel like you can share and explore freely."

It's also important for your counselor to be comfortable with telecounseling technology.

"Most counselors are well-suited for telecounseling, but not all are," Henderson said. "If the client feels uncomfortable, whether because of something specific about the counselor or simply because the counselor isn't great with technology, it's their right and responsibility to try a different counselor."

Telecounseling, she noted, makes finding the right professional easier. "The options for counselors are as wide as your state, not limited to those who are conveniently located," she said. *





ECZEMA IN THE ARMED FORCES

Military life is filled with potential eczema triggers, so it may not come as a surprise that most people with atopic dermatitis, especially moderate to severe, are disqualified from serving. Here, we take a look at the regulations and exceptions along with some real-world experiences.

BY EMILY DELZELL

Imagine wearing heavy body armor in a humid, insect-filled jungle environment or living in the heat, dust and debris of a desert war zone. If you have eczema, you may already be thinking about the flares those conditions could cause. For these reasons and others, the U.S. Armed Forces has medical standards surrounding military service and eczema.

Specifically, having atopic dermatitis (AD) after age 12 is disqualifying. So is having recurrent contact dermatitis or dyshidrotic eczema within two years of military candidacy that needed treatment with more than a topical steroid. Various military branches also have restrictions within these overall standards. The Army and Navy, for example, list 9 years old as the oldest age allowable for having had AD.

There are two primary reasons for the standard, said dermatologist and U.S. Air Force (USAF) Lt. Col. Emily B. Wong, MD, who is dermatology consultant to the Air Force Surgeon General and is stationed at Joint Base San Antonio-Lackland, Texas.

“First, it’s important to protect the military member’s health. Many of our deployment conditions, such as environment extremes, wearing of military gear, mental and physical stress, and lack of access to specialized medical care and creams or medications, can cause significant flares and poor disease control,” Wong said.

The list of eczema triggers service members could encounter is long, Wong and colleagues noted in a 2019 paper in *Military Dermatology*. Uniforms, for example, are just that — made of standardized materials that can’t be swapped out or washed in detergents for sensitive skin. Soldiers in deployed locations may go weeks using baby wipes alone for personal hygiene. Some jobs involve exposure to irritants, deployments can cause stress and sleep loss, and so on.

Flaring eczema could also prevent a military member from doing their job, and that role is often critical, said Wong. “Each military member has a specific job and may not be easily replaced,” she noted. ►

Evaluating the ability to serve

During their military application, potential recruits provide an extensive medical history and undergo a medical examination. During this process, doctors identify and evaluate eczema and other medical issues that could affect the candidate's service.

Restrictions and medical screening don't necessarily rule out serving in the military with eczema, however. Waivers are sometimes granted to military candidates, said Wong.

"There are medical regulations that guide each medical diagnosis and determine whether a medical condition is compatible with military service," she explained. "In some cases, such as with mild eczema, even though the condition is initially disqualifying, a waiver can be considered on a case-by-case basis."

The USAF amended its rules in 2018 so that select candidates with mild forms of eczema can get waivers with occupational restrictions. Wong explained how this might work.

"If, for example, a candidate was diagnosed with chronic eczema and their primary symptoms were hand dermatitis — such as severe dryness, cracking, peeling and bleeding — they may be restricted from aircraft or vehicle maintenance, where they have to work with their hands and wear gloves," she said.

Active duty members can also develop eczema on the job. When this happens, a medical evaluation board reviews the case, weighing a number of factors, including the type and severity of eczema and the requirements of the person's job.

"Generally, if they are able to perform the military duties they were trained to do and can safely go on military deployments, then they will be able to continue their military duties," said Wong.

Overall, the system helps prevent major eczema-related problems for recruits and military operations, according to a 2019 *Military Medicine* review. It reported that, from 2003 to 2006, when there were up to 159,000 troops in Iraq and Afghanistan, there were only 35 evacuations directly attributed to eczema.

Real-world experiences

Sometimes, despite regulations, the issue of eczema isn't raised with military members.

Emily Potter, 40, entered the Army in 2001 after graduating from West Point. She'd had flares of AD on her hands since childhood and wasn't aware of the military restrictions around eczema until interviewed for this article.

Potter doesn't recall getting a waiver and said it was possible her eczema was mild enough that it wasn't considered a limiting factor in performing her duties. In fact, other than occasional treatment with topical steroids, eczema-related issues arose only once during her military service.

"In 2003, I was in the first wave of those deployed for Operation Iraqi Freedom," said Potter, who left the military in 2015 and now lives in Southern Pines, North Carolina.

"In the lead up, we got what seemed like a million different vaccinations. In the middle of getting all those shots, I had an eczema flare on my hands and the doctor said I shouldn't have the smallpox vaccine. Frankly, I was glad to skip at least one shot."

In people with active eczema or a history of it, smallpox vaccination can cause a rare but potentially life-threatening skin infection called eczema vaccinatum, explained Robert Dellavalle, MD, PhD, MSPH, chief of the Dermatology Service at the U.S. Department of Veterans Affairs in the Eastern Colorado Health Care System in Aurora, Colorado.

Routine vaccination for smallpox in the United States ended in 1972. In 2002, the U.S. military resumed smallpox vaccinations for certain service members, including those bound for parts of the world where exposure to the virus was considered possible. ►



Emily Potter



“The vaccine contains a weakened but live smallpox virus that can theoretically spread from the vaccine site and replicate in the skin, causing an extensive rash,” said Dellavalle, who is also a professor of dermatology and public health at the University of Colorado School of Medicine.

He noted that the risk similarly applies to people with active or past eczema who are in close contact with a recently vaccinated person.

In the 10 years after the U.S. military started vaccinating some members for smallpox, there was only one case of eczema vaccinatum. A 2-year-old with history of AD developed a severe reaction shortly after his father, who was serving in the Army, was vaccinated for smallpox. The father also had a history of eczema and shouldn’t have been vaccinated, according to a 2008 report in *Clinical Infectious Diseases*.

The father had a normal reaction, but his son developed a life-threatening rash and other complications. The child spent 48 days in an intensive care unit and needed multiple skin grafts, but he ultimately recovered.

If you have or have had eczema, avoid skin-to-skin contact for about 30 days with anyone who’s had a smallpox vaccination. This is the time it takes for the vaccination site to form and

shed a scab. In addition to some military personnel, the vaccine is sometimes given to lab staff who work with smallpox or related viruses.

If you have eczema and want to serve

If you have eczema or a history of it and are considering a career in the military, the first thing to do is to make sure you get an accurate diagnosis. Eczema is a very broad term encompassing many different skin diseases, said Wong.

“It is helpful to have appropriate evaluation and a clear diagnosis in the medical record,” she recommended. “If someone had a reaction to poison ivy a few times or recurrent ‘ringworm’ or fungal infections, this should not be diagnosed as chronic eczema. For the majority of people, their eczema improves with time, so they may no longer have eczema as a teen or adult.”

Dellavalle said that dermatologists now have many options for controlling eczema.

“With approval of a biologic, it’s a new era for eczema patients. I encourage those with mild eczema and an interest in serving to seek a waiver,” he said. ►

Eczema care for veterans

The Veterans Health Administration (VA) treats more than 9 million veterans a year for medical conditions, including eczema.

“Dermatologists at the VA have access to the same therapies available in private practices,” said Dellavalle.

Veterans who need treatment for eczema should first see their primary care physician (PCP). “If their PCP isn’t able to bring eczema under control, they can refer you to a VA dermatologist,” Dellavalle said.

He noted that many veterans who have or who are eligible for VA benefits don’t use them.

“If you’ve been in the Armed Forces and have health problems of any kind, hopefully you’ve signed up with the VA and are able to get your care there if you want to,” he said. “If you haven’t and are struggling with skin disease, check your benefits and use them. VAs have dermatologists who can help.”

Visit va.gov to learn about healthcare benefits, eligibility and to apply online. *



Announcing EczemaWise!

NEA's new app turns your "whys" into wise

Have you ever wondered why your eczema is worse during particular seasons of the year or in different environments? Or why it is that your child seems to flare after eating certain foods?

Tracking information about foods you eat, your environment and factors like stress and sleep can help you better understand what might trigger a flare. But who has the time and patience for that?

Enter EczemaWise.

EczemaWise is a new, free app (available on iOS and Android) from NEA that helps you make sense of your eczema.

Based on science and designed with input from the eczema community and physicians, EczemaWise is an essential tool that helps you track your symptoms (like itch and pain) and triggers (like stress, diet and environment) to reveal trends and insights so you and your doctor can find solutions.

EczemaWise features custom tools to help you and your doctor determine the right care for you.

- Save your information in one place — symptoms, triggers, treatments and medical appointments.
- Identify what's most important to you when choosing a therapy.
- Easily print your health data to share at your next appointment.

More than 31 million people in the United States live with eczema, but your experience is unique. Understanding what causes your eczema to flare up (and what seems to relieve it) can help you and your doctor identify the care that's best for you. Learn more and sign up at EczemaWise.org. *



"The most important way to heal"

After a lifetime of different eczema treatments, Serita Winthrop credits the loving kindness of friends for her healing.

BY RACHEL LEE HOLSTEIN



"I'm feeling so good right now."

After a lifetime of different eczema treatments, Serita Winthrop credits the loving kindness of friends for her healing.

Winthrop is an energetic, outgoing 76-year-old who was diagnosed with atopic dermatitis at 2 months old.

She grew up in New York City and now calls Rhinebeck, New York, home. She was married three times, raised four children and earned a master's degree in social work. Both of Winthrop's parents lived with some form of eczema, and so have her two adult sons.

Living with eczema has taken a toll on Winthrop throughout her life, but she remembers her school-age years being especially hard.

The itching was so bad she hid a hairbrush in her desk at school so she could rub her legs with it during class. "There would be some relief, then the itch would come over me again, another wave," she said.

Winthrop scratched until she bled, which meant her clothes and sheets had to be changed often. She said her parents and most of the adults around her gave her the same infuriating advice that so many children living with eczema have heard countless times: "Just stop scratching."

Unable to focus at school, Winthrop struggled in her classes. "I was so preoccupied with my eczema the whole time that I paid no attention in class and couldn't learn," she said.

She remembers always disrupting class and causing trouble. She taught other girls to shoplift. In third grade, she was expelled and transferred to a new school. But she said her expulsion turned out to be a blessing in disguise.

At her new school, Winthrop made friendships that have stayed with her for life. "I was frightening to look at, and I was always being stared at," she said. "But these new friends accepted me, even when I had pulled all my hair out and was covered in sores from eczema. To this day, we've stayed connected and been there for each other."

Winthrop never forgot the overwhelming emotions she experienced growing up with eczema and all the ways those intense feelings led her to act out.

In addition to raising her own four children, Winthrop used her degree to do social work with other children. She sympathized with children who were acting out and understood they needed a chance to express their feelings.

"I knew from my own history that my acting out as a child had been for real reasons: the need for attention, the need to distract myself and ease myself from the suffering of eczema," she explained.

She saw herself in the kids she worked with and wanted them to feel accepted and cared about. She knew how important it was to help children find ways to express their emotions in healthy ways.

Eczema treatments through the years

When she was 10 years old, a dermatologist prescribed daily tar treatment. Twice a day, she would stand in the bathtub while her parents spread alcohol infused with tar all over her body. She remembers the stinging and the smell.

As a young mother in her 20s, Serita was hospitalized for a month because of her eczema. Doctors gave her cortisone shots, and she began regularly using cortisone creams to manage her symptoms.

In her 40s, Serita spent a month at a clinic in Switzerland. A doctor there treated her with injections in her throat meant to stimulate her body's natural cortisone production. She felt better and had no eczema symptoms for a time.

Later in life, Winthrop sought out alternative treatments like massage, acupuncture and positive visualization. These have brought her some relief and so has a diet of limited gluten, dairy and sugar.

But at the end of the day, "Healing from eczema remains a mystery and there are many modalities that may help. But the loving energy one gets from other people is maybe the most important way to heal," she said. *



NEA-funded research grant awarded to researcher investigating racial and ethnic disparities in care for children with eczema

NEA teamed up with the Pediatric Dermatology Research Alliance (PeDRA) this year to develop the Childhood Eczema Challenge Grant with the aim of accelerating research that improves the health and quality of life of pediatric eczema patients and their families. Nearly 10 million U.S. children under the age of 18 are affected by eczema, with one-third affected by moderate to severe disease. Despite recent therapeutic advances, the burdens on these patients and their families can be significant, and many important research questions remain unanswered.

The \$50,000 grant was awarded in August to Junko Takeshita, MD, PhD, MSCE of the University of Pennsylvania Perelman School of Medicine for her grant proposal titled “Understanding Racial/Ethnic Disparities in Health Care Utilization for Childhood Atopic Dermatitis.” In previous research, it was found that atopic dermatitis (AD) disproportionately affects Black and Hispanic children and is associated with significant financial burden in the U.S.

“Atopic dermatitis is a skin disease that, for the most part, should be feasibly managed in an outpatient setting. Yet, our previous work shows that, compared to white children, Black and Hispanic children are more likely to go to the emergency room for urgent or emergent care of their skin disease, if they are even seeking care for their AD, and Black children are less likely to seek any healthcare for their AD. Both of these healthcare utilization patterns suggest suboptimal outpatient medical care for Black and Hispanic children with AD,” said Takeshita.

“With our study, I am hoping to identify the reasons for these different healthcare utilization patterns for atopic dermatitis,

specifically among Black and Hispanic children.”

For this grant, Takeshita aims to identify and understand the barriers to outpatient healthcare use and reasons for specific healthcare utilization patterns, especially emergency room use, for AD among white, Black and Hispanic children from the caregiver perspective. The qualitative study will include interviews with caregivers of white, Black and Hispanic children with AD across a spectrum of healthcare use patterns. The findings will directly inform the development and implementation of future interventions to reduce racial/ethnic disparities in healthcare use for childhood AD, optimize care utilization and improve outcomes.

“I anticipate that the different healthcare utilization patterns are not simply due to healthcare access-related challenges and that future interventions to optimize care for children with AD will require a multi-pronged approach that may need to also address, for example, different perceptions of the value of healthcare in different settings and differences in social and financial resources that may affect healthcare use for AD. Ultimately, using the new knowledge we will gain from this study, we hope to develop effective interventions aimed at reducing disparities in healthcare use for AD among Black and Hispanic children with AD,” Takeshita said.

“Dr. Takeshita’s work is a perfect example of why we collaborated with PeDRA to create this grant,” said Julie Block, president and CEO of NEA. “We know the burden for children with eczema and their families can be enormous, and this new research has potential to relieve some burden from those who feel it most acutely.” *

WHAT'S HAPPENING AT THE NATIONAL ECZEMA ASSOCIATION

#GetEczemaWise this Eczema Awareness Month

October is our favorite month of the year because it's Eczema Awareness Month (EAM). For us, EAM is a 31-day celebration of the eczema community and a month-long reminder that we are not alone with this disease. It's an opportunity to boost public awareness and reduce stigma by sharing our stories of trial and triumph with the rest of the world. It's a chance to finally feel seen.

This year, in addition to our #unhideECZEMA social media campaign, we are asking our community to #GetEczemaWise. This is a community of eczema geniuses. Whether you have eczema yourself or a child with the condition, it takes a lot of detective work to figure out what triggers a flare-up. Was it that new product? Changes in the weather? Stress? You're always researching new therapies with the hope that this next treatment is going to be the one to stop the itch and clear up your skin. At this point, you have your skincare regimen down to a science.

The more we educate ourselves about this disease, the more control we gain over our symptoms. So, it's no surprise that healthcare professionals count people with eczema among their smartest patients.

This month, we invite you to take your eczema wisdom to the next level by tuning into our weekly webinars, participating in our social media challenges and sharing your eczema knowledge and experiences through videos, photos and words. For more information, visit NationalEczema.org/eczema-expo. *



ADvancement begins with you — become a NEA Ambassador today

NEA recently launched NEA Ambassadors, a platform that offers meaningful opportunities for eczema community members to learn, engage and make a difference in the areas of advocacy, research and community outreach!

To qualify as an Ambassador, you must pass an educational curriculum focused on eczema, NEA and your chosen area of ambassadorship: community outreach, research or advocacy. Once completed, you'll gain access to a social networking platform where Ambassadors can meet and interact with one another while receiving helpful resources, community updates and opportunities to engage with NEA and the eczema community.

Here's what NEA Ambassadors have to say:

"I remember a period of several months when I was feeling helpless and hopeless during my son's severe outbreak. My way of fighting back and finding hope is to share my story and hopefully encourage parents who are fighting for their child's health and well-being," said Kristy, a NEA Community Outreach Ambassador in Texas.

"My hope is to contribute to eczema research by sharing my perspective and insights of a lifelong eczema warrior. I think it's very important to give a voice to this chronic condition as we all work together toward a common goal," said Megan, a NEA Research Ambassador in California.

"Eczema medications and treatments are expensive, and there are so many hoops to jump through in order to get access to them. I want to advocate for healthcare reform in insurance since there are prominent healthcare inequities, especially for low-income and socially disadvantaged populations," said Amanda, a NEA Advocacy Ambassador in California.

This is your chance to meet like-minded individuals in the eczema community while deepening your understanding of and impact in advocacy, research and community outreach. Are you ready to ADvance? Visit NationalEczema.org/ambassadors to sign up! *

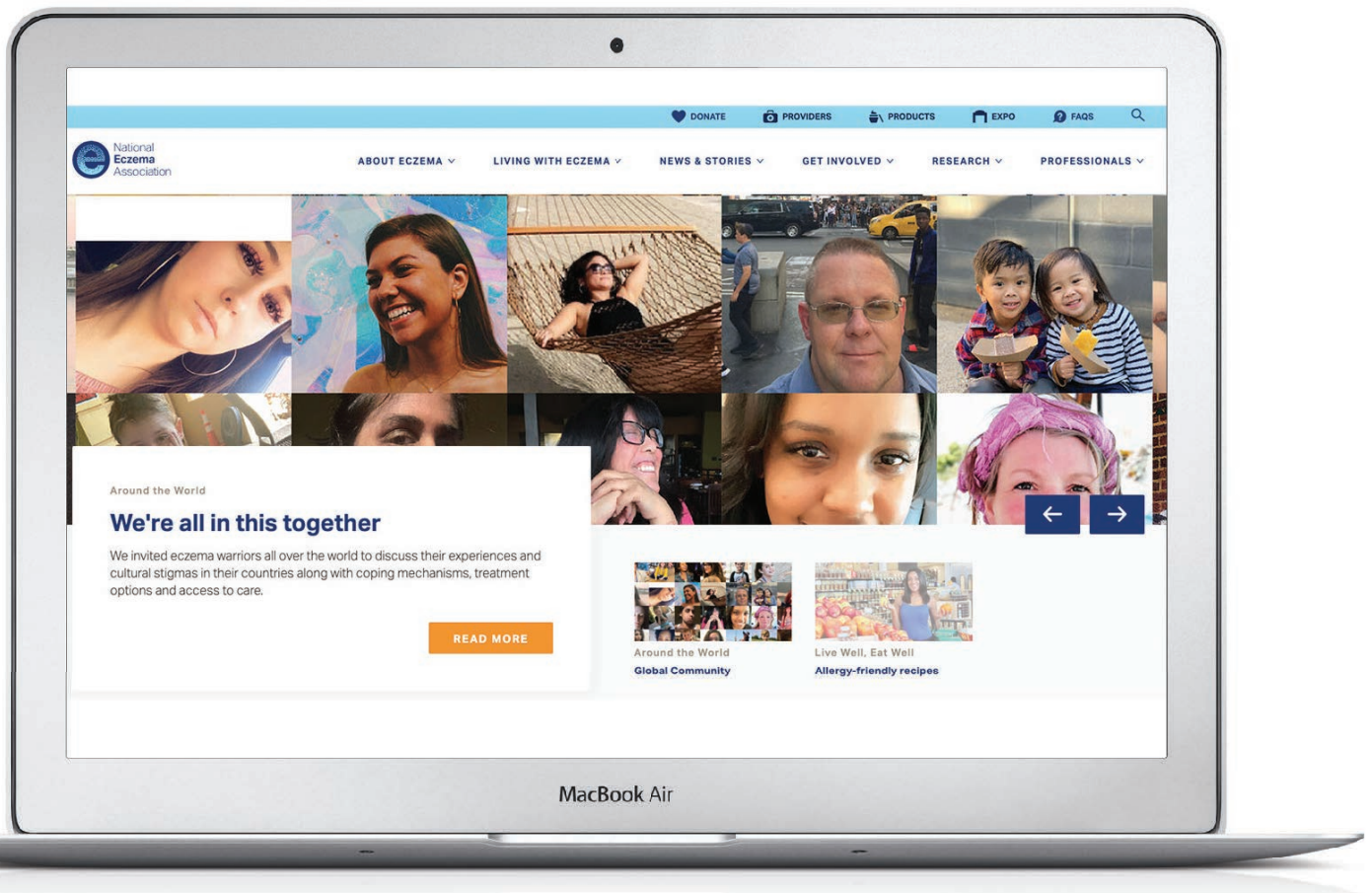


NEA's branding, website get a makeover

Over the summer, NEA debuted an all new look and feel with new branding and a new website. We wanted to create a simple, more intuitive way for people with eczema and their loved ones to locate all the resources and information they need to connect with others in the eczema community, make informed treatment decisions and improve their quality of life.

The new website features “content hubs” catering to a particular audience and topic. For instance, parents of children with eczema have their own section with general information, articles and videos that are pertinent to their demographic — same goes for adults with eczema, teens, healthcare professionals and more. You can also search by topic (e.g., COVID-19, complementary and alternative medicine, etc.), which will pull up research articles, stories from the community, webinars and other content related to that topic.

The website also takes a “mobile-first” approach, making it easier than ever to navigate by phone. Check us out at NationalEczema.org! *



Thanks for tuning in to Virtual Eczema Expo 2020

COVID-19 may have kept us from seeing each other in person in Orlando, Florida, this summer, but that didn't stop the eczema community from connecting online.

More than 600 people from around the world registered for Virtual Eczema Expo 2020, held July 24-26 from our laptops, tablets and smartphones. We learned, laughed, danced, cried and admired each other's pets and home décor in what may have been NEA's most memorable Expo yet!

The theme for this year's Eczema Expo was "This is your world," with the goal to create a safe space for eczema warriors to gather together as a community, connect with world-class ecz-perts, collect information on new treatments and flare management techniques and create lasting memories.

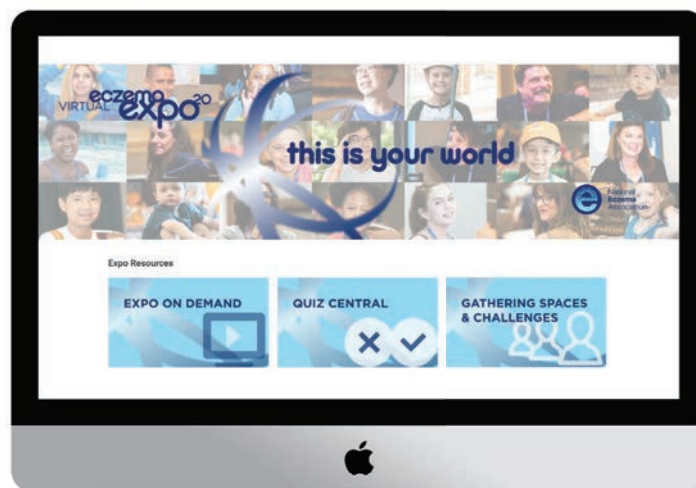
Attendees had access to many of the same resources as our in-person Expo but in a convenient digital format. This included our Senior and Junior Warriors camps, where children and teens could make new friends and participate in fun activities, and our Virtual Exhibit Hall, where visitors could peruse samples and learn about companies and organizations for people with eczema. And our legendary DJ'd dance party ecz-travaganza and Itch Factor talent show proved once and for all that our community is teeming with talent and killer dance moves.

Dermatologists, allergists and other eczema experts delivered fascinating presentations on topics such as managing itch and inflammation, new eczema treatments on the horizon, the impact of eczema on sleep, tracking contact and environmental allergens, and complementary and alternative therapies.

Our ecz-perts and skinfluencers were also on hand to answer questions in our "Ask Me Anything" chatrooms and led workshops, fitness classes, informative discussions and heartfelt support sessions for eczema warriors of all ages and their loved ones.

Video presentations — along with pre-recorded webinars such as "Flare 911" and "Eczema 101 en Español" and "My Journey" video blogs from skinfluencers — are available (to registrants only) in our "Expo on Demand" library of exclusive video content through the end of October at EczemaExpo2020.org. We'll also roll out the Expo videos and webinars to our NEA website in coming months.

Thank you to everyone who joined and made it such a memorable event! Let's keep our fingers crossed that we'll reunite in person next summer for Eczema Expo 2021 in ... drumroll, please ... Seattle, Washington! *



Reflections from Virtual Expo '20

"I really enjoyed having a weekend where I didn't focus on my skin in a negative way. Loved embracing this condition with everyone!" —Amy

"To create such a professional, varied and successful virtual platform so quickly is an absolute credit to NEA. Of course, it isn't the same without that human touch/hugs, but under the circumstances, it couldn't have been better." —Mel

"Grateful for the virtual sessions allowing us international warriors to get involved. Thank you so much!" —Cerstin

"This was my first time attending Expo, and it was truly helpful and a blessing to me!! So glad I accepted the courage to register for Virtual Eczema Expo!!" —Kris

"Seeing other people on a video call having to scratch was just the MOST COMFORTING thing I've felt in so long!" —Sarah

"So glad we had Virtual Expo but really excited to hug you all next year!" —Jenn

PFDD meeting for eczema still making huge impact

Last month marked one year since NEA, in collaboration with four peer patient advocacy organizations, hosted the landmark patient-focused drug development (PFDD) meeting dedicated to eczema. The FDA's PFDD process is an important means for the regulatory agency to better understand the patient perspective on current treatments and treatment gaps for specific diseases. On Sept. 23, 2019, in Washington, D.C., people living with eczema and those who care for them shared their real-life accounts of this chronic disease with those who research, develop and regulate treatments.

Since then, the "More Than Skin Deep-eczema" telecast, which can be found on YouTube, has been viewed almost 5,000 times. Likewise, the "More Than Skin Deep-eczema" Voice of the Patient report was distributed widely after the event and will serve as a lasting reference across the regulatory, life science, research, healthcare professional and patient advocacy industries.

And we continue to build from this monumental day.

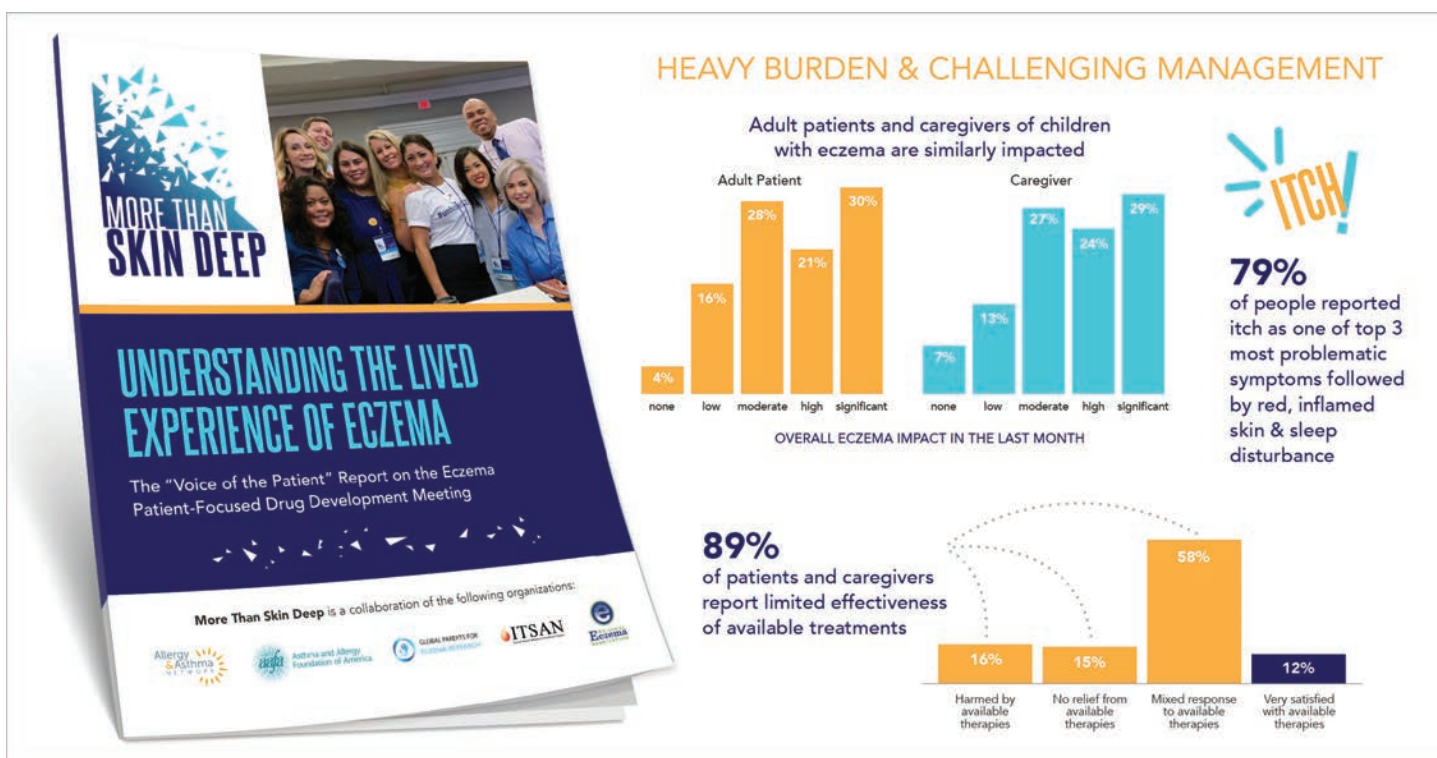
The survey that complemented the live event had more than 1,500 responses, making the "More Than Skin Deep-eczema" survey dataset one of the largest ever collected on the lived experience of atopic dermatitis patients and caregivers, demonstrating how individual voices can be combined into the power of many. The five host organizations have teamed up with world-renowned

atopic dermatitis researchers to further explore the myriad of pediatric and adult experiences.

We have also been inspired to launch initiatives and programs focused on expanding the eczema community's expert platform by increasing the visibility and amplifying the voices of atopic dermatitis patients and caregivers. One example is the new NEA Ambassadors program (see page 23), which launched this summer and engages our community in meaningful efforts around research, advocacy and community outreach. And building on findings from the "More Than Skin Deep-eczema" survey, we also conducted additional research to address the gap in knowledge about the eczema community's understanding of and willingness to participate in clinical trials. We are eager to dive deeper into the survey findings to better understand motivation and resolve barriers as we move further into the new era of eczema drug development.

On this one-year anniversary, we are spurred on by the energy of the "More Than Skin Deep-eczema" meeting. The momentum of the day will ripple for years to come as we continue to seek, share and strengthen the value of the lived experiences and expertise of the eczema community.

For more information, visit Morethanskindeep-eczema.org/report.html. *



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ECZEMA ON SKIN OF COLOR MATTERS TOO

This past year has made me reflect not only on the different ways that eczema has affected my life, but also on the challenges of what it's like to be a person of color living with this disease.

BY ASHLEY ANN LORA

Lonely. Misunderstood. Isolated. Different.

These are just some of the initial words that come to mind when I think about what it feels like to live with eczema. These emotions, in many ways, have resurfaced and been exacerbated recently, given the times we find ourselves in and the ongoing battle against systemic racism and racial injustice in our society. It's like I've been placed in a time machine walled with mirrors forcing me to reflect on the impact of eczema on my life, and more specifically, what it means to be a woman of color living with eczema.

Growing up, I was the only one of my family, friends and peers who had eczema. I was *that* girl. I was the girl who couldn't do sleepovers or had to leave parties early because of a skin reaction. I was the girl who covered up her skin even in the summer and dreamt of one day tanning "normally" instead of "gray-ishly." I was the girl who was often mistaken for wearing too much make-up when it was just the dark red and blue flare-up spots on my face. I was the girl who preferred to stay home alone to avoid anyone seeing the real her.

Going into adolescence and my early adult years, I was also the young woman who gave up on her doctors and settled — "This is just how life is for me." I remember a moment so vividly in high school when I said, "That's it!" I was explaining to my mom, in frustration, that I would not go to the doctor anymore because I left with the same prescription and the same result each and every time.

The feeling of frustration was only compounded when I realized that others had more resources available to them.

I recall a few years ago when a fellow eczema warrior told me that she used to go to a camp that specifically focused on children living with various skin conditions. Another told me how she grew up with a best friend who also lived with eczema and shared information about the National Eczema Association with her, and many other stories of people who told me about the various medications they were prescribed over the years to support them with their eczema. ►

And there I was (and still am) left to wonder and ask myself “Why?” Why were my parents never told of this kids’ camp? Why did I never meet or see anyone living with eczema, who actually looked like me, until I was 22 years old? Why did doctors only prescribe me topical steroids? Why was I never educated on other treatments like cyclosporine and methotrexate, or wet wraps and bleach baths? Why didn’t I see a doctor who looked like me? Why weren’t there pictures of my skin type when Googling eczema? There were so many questions and not enough answers ... so much suffering and not enough understanding.

IT'S TIME FOR ALL OF US TO SPEAK UP

After facilitating “Black Voices Matter” at Virtual Eczema Expo ’20 this year, I learned that I wasn’t the only one asking these questions. In fact, the women who courageously spoke about their experiences were asking themselves these exact same questions decades ago. During the discussion, they shared similar challenges they faced growing up with eczema.

One woman spoke of the difficulties of finding a respectable doctor who would acknowledge her unique skin type. She mentioned traveling to multiple doctors until she’d felt comfortable enough to receive support from one. Others spoke of the absence of education and lack of effective treatments for their skin, feeling so misunderstood and unsupported that they ultimately had to take matters into their own hands.

Although I was initially saddened by their stories, I was ultimately inspired by these women and what they were able to create despite the lack of support available to them. To me, their stories demonstrated qualities of resilience and perseverance, as they told of how, sometimes painstakingly, they continued to take a stand for their health — or their child’s health — regardless of the obstacles. No matter the cost, these women never gave up on themselves.

This is what I’m asking us all to do: take a stand for our health, both individually and collectively as a community. Although, I can’t find answers to many of the “whys” I had growing up, I can do something about the way my eczema has been treated (or mistreated) starting now.

I can continue to share my story publicly so that other young people of color can see and realize they are not alone. I can share resources and spread the word about upcoming treatments so they’re aware of options that exist for them. I can advocate

and empower skincare companies to take sustainable action in establishing educational awareness, research accountability and equal representation for people of color — and elevate healthcare providers and eczema experts of color too.

I can, I am, and I will. And I ask that you join me in doing the same. Let’s prevent another child from feeling like they are alone. Let’s prevent the next patient from feeling misunderstood and mistreated by their doctor. Let’s show how eczema affects all of us and our unique skin types because skin of color matters too. *



**Would you like to share your eczema journey with NEA and others in the eczema community?
Email submissions to editor@nationaleczema.org.**



#GetEczemaWise
this month

Learn more and get involved at
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