

eczema matters

Research, support, and education for those affected by eczema

Summer 2017

Earn your place in the sun

*Advice for how to beat
the heat and avoid
summertime flare-ups*

back to the BASICS»

*Everything you need to know
about living with eczema*

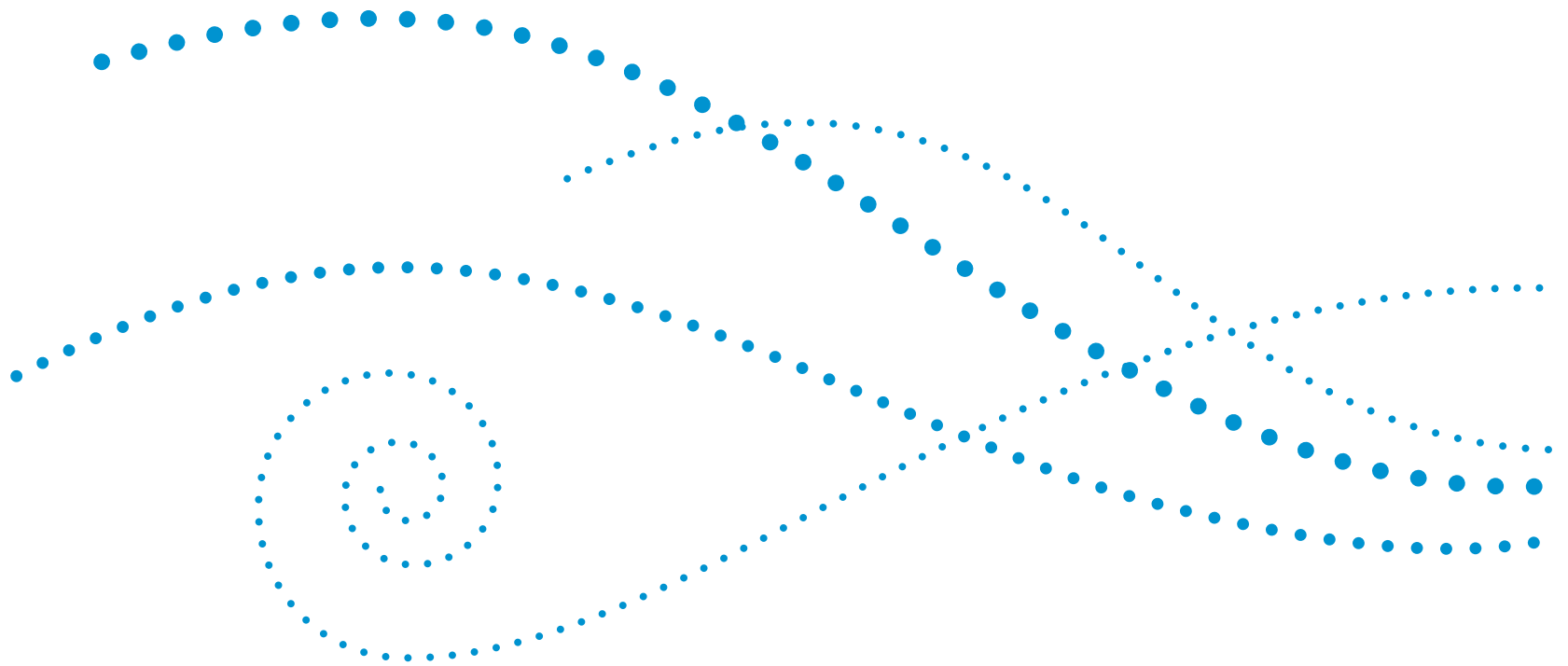
All Alone on Eczema Island

Never Lose Hope
Eczema relief after 70 years

Produced by



NATIONAL
Eczema
ASSOCIATION



**Pfizer is proud to
support
National Eczema
Association**



Working together for a healthier world®

eczema matters

EDITORIAL STAFF

EDITORIAL DIRECTOR Karey Gauthier

EDITOR-IN-CHIEF Kathryn Jones

GRAPHIC DESIGNER Kerri McHale

COPY EDITOR Tamara Miller

CONTRIBUTOR Ashley Wall

SCIENTIFIC EDITORIAL COMMITTEE

Jeffrey Bienstock, MD

Peter Lio, MD

Tali Czarnowicki, MD

Amy S. Paller, MD

Adam Friedman, MD

Robert Sidbury, MD, FAAD

Emma Guttman, MD, PhD

Eric Simpson, MD, MCR

Tamar Hajar, MD

Paul Yamauchi, MD, PhD

Jennifer LeBovidge, PhD

NEA STAFF

SENIOR MANAGER, OPERATIONS Christine Anderson

PRESIDENT & CEO Julie Block

SR. DIRECTOR, STRATEGIC PARTNERSHIPS Lisa Butler

ASSOC. DIRECTOR, COMMUNICATIONS Karey Gauthier

EVENTS & MARKETING COORDINATOR Lauren Hewett

SR. DIRECTOR, OPERATIONS Scott Sanford

VP, ADVOCACY & ACCESS Tim Smith

NEA BOARD OF DIRECTORS

CHAIR Dinesh Shenoy

SECRETARY & FINANCIAL OFFICER Lisa Choy

CHIEF FINANCIAL OFFICER Cynthia Kim

John Crossen, PhD

Elizabeth Hoff

Christina Crowley

Nathan Jetter

Suzanne Hadley

Peter Lio, MD

Susan Tofte, RN, MS, FNP

Carolyn Reese

Jon M. Hanifin, MD

Donald S. Young, JD

NEA SCIENTIFIC ADVISORY COMMITTEE

Lisa A. Beck, MD

Amy S. Paller, MD

Jeffrey Bienstock, MD

Robert Sidbury, MD, FAAD

Kevin D. Cooper, MD

Elaine Siegfried, MD

Lawrence F. Eichenfield, MD

Jonathan Silverberg,

David M. Fleischer, MD

MD, PhD, MPH

Emma Guttman, MD, PhD

Eric Simpson, MD, MCR

Jon M. Hanifin, MD

Jonathan Spergel, MD, PhD

Jennifer LeBovidge, PhD

Paul Yamauchi, MD, PhD

Peter Lio, MD

Gil Yosipovitch, MD

Eczema Matters is published biannually by the National Eczema Association (NEA). All rights reserved. No part of this publication may be reproduced without permission from NEA. Copyright © 2017 National Eczema Association. All correspondence and requests for copies should be directed to:

National Eczema Association
4460 Redwood Highway, Ste. 16-D
San Rafael, CA 94903

Phone: 800.818.7546 or 415.499.3474

Fax: 415.472.5345

Email: info@nationaleczema.org
nationaleczema.org

In This Issue

Featured

04 Back to the Basics

Eczema 101—Everything you need to know about living with eczema

18 Earning your place in the sun

Doctors, parents and patients offer advice for how to beat the heat and avoid summertime eczema flare-ups

Departments

02 Letter from Julie

03 Scratch Pad: Advice from the NEA community

12 Community Spotlight: Eczema relief after 70 years

14 Discovery Zone: Exploring the latest in eczema research

22 Ask a Doctor: Introducing biologics with Dr. Paul Yamauchi

24 NEA News: What's happening at the National Eczema Association

28 My Journey: Life on Eczema Island



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 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 Advisory Committee. 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.

Eczema Matters 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 *Eczema Matters* do not necessarily reflect the views of the National Eczema Association, its Board of Directors, its Scientific Advisory Committee or its contributors.

Letter from Julie



We've had an exciting few months at the National Eczema Association (NEA). You probably noticed our magazine has a new name, *Eczema Matters*. I'm delighted to share the following highlights on our journey to improved health and quality of life for individuals and families with eczema.

NEA's efforts to illustrate the real-life experiences of eczema patients to industry scientists and drug developers, as well as recruit participants for clinical trials, contributed to **two new therapies** approved by the U.S. Food and Drug Administration (FDA) for atopic dermatitis (AD)—Dupixent (dupilumab) and Eucrisa (crisaborole). Additionally, there are 65 potential eczema therapies in various stages of research and development. These include a wide range of compounds, routes of administration and targets. For more information, turn to page 10.

New treatments mean nothing if our community can't get them. NEA works diligently to ensure these new therapies (as well as current ones) are **accessible and affordable** for everyone. Learn more about our

advocacy efforts, including our work with the Institute for Clinical Effectiveness Research (ICER) and our Ambassadors program, on page 26.

Back by popular demand! Plans are underway for our three-day NEA Patient Conference & Kids Camp in 2018 in Chicago. If you haven't already, be sure to sign up for our

It's a new world for eczema ... the future has never looked brighter!

e-newsletter at nationaleczema.org if you want first access to dates and registration! We also have a stellar lineup of topics and presenters for our **Webinar Wednesdays Series** and **Leaders in Eczema One-Day Forums**. See page 24 for details.

The **NEA Research Grant Program** continues to focus on documenting the burden of eczema. Burden of disease research is a vital aspect of raising awareness of the seriousness

of eczema, and we continue to raise money to ensure this research science advances. Learn more on page 25 about the 2016 grants that were given for sleep and pain in eczema.

Can't find a doctor? NEA is creating a **Health Care Professionals Directory** that will be searchable, including by specialty areas and geography.

Thanks to your continued support, NEA is able to advance these game-changing initiatives for the

millions of people living with eczema. It's a new world for eczema, with advances in treatments, our understanding of the disease and what our community needs. The future has never looked brighter! ●

Sincerely,

Julie Block
President & CEO

what advice do you have for people newly diagnosed with eczema?

Definitely get the patch testing done. See a dermatologist as soon as possible and an allergist. – **Lisa G.**

○○○

Find a health care professional that asks questions about quality of life, not just focusing on the skin. Look at the disease education for atopic dermatitis available online. – **Beth W.**

○○○

If your skin is very flared up, try a bleach bath. The bleach kills the bacteria that a cream or shot cannot help. I use a half cup in a full tub of water with no soap. I stay in for 15 minutes, flipping over so I get both sides. Then I turn on the shower and rinse very well and wash my hair.

– **Kelley C.**

○○○

As an alternative to fingernail scratching, I use hairbrushes. They are less injurious and have a longer reach. – **Aron F.**

○○○

Be patient and consistent with treatments. – **Abigail K.**

It will get better. As a child/teenager, it was worse. I had it all over my body and constantly kept itching, but now it's only in certain areas. Also, try coconut oil. It's literally my best friend. – **Star E.**

○○○

Treat it early. Don't wait until it is severe and out of control. Understand the triggers and try to avoid them as best as you can. Use relaxation techniques (deep breathing, music, etc.) to help with sleep, including medication. Be kind to yourself. Seek emotional help/support as needed.

– **Maisie W.**

○○○

Be your own advocate. – **Katie O.**

○○○

Educate yourself, get support through family and friends, see a specialist and know that you're not alone and there is no reason to be embarrassed or ashamed. – **Pollyanna M.**

Step 1: Peel a banana. Put the fruit aside and rub the inside of the banana peel on the affected area. Let it get juicy and leave it to the open air, then throw the peel away. *Step 2:* Eat the banana. Repeat daily until eczema is gone. When you have a slight itch to the affected area, repeat steps 1 and 2. – **Jon R.**

○○○

Just realize it's different for everyone. I have read that eczema is a sign that your body is on high alert to every invader in your body. I have had allergy tests and am presently only allergic to cat dander, hickory trees and dust mites. No foods bother me.

– **Crystal T.** ●

Responses have been edited for length and clarity. The opinions expressed by NEA contributors are their own and do not necessarily reflect the opinions or positions of the National Eczema Association.

Connect with us online!



@nationaleczema



inspire.com/groups/
national-eczema-association



Back to the Basics

by Kathryn Jones

Whether you're newly diagnosed or have been afflicted for years, there are always opportunities to expand your knowledge base about eczema. That's because there is so much more to learn. Scientists are constantly making new discoveries about the underlying causes and triggers of eczema. Not only does this allow them to develop safer and more effective treatments, it brings us one step closer to a cure.

But it's not just the scientists and doctors who should be staying up to date on all the latest research. You owe it to yourself as the patient to take responsibility for your health. The more you know about the inner workings of eczema, the easier it will be to spot symptom triggers and make well-informed decisions about your treatment options. So consider this a guide to becoming a healthier, happier you by not letting eczema control your life.

oo

Eczema is a group of medical conditions that cause the skin to become itchy, inflamed or irritated. The most common type of eczema is **atopic dermatitis (AD)**, which usually starts in infancy and can continue into adulthood. However, it's possible for some people to develop AD later in life. The word "atopic" refers to a hyperactive immune response, while "dermatitis" means inflammation of the skin.

While we don't know the root cause of AD, researchers suspect a combination of genetics and environmental factors are involved, and that it's spurred by an overactive immune system. When something from outside the body triggers the immune system, the skin cells don't behave like they should, causing the skin to flare up. We also know that people who come from families with a history of AD, asthma or hay fever are 50 percent more likely to develop AD themselves, highlighting the importance of genetics.

If you have any form of eczema, take comfort in knowing you are not alone. More than 30 million people in the U.S. have some form of it, be it atopic dermatitis or:

What is *Eczema*?

- **Contact dermatitis (CD)**

When your skin comes into contact with a substance that you are either allergic to, such as a fragrance or household chemical, or a substance that is irritating to anyone who comes into contact with it, such as solvents or acids, this might create a dry, itchy, scaly rash. The most common types of CD are allergic and irritant.

- **Lichen Simplex Chronicus (LSC)**

Also known as prurigo nodularis, LSC is an itchy skin disease which can result from any form of eczema due to too much rubbing or scratching of the area.

- **Hand eczema**

Both genetics and contact with allergens or irritating chemicals are the culprits behind this type of eczema, characterized by itchy, blistering, or dry, cracking skin on the hands.

- **Dyshidrotic eczema**

This rash of itchy blisters appear on the edges of the fingers, toes, palms and soles of the feet. It can be caused by stress, seasonal allergies or exposure to chemicals or other substances, and is twice as common in women as it is in men.

- **Nummular eczema**

Also known as discoid eczema or nummular dermatitis, this type of eczema appears as itchy, coin-shaped spots and can strike at any age. It looks very different than the usual eczema and can be much more difficult to treat.

- **Stasis dermatitis**

This type of eczema is sometimes called venous stasis dermatitis because it usually occurs where there is a problem with blood flow in the veins. Pressure develops, usually in the lower legs, causing fluid to leak out of the veins and into the skin.



Oh, *why* must we *itch*?

The word “eczema” is derived from the Greek word “ekzein” meaning “to boil over,” which is an apt description for the red, inflamed, itchy patches that drive us nuts.

eczema, that is the equivalent,” said Dr. Paul Yamauchi, a dermatologist in private practice at the Dermatology Institute and Skin Care Center in Santa Monica, California.

itch again. This cycle of itching and scratching is what leads to the flaring of eczema,” said Dr. Jonathan Spergel, professor of pediatrics at the Children’s Hospital of Philadelphia



“One patient put it in good terms when they said, ‘If you get a bug bite and that drives you crazy because you are itching, imagine a thousand bug bites on your body.’ For those with

“Imagine a thousand bug bites on your body.”

Yamauchi is on staff at St. John’s Health Center in Santa Monica, the University of California, Los Angeles (UCLA) Medical Center in Santa Monica and the Ronald Reagan UCLA Medical Center in Westwood, California. He’s also clinical assistant professor of medicine in the Division of Dermatology at the David Geffen School of Medicine at UCLA and adjunct associate professor at the John Wayne Cancer Institute in Santa Monica.

Sometimes the itch gets so bad you scratch it until it bleeds, which can make your eczema worse. This is called the “itch-scratch cycle.” “When your skin itches, that causes inflammation, which causes your skin to

and Perelman School of Medicine at the University of Pennsylvania. He specializes in atopic dermatitis, allergies and asthma in children.

Avoid entering the itch-scratch cycle at all costs. Scratching will break the barrier of the skin and increase your chances of developing a staph infection. Although everyone is colonized with *Staphylococcus aureus* or staph—which means the bacteria is present but not causing an infection—those with eczema have been found to have greater amounts. While most staph infections are minor and can be treated with antibiotics, staph bacteria can sometimes lead to life-threatening infections.

A Healing Revolution

ECZEMA AND PSORIASIS / CREAM & OINTMENT

Exceptional strength, without a prescription

3X Triple Action Formula



- ✓ All Natural
- ✓ Relieves dryness
- ✓ Calms inflammation
- ✓ Soothes itching & flaking



“ Patient feedback tells me that the terrasil product for eczema/psoriasis is the most effective product we have issued to date for their skin problems. ”

Dr. Louis B. Walk, DO, Family Medicine Clinic, Grand-Island ME

Available at **First Aid section**

 **CVS** pharmacy™

Visit www.eczema-system.com for complete product information and **money-saving** opportunities.



Try terrasil® for 90 days and be amazed.
If you're not, you'll get your money back. Guaranteed.

Top 4 *tips* for symptom management

We asked Doctors Yamauchi and Spergel for their best advice for symptom management.



1 *Moisturize, moisturize, moisturize.* Opt for a thick cream or ointment like petroleum jelly and apply it liberally to damp skin at least twice a day to prevent the skin from drying and cracking. It can also be helpful to apply moisturizer and then drape wet towels over it to hydrate the skin.



2 *Fight the urge to scratch.* Keep your nails short and wear gloves at night to avoid scratching yourself in your sleep. Put cold compressors on areas that itch for a short time to numb the skin. Some people find oatmeal baths to be helpful.



3 *Keep staph infections at bay.* Bleach baths aren't scary, dangerous or harmful — they're a useful technique to reduce the bacteria load on the skin and prevent staph infections. A half cup of household bleach in a 40-gallon bathtub twice a week should do the trick. Do not dip your head under the water, and be sure to rinse off afterward.



4 *Ditch irritating grooming and household products.* Look for moisturizers, detergents and cleansers with NEA's Seal of Acceptance™ on the label. Products that receive the Seal of Acceptance™ are intended for use by persons with eczema or severe sensitive skin conditions.

What's up with these *allergies*?

When multiple chronic illnesses exist in your body at the same time, they are called comorbid conditions or comorbidities. Unfortunately, people with eczema, especially those with AD, often have several comorbidities. The most common are asthma, allergic rhinitis (or hay fever) and food allergies. “We call it the atopic march of eczema,” Yamauchi said. “If children are born with eczema, later on, they could develop asthma, food allergies, or environmental or seasonal

allergies because they follow the same pathways in the immune system.”

When our immune system overreacts, we produce antibodies called immunoglobulin E (IgE). These antibodies travel to cells that release chemicals, causing an allergic reaction that can range from an annoying sneeze to a life-threatening response called anaphylaxis. There are several kinds of allergy tests that doctors can use to

identify different sensitivities including prick/scratch tests, blood tests and patch tests.

“We work very hard with patients, especially our young ones, to identify any and all allergen triggers,” Spergel noted. “We make sure it's not pollen, pet dander, mold, dust, chemicals or other things in the environment. After you rule out all those things, we typically do antihistamines, which in

Fact vs. Fiction

Now let's test your knowledge about eczema with a rousing game of true or false. Doctors Yamauchi and Spergel — who are both members of the National Eczema Association's Scientific Advisory Committee — will serve as our resident eczema "myth busters."

Eczema is contagious and can spread to others through physical contact.

FALSE!

"One of the most common concerns that exist in the lay public is that it is contagious.

They see a rash and wonder if it's an infection, and the answer is no. It's not contagious at all," Spergel said.

It's just a skin problem. It's no big deal.

FALSE!

"Another misperception is that it's not serious," said Yamauchi. "That's not true because

people with eczema have a lot of quality-of-life issues. While eczema is not life-threatening, there is a considerable psychological impact. It's itchy, it's painful, and it's not just a skin condition."

If I stop eating this or that, my eczema will go away.

FALSE!

"When people realize it's an inflammatory condition more or less from an allergy, they begin to wonder, 'Well, what am I allergic to? What do I need to stop eating or stop being around to get my eczema under control?'" Spergel said. "But it's more about taking proper care of your skin."

While food allergies are a comorbid condition of eczema, elimination diets or eliminating foods that you believe will trigger an allergic response won't necessarily eliminate your eczema, Yamauchi added.

I can't go swimming.

FALSE!

"Yet another misconception is that if you get eczema, you shouldn't swim. With eczema, you can swim in chlorinated pools as long as you do it within reason," Yamauchi said. The trick is to wash off the chlorine with fresh water and

immediately remoisturize and then apply sunblock. For additional tips on swimming with eczema, see page 20.

There is no cure, and we are doomed forever.

TRUE!

but also

FALSE!

While there is not yet a cure for eczema, we are not forever doomed. Clinical researchers like Yamauchi are making tremendous strides in identifying safe and effective treatments for eczema, particularly AD.

"There are new kinds of creams that are being developed that target the neuro pathways in the skin to minimize itching. A few companies are working on that. Other companies are working on new pills to treat eczema. And new biologics are being developed that will be safer to use for the long term compared to methotrexate," Yamauchi said.

If scientists can pinpoint the behaviors of this disease at a molecular level, this means they are on track to learning how to prevent the body from experiencing an inflammatory response, and better yet, how to prevent eczema from developing in the first place.

my opinion, work better at sedating so you can at least sleep through it."

There's also allergen immunotherapy. Otherwise known as allergy shots, this long-term form of treatment can decrease symptoms for many people with allergic rhinitis, asthma or conjunctivitis (eye allergy). Similar to vaccines, allergy shots are injected into the body in gradually increased doses until you develop an immunity to the allergen.

Current and new *treatments*

“When you start to see eczema, don’t be afraid to treat it,” Spergel said. “So many families don’t use enough medication. They are afraid to use the right amount, and it’s important to get in front of it and be aggressive on the therapy and get it under control.”

An old standby for treating eczema is phototherapy, which uses a special machine to emit ultra-violet B light. And aside from moisturizers, there are several types of topical treatments you can apply to the skin. Corticosteroids, such as hydrocortisone, mometasone, desonide and triamcinolone, come in many strengths from mild to extra potent to help calm inflamed skin. However, too much of it can cause thinned or thickened skin and worsened symptoms. Parents should carefully monitor the dosage in children.

Topical calcineurin inhibitors (TCIs), including tacrolimus and pimecrolimus, have been available for just over a decade and work to inhibit the skin’s inflammatory response. They are used off-label for children under the age of 2 and require careful supervision of a physician. Tacrolimus and

pimecrolimus both currently have a “black box” warning, which is a precautionary statement given by the U.S. Food and Drug Administration (FDA).

In January, the FDA approved Eucrisa (crisaborole), a topical treatment for children and adults with mild to moderate AD. Eucrisa works differently than other topical treatments on the market in that it is not a steroid or a topical calcineurin inhibitor. It works on an enzyme called phosphodiesterase 4, or PDE4, which is produced by cells in our immune system to help regulate inflammation.

“I use Eucrisa for people with mild eczema or on sensitive areas like skin folds or on the face,” Yamauchi said. “My approach is if a person has a flare-up of eczema, I cool it down faster with a topical steroid and once they are in control, switch them over to Eucrisa to maintain improvement initiated by the topical steroids.”

In March, the FDA approved Dupixent (dupilumab), the first biologic for treating moderate to severe AD in adults for whom other medications

have not worked or are not advised. It is administered in 300 milligram injections once every other week. Dupixent works by blocking proteins called interleukins, or ILs, from attaching to cell receptors. When the immune system goes haywire, it can trigger certain ILs to mistakenly attack the body, resulting in chronic, inflammatory conditions like AD.

“It calms it down without fully wiping out your immune system,” Yamauchi said. “Think of a tree. If a tree has a disease in one of the branches, there are immunosuppressants like prednisolone or cyclosporine that chop up the trunk and kill the tree, but biologics chop off only the diseased branch and therefore preserve the integrity of the tree.” ●

There are numerous eczema-related treatments which are currently in development. Visit us online to see a chart of all of the current drugs and their status.

» nationaleczema.org/eczema-treatments-research/

Want eczema relief?

CVS Pharmacy® has eczema solutions for even the most sensitive skin.



We're proud to be the exclusive drugstore partner of the National Eczema Association.



Try these tips for eczema relief:

- Bathe daily using warm, not hot, water.
- Lightly cleanse using mild, non-soap cleansers, no scrubbing.
- Gently pat your skin dry with a soft towel.
- Apply eczema moisturizer while skin is damp.
- Avoid tight clothing and rough, scratchy fabrics.

LONGLIVESKIN

CVS
pharmacy™



Never lose hope

A newly approved treatment finally brings relief to a woman who's coped with severe eczema for more than 70 years.

by Kathryn Jones

Eczema struck 79-year-old Ann Gordon Trammell of Houston in childhood, appearing in the bends of her elbows and knees before spreading to other parts of the body such as her wrists, knuckles and neck.

By the time she was in her late 20s and early 30s, she had eczema from head to toe, with about 90 percent of her body covered, not to mention severe allergic rhinitis and asthma. At some of the lowest points of her disease, her

husband would have to fetch a warm, wet washcloth to loosen her skin from sticking to the sheets when she slept in a sleeveless nightgown.

"He said, 'You break out whenever a front comes through,' and sure enough, whenever the temperature changed and the winds stirred up all the dust and pollen, I would break out. It would start in October, then I would get better around December or January. But as soon as the cedar

trees started pollinating, it would make me break out in mid-February all the way through June. I'd be better by July or August, but by October, it would start all over again," Trammell said.

"I'm a very easygoing person, but you get stressed when you have that rash that itches to the bone. You can't sleep at night. You're always patting your skin, squeezing it, rubbing it or scratching it. I often wished I had 10 hands because when it itched, it itched so badly, but you can only scratch it in two places at the same time. You can't pray it away. It's always there, repeating itself in ugly, little cycles. I wouldn't wish this on anyone."

It broke Trammell's heart to discover that her children also suffered from allergies, asthma and sinus infections. "In our family, we call it 'Trammellitis,'" she said. "When my children were little, they would be up at night and I'd have to get up with them. We were like three little zombies walking around. I told them when they were in high school, 'If you see a boy or girl you think is cute, ask if their families have allergies, and if so, do not go out with them!'

"And they listened to me," Trammell added. "They married people who

never had allergies. Their children have suffered just a little bit with hay fever, but for the most part, my grandchildren are perfectly healthy, which is a relief because it does tend to run in the family.”

“My skin was so hot, and I just itched and burned all the time. But after dupilumab, I felt relief.”

Light at the end of the tunnel

Immunoglobulin E (IgE) is an antibody that is produced by the body’s immune system in response to a perceived threat, such as allergens like mold and pollen. Normal IgE levels range from 150 to 1,000 UI/ml, but Trammell’s levels exceed 25,000, she said. “My doctor said I was just a lightning rod in that my body reacted [to allergens] more severely than most people do because of my high IgE count,” she explained.

Starting around age 50, Trammell began receiving immunoglobulin G (IgG) infusions to offset the high IgE

levels. This lowered her IgE count to about 4,000–5,000, which was still extraordinarily high. Then, two years ago, she learned about a clinical trial for the drug, Dupixent (dupilumab), which was approved by the U.S. Food



ANN TRAMMELL WITH HER SON

and Drug Administration in March 2017 for the treatment of moderate to severe atopic dermatitis.

“Before dupilumab, I was like a walking oven because my skin was so hot, and I just itched and burned all the time. But after dupilumab, I felt relief,” she said. “The only times I broke out was when I received the placebo. Now I’m as good as new.”

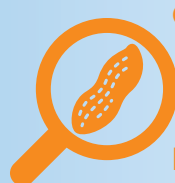
Trammell has been a long-time donor and advocate for the National Eczema Association because she believes in the organization’s mission to advance scientific research for the development of better treatments and a cure. “It’s something I’ve suffered with and my children have suffered with for many years,” she said. “I told myself, ‘If I can help in any way, I will’ because I want to continue the research that will find answers to these problems.”

Trammell’s advice for others living with eczema is to take care of themselves both physically and mentally. “I would encourage anyone who has a child and is starting to feel badly about themselves to get psychiatric help,” she said. “I did when I was in my 30s, and it helped me realize how strong of a person I am.

“Your skin is your largest organ, and when your entire body is on fire and itchy to boot, that will drive anyone insane,” Trammell continued. “Those nights when I was sticking to the sheets, I look back on it now and think, ‘My goodness! How did I do it?’ Well, I just put one foot in front of the other and kept trying because I know better treatments are around the corner, and we must never lose hope.”

DISCOVERY ZONE

The latest news, research and discoveries about eczema



Give your baby peanuts to reduce the risk of allergy? Experts say yes

Peanut allergies can range from mild to very severe, and, in some cases, be life-threatening. Scientists have learned that children with severe eczema are at higher risk of developing a peanut allergy. What if parents were to introduce peanuts early in a child's life? Could it reduce the chances of that child developing a peanut allergy? According to a panel of experts sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), the answer is yes.

In early January, the panel, which included National Eczema Association President and CEO Julie Block, released new guidelines for reducing the risk of peanut allergies in children. It recommended giving children 4 months and older foods containing peanuts under the guidance of a

pediatrician or an allergist. "This is big news for parents who have infants with eczema," Block said. "We don't yet know why some children with eczema develop peanut allergies, but we now know that we can significantly reduce the number of new cases by introducing peanut-based foods early in life."

The NIAID panel based these recommendations on the result of a clinical trial with more than 600 infants considered high risk of developing a peanut allergy. At the end of 5 years, the group of children who were fed peanut-containing foods early in life were significantly less likely to develop a peanut allergy.

According to the guidelines released by the NIAID panel:

- Never give infants or young children whole peanuts due to the risk of choking.
- Introduce other solid foods into your child's diet before introducing peanut-based foods.

- Consult with your child's health care provider or an allergist before starting peanut-based diet changes. This is particularly important if your child has severe eczema or an egg allergy.
- If your infant has severe eczema and/or egg allergies, you can begin introducing peanut-containing foods as early as 4 to 6 months of age.
- If your child has mild to moderate eczema, you can begin introducing peanut-containing foods around 6 months of age.
- If your child has no eczema or egg allergies, you can freely introduce peanuts into his or her diet when you begin to give other solid foods.

A potential lead for stopping staph in its tracks



Our skin is covered in a web of billions of tiny organisms called microbiome, including bacteria, viruses and fungi, that help our bodies function properly inside and out. Researchers have

known for a long time that people living with atopic dermatitis (AD) have extra amounts of harmful bacteria on their skin called *Staphylococcus aureus* or “staph.” When not kept in check, staph can cause serious infections.

Our skin produces a natural antibiotic — called antimicrobial peptides or AMPs — that kills off staph. However, those with AD do not produce enough AMPs to fight infections. But what if scientists were able to transplant AMPs to the skin of a person living with AD? Would the beneficial bacteria take over and reduce the amount of harmful staph bacteria, leading to fewer infections? Dr. Richard Gallo, professor and chair of the department of dermatology at University of California, San Diego School of Medicine, decided to find out.

In February, Gallo and his team published results from their research on skin microbiome “transplants” for people with AD. The study took bacteria samples from the unaffected areas of the body and then identified the beneficial AMPs-producing bacteria. The scientists then transplanted the beneficial bacteria, protected in a moisturizer, to areas of the patients’ skin with active AD. All five of the patients who received the microbiome transplant showed more than a 90 percent reduction in the amount of staph bacteria found on their skin.

Developing customized lotions with beneficial bacteria for each and every patient may not be practical or affordable. That’s why Gallo and his team are working to find bacteria that will work in a broad group of patients to



It begins with a promise to discover medicines that make life better.

Since 1876, we have worked tirelessly to develop and deliver trusted medicines that meet real needs, finding ways to come through no matter the odds. From the development of insulin to the discovery of new treatments for mental illness, we have pioneered breakthroughs against some of the most stubborn and devastating diseases. We bring this same determination to our work today, uniting our expertise with the creativity of research partners across the globe to keep finding ways to make life better.

To find out more about our promise, visit www.lilly.com/about.

2016 CA Approved for External Use PRINTED IN USA
©2016, Eli Lilly and Company. ALL RIGHTS RESERVED.

Lilly

ADVERTISEMENT

SUMMER 2017 15

cut down costs. And while it remains unclear whether the presence of staph on the skin is a symptom or one of the causes of atopic dermatitis, future clinical trials could reveal that, if it is indeed a symptom, treating atopic dermatitis with personalized lotions may someday lead to a cure.

An arthritis pill may reduce eczema itch when applied topically



A medication already approved in oral form for the treatment of rheumatoid arthritis shows promise as a potential treatment for those living with eczema when applied topically, according to new research unveiled at the 2017 Annual Meeting of the American Academy of Dermatology in March.

Tofacitinib is a JAK inhibitor developed by Pfizer that works by interrupting cytokines from “signaling” one another through the Janus kinase enzyme family. This signaling contributes to inflammation, resulting in symptoms common to eczema.

A preliminary study of 69 patients with mild to moderate atopic dermatitis, showed that applying tofacitinib as a topical medication reduced symptoms of itch in as soon as 48 hours. In fact, participants in the study reported

significant reductions in itch and improved sleep, according to its lead author, Dr. Robert Bissonnette, president of Innovaderm Research in Montreal.

Participants in the study, which was published in the *British Journal of Dermatology* in November 2016, either received 2 percent topical tofacitinib or a placebo ointment on their skin. Those who received tofacitinib achieved an average of 81.7 percent reduction in their baseline Eczema Area and Severity Index score, compared with 29.9 percent of controls over the four-week study period.

Treatment-related adverse effects reported by study participants were considered “mild,” according to Bissonnette and his team. However, 44 percent of the people on tofacitinib did report experiencing some form of infection, infestation or other complication, and two people in the study dropped out due to these side effects.

How microscopic organisms in our guts link to asthma



We already know that asthma is a common comorbidity (or related health condition) of eczema. Research also

found that if one or both parents have atopic dermatitis (AD), asthma or seasonal allergies, their child is more likely to have AD.

Now scientists may have made a breakthrough in identifying whether infants will develop asthma later in childhood based on a type of yeast found in their stomachs. The yeast, known as *Pichia*, was identified by University of British Columbia (UBC) microbiologists in the guts of new babies in Ecuador.

It's commonly known that certain types of bacteria found in our gut can benefit our health, which is why many people take probiotics. But this is the first time that scientists have found an association between yeast and asthma, according to Brett Finlay, a microbiologist at UBC. And it could help further our understanding of how microscopic organisms in our gut impact our overall health.

Finlay and his colleagues identified the presence of four types of gut bacteria in previous research done with Canadian children. They found that if these types of bacteria were present in the first 100 days of a child's life, it seemed to prevent asthma from developing.



They later repeated this experiment using fecal samples and health information from 100 children in a rural village in Ecuador. While they found that gut bacteria indeed play a role in preventing asthma from developing in childhood, the presence of *Pichia*, a microscopic fungus or yeast, can actually increase our chances of getting it.

Canada and Ecuador both have high rates of asthma with about 10 percent of the population living with the disease. Whether children have access to clean water seemed to play a vital role in the microbiologists' research, Finlay observed.

"Those that had access to good, clean water had much higher asthma rates, and we think it is because they were deprived of the beneficial microbes," he said. "That was a surprise because

we tend to think that clean is good, but we realize that we actually need some dirt in the world to help protect you." ●

THERE'S *more* TO DISCOVER ONLINE!



Scientists are making tremendous strides in conducting the groundbreaking research needed to bring us better treatments and a cure. For the latest on eczema-related research, visit nationaleczema.org/category/discoveries.

Earning your place in the sun

by Kathryn Jones

Doctors, parents and patients offer advice for how to beat the heat and avoid summertime eczema flares.



Playing in the park on a warm, sunny day in San Francisco is

one of 6-year-old Eshar's most beloved summertime activities. But as mom Navdeep Gosal knows all too well, hot weather doesn't always agree with Eshar's eczema. Her son first started showing symptoms during infancy, which then exploded into head-to-toe atopic dermatitis along with allergic rhinitis and life-threatening food allergies.

"By the time my son turned 3, he had severe eczema all over his body," Gosal said. "I had to stop working because his nanny couldn't control his itch and his school couldn't care for him the way I wanted them to care for him. I changed so many different dermatologists and allergists trying to find answers, but all of the allergy tests were telling us he was allergic to everything. We just had no idea what was causing it."

The way climate and weather affect our eczema has fascinated scientists around the world for decades. Some people have fewer flares in the summertime, while others see their eczema worsen in warmer weather. For many people, including 40-year-old Barjes Angulo, it's not a particular

season that triggers the rashes and allergic reactions, but the time of year when the weather transitions from warm to cool and vice versa.

"The changing of the seasons is typically when I feel it," said Angulo, who has been living with atopic dermatitis for roughly 25 years. "Summer to fall, usually around September, can be rather challenging and also when we go from a cold winter to spring and into the summer. But the good news is that I can feel the onset of [an eczema flare] and prepare for it a little bit."

When the weather heats up, that's usually Angulo's cue to increase his water intake and avoid the things he knows will trigger his eczema such as alcohol, fried foods, places with no air-conditioning and, most of all, stress—something he's learned to manage diligently as founder and CEO of a financial services firm in New York City.

"Sometimes if I feel like [my eczema] is going to ignite and I don't have major appointments in the morning for work, I'll stay in bed longer, get a couple extra hours of sleep, or maybe read and try to relax before I head out

for the day," he said. "I may stay away from the gym for a couple of days so the heat and sweat won't ignite a breakout and wear cotton clothes that provide more comfort and ventilation."

Regulating body temperature is key to controlling eczema during the summer months, said Jeffrey Bienstock, MD, FAAP, who is managing partner at Pediatricare Associates in Fair Lawn, New Jersey. "We know that eczema is something we see all year-round," he said. "But in the summertime, it can be a little more challenging when the hot weather can make eczema itch more fiercely and the humidity makes it more difficult to control. So regulating the body temperature and ambient humidity is key."

Break a sweat

Perspiration is a natural defense mechanism for lowering our body temperature, and since sweat is mostly water, the evaporation process is what cools the body down, according to Dr. Steven Q. Wang, director of Dermatologic Surgery and Dermatology at Memorial Sloan-Kettering Cancer Center in Basking Ridge, New Jersey.

However, because human sweat contains trace elements of zinc, copper, iron, nickel, cadmium, lead, manganese, sodium and chloride, the build-up of these chemicals could irritate a person's eczema, he said. In fact, the areas of the body where moisture accumulates most, such as the insides of the elbows, back of the knees and around the neck, tend to be hot spots for eczema rashes. So if you sweat through your clothes, you should rinse off with fresh water and change into a new outfit.

"Also, the temperature itself can be an irritant that will worsen the itching sensation," Wang added. "When the temperature is hot and the body is trying to cool off, you have dilation of blood vessels that triggers the movement of inflammatory cells. If you're lying on the couch and develop a heat rash, for

instance, because your sweat glands are being blocked, that can trigger inflammation and the itching sensation."

Gosal is diligent about keeping her son's body temperature regulated. "I try to carry handheld fans with me. I put ice-cold water in there so the air comes out cold and moist, which will quickly cool him down if he's playing outside and gets very hot," she said. "I also make sure perspiration doesn't stay on his body. I keep several bottles of water handy. When he feels overheated, he has one to drink and another one for me to rinse off the perspiration. Then I re-moisturize him and reapply sunblock."

Make a splash

Angulo used to dread going to the beach with his friends because "it meant I would have to take my shirt off and expose my itchy, red, inflamed skin," he admitted. "But recently, I came to the realization that my skin likes being in saltwater. It feels more relaxed. I spent three weeks in Thailand two years ago and was scared because I didn't know how my skin would react. It was completely fine. Now I don't care how I look to people when I take my shirt off at the beach."

Swimming in saltwater can actually be helpful for some people with eczema,



Wang noted. "There are a couple of components here — one, when you go to the beach, you are on vacation and more relaxed. By destressing yourself, it will make the eczema condition better," he said. "Two, the combination of salt plus ultra-violet (UV) light (as well as vitamin D) can be very beneficial. That's why we use light UVB treatment in phototherapy. However, salt pulls water out of skin faster, so you'll want to wash off the saltwater as soon as possible and remoisturize."

Bienstock tells patients with eczema to bring bottles of fresh water with them to the beach to rinse off the saltwater, and the same goes for anyone taking a dip in chlorinated pools. "We tell patients that if they are in the chlorine pool, the first thing they should do is rinse off the pool water with fresh water and pat the skin dry," he said. "Then lather up with some form of emollient to lock in moisture."





Control those allergies

Our eczema will flare when we're around things that cause our allergies to go haywire such as dust, mites, dander, mold, pollen and certain foods. Even though these substances, or allergens, are not harmful to everyone, those with eczema could experience hives, itching, sneezing, runny nose and swelling. "Regular environmental care is something we need to do whether it's the middle of July or middle of January," Bienstock said.

"Dust is around 12 months a year, so if you're allergic to dust, you'll want to make sure you're cleaning the house to take appropriate measures to prevent dust mites. Mold and other environmental allergens can be a big problem that some people don't even realize. But when we hit early spring, when the weather starts to warm, we see more problems with seasonal allergies, such as pollen. Depending on what you are allergic to, be it dust, mold, pet dander or pollen, these allergic reactions could march through all four seasons."

Bienstock will sometimes put his pediatric patients on antihistamines just as the allergy season begins. "Treatment could also include desensitization through allergy shots," he said. "But more importantly, I ask parents

to take the appropriate measures such as telling their children to play during certain hours. When they come back in the house, wash their faces and hands because that pollen could be sitting on their eyebrows, eyelashes and all over their hands. This also might be a good opportunity to put on a fresh T-shirt."

Gosal said her son takes Zyrtec (cetirizine) in the morning and Atarax (hydroxyzine) at night during flare-ups to combat his allergies, and Singulair (montelukast) every evening for his asthma symptoms. "I am very vigilant when we travel," she said. "I check pollen levels and take extra medication as a precaution. When we get to the hotel, I check to make sure there is no mold or pet dander."

She even brings her own sheets and towels when they travel, "which is extreme — everyone laughs at me — but when he's sleeping, he'll get a flare-up wherever his face is touching the sheets," Gosal explained. "I have to change the sheets every day because of all the moisturizers going on them, and I make sure they are 100 percent cotton and lightweight. As you can see, I do not take risks with my son's eczema, and that is why we keep it under control." ●

10 TAKEAWAYS FOR TACKLING ECZEMA IN THE SUMMERTIME

Doctors Bienstock and Wang share advice for managing atopic dermatitis and allergies when the weather heats up.



1. Wear wide-brimmed hats and loose, breathable fabrics in light colors to reflect the sun.
2. If you work up a sweat, rinse off with fresh water and change clothes so the skin stays clean, cool and dry.
3. Use antihistamines to combat seasonal and environmental allergies.
4. Keep an air purifier in your home to stave off dust, dander and other allergens.
5. Consider using a humidifier if the air-conditioner dries out the air too much.
6. Rinse off saltwater and chlorinated water, then reapply moisturizer and sunblock.
7. Drink sufficient amounts of water. The secret to good health is staying hydrated from within.
8. Invest in hypoallergenic sunblock. When you're sunburned and the skin barrier is damaged and starts peeling, it could make your eczema worse down the road.
9. Be picky about the ingredients found in your moisturizer, sunblock and insect repellent. Some might contain harsh chemicals that could aggravate your skin.
10. Since stress is a leading trigger of eczema, treat yourself to a relaxing vacation.

Introducing Biologics with Dr. Paul Yamauchi

In March, the U.S. Food and Drug Administration (FDA) approved Dupixent (dupilumab), the first biologic medication for adults with moderate to severe atopic dermatitis (AD). Unlike topical or oral medications, biologics are made from proteins derived from human DNA and administered subcutaneously. They work to curb the immune system's over-reaction that results in inflammatory skin diseases such as atopic dermatitis. In clinical trials, Dupixent was shown to reduce symptoms of AD such as itching, redness, lichenification (thickened skin), swelling and scratched skin. Clinical research investigator Dr. Paul Yamauchi answered questions about Dupixent in a recent NEA webinar. Please note that portions of this Q&A have been edited for clarity and brevity.

Does Dupixent work for everyone with AD?

There is no drug that works for everyone. There are people who don't respond to certain medications. It's hard because there are other things going on in their system. They might have other kinds of proteins that are being produced that the drugs do not target. Doctors would need a blood test or a skin test to predict which drug would be appropriate for you. But I would say the majority of patients did get a response with Dupixent, and many experienced an improved quality of life.

What percentage of patients had no beneficial response to Dupixent?

I'm not sure the exact statistic of that question. But I would say a low percent had absolutely no response to it. With any biologic, there are always patients who do not get any kind of response. The other possibility is that

clinical trials are not perfect. An investigator might have misdiagnosed atopic dermatitis for psoriasis or something else, and that's why there was no benefit. There's always a possibility that they were misdiagnosed during the clinical trial.

How long should a patient stay on Dupixent?

Even if your skin is clear, you should keep doing your shots. It's a situation similar to taking insulin for diabetes. If your blood sugar is under control, would you stop your insulin?



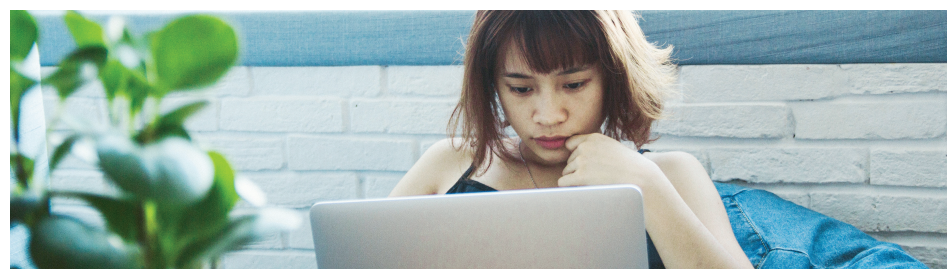
Absolutely not. You'd still take your insulin. It's not recommended to stop and restart biologics. You might build an antibody against the biologic agent, and it would stop working. So if you don't want it to stop working, you've got to do it continuously and not be haphazard with your dosing. And don't worry about using it continuously because it's going to be proven that long-term use is safe as we get more data.

If someone decided to discontinue a biologic, are there any rebound effects?

Fortunately, no. Unlike steroids or cyclosporine, if you stop those abruptly, there's a rebound effect where the disease comes back with a vengeance. With biologics, it comes back in a slow manner. With some biologics, it takes about half a year to lose some of your response, so it is maintained. But again, just because you're clear doesn't mean that you should stop it.

Is Dupixent safe for children?

There are several biologics that are approved for pediatric conditions like rheumatoid arthritis for as young as 2 years of age. You have to weigh the risks and benefits. If your child is miserable from their atopic



Join us for Webinar Wednesdays!

NEA Webinar Wednesdays feature world-class medical experts discussing the latest in disease management, research, treatments and related information you need to live well with eczema. Each webinar is an hour and includes time for Q&A from the audience. Register at nationaleczema.org/nea-webcasts.

dermatitis and you don't want to use methotrexate or you don't want to use prednisone, and you don't want to constantly slather them with topical steroids, then the safest thing is to do something that is more targeted. And that's a drug like Dupixent. They are doing a pediatric trial with Dupixent. We know from the adult trials that it had a pretty clean safety profile, and so we anticipate the same from the pediatric trial. ●



.....
Dr. Paul Yamauchi is clinical assistant professor of dermatology at David Geffen School of Medicine at University of California, Los Angeles as well as adjunct associate professor at John Wayne Cancer Institute and a dermatologist at the Dermatology Institute & Skin Care Center in Santa Monica, California.

What's Happening at the National Eczema Association

Plug into the community online and in person

With two Leaders in Eczema One-Day Forums and five Webinar Wednesdays, 2017 is shaping up to be quite an eventful year, pun intended.

After two inspiring forums in 2016 in San Francisco and Houston, we are

heading out to the Mile-High City and the Big Apple this year. National Jewish Health in Denver will host our day-long forum on Aug. 5, 2017. Then, to kick off October's Eczema Awareness Month, we will join our colleagues at the Icahn School of Medicine at Mount Sinai in New York City on Oct. 1. Both forums will feature presentations on complementary and alternative treatments,

the psychosocial and emotional impact of eczema, basic skin care, new treatments and more.

We kicked off our first Webinar Wednesday of the year in May to explore the topic of biologics. See "Ask a Doctor" on page 22 for answers to many of the questions asked. June's webinar was all about pediatric eczema. You can see the recordings of past webinars on our website (nationaleczema.org/nea-webcasts/). Upcoming webinars are: "Treating Eczema and Atopic Dermatitis with Topicals" (August 23), "Complementary and Alternative Treatments for Eczema: Separating Fact from Fiction" (September 13) and "Newly Diagnosed with Atopic Dermatitis? What You Need to Know" (October 25).

Back by popular demand, we are thrilled to announce that the three-day Patient Conference and Kids Camp will return to Chicago in 2018. We anticipate this being our largest conference ever, so save the date for early summer 2018!



NEA boosts research efforts to address gaps

NEA has proudly funded research to improve the health and quality of lives of individuals with eczema since 2004. The NEA Research Grant Program is supported through donations by our community members.

In 2015, we commissioned an audit of the existing “burden of disease” peer-reviewed literature on both pediatric and adult atopic dermatitis (AD). Several areas were identified

in the audit as research gaps: quality of life, itch, pain, sleep, psychosocial impact, marital status, social life, time, economic burden and academic/occupational impacts.

In 2016, NEA awarded three grants to address these research gaps: two on the impact of AD on sleep and one on the impact of AD on pain. Lisa Meltzer, PhD, of National Jewish Health, was awarded a grant for her study, “Impact of Atopic Dermatitis Treatment on Sleep and Functioning.” Katrina Abuabara,

MD, of the University of California, San Francisco, was awarded a grant for her study, “The Association Between AD and Sleep throughout Childhood and Adolescence: A Longitudinal Cohort Study.” Aaron M. Secrest, MD, PhD, of University of Utah was awarded a grant for his study, “Understanding Pain in Patients with Atopic Dermatitis.” These research projects are ongoing.

For 2017, our Scientific Advisory Board identified AD research focus areas for the NEA Research Grant Program, and



– we help people
achieve healthy skin

LEO®

LEO and the LEO Lion Design are registered trademarks of LEO Pharma A/S.
Copyright 2017 LEO Pharma Inc. MAT-08189 March 2017



ADVERTISEMENT

applications are requested on any of the following topics: quality of life, itch, psychosocial impact, economic burden, marital status, social life, time and academic/occupational impacts. For more information, visit: nationaleczema.org/nea-funded-research.

Join the fight for affordable, effective treatments

Millions of Americans cope with this painful, unpredictable disease that starts with the immune system and ends with an itchy, red rash that covers the body. Those with eczema spend their days beating back flares and avoiding triggers, trying to reduce the impact of this disease on every part of their lives.

Our government plays a critical role in the health of our nation. It funds large-scale medical research projects, manages entitlement programs such as Medicare and Medicaid, and crafts laws that support and promote access to care. For these reasons and more, it's important that our lawmakers understand the health needs of people living with eczema.

NEA has a threefold approach to advocacy:

1. Raise **awareness** among members of Congress and within federal agencies on just how eczema affects the lives of those with the disease and their families;
2. Press for policies and laws that ensure **access to affordable, effective eczema treatments**; and
3. Increase the amount of money allocated at the federal level on **eczema research** to better understand and treat this disease.

NEA's efforts to provide the real-life experiences of eczema patients to industry scientists and drug developers, as well as recruit for clinical trials, contributed to two new therapies approved by the U.S. Food and Drug Administration (FDA) for atopic dermatitis — Dupixent and Eucrisa.

Of course, new treatments mean nothing if our community can't access or afford them. For the past several months, NEA has been engaging with the Institute for Clinical Effectiveness Research (ICER) as they review the cost effectiveness of Dupixent and Eucrisa. Because ICER's findings influence health plan coverage, it is imperative that the true impact of eczema on quality of life—and how the disease affects individuals, families and society — is

factored prominently into the review. NEA is working closely with ICER to include the patient experience in its evaluation of new and emerging therapies for atopic dermatitis.

In February, we launched the NEA Grassroots Advocacy Program. Currently, we have more than 100 advocates across the country raising awareness and supporting legislative efforts to change the policies that create barriers to patient access to safe, affordable treatments. You can join us in this important work by signing up as a Grassroots Advocate today at nationaleczema.org/get-involved/advocacy. ●



RASHES
IRRITATION
FUSSY BABY
SUNSCRE
FLAREUPS
ITCH
THRO
SWELLING
Eczema is complicated.
DRYSKI
STRESS
SWEAT
DETERGENT
PAINFUL
DOCTOR



We make it simpler.

MG217 is specially formulated with a unique, nourishing SalSphere® Skin Repair Complex that helps restore—and improve—your skin's natural moisture, giving lasting relief from eczema symptoms and leaving you with healthier, smoother skin. And because it's National Eczema Association accepted and uses doctor-recommended ingredients, choosing the right cream to treat your eczema is really quite simple.

MG217®

*Full-line of eczema treatment creams
for body, face and babies.*

CVS/pharmacy

Look for it in the first aid aisle.

MG217.COM/NEA

SalSphere® is a registered trademark of Salvona, LLC.

All alone *on* *Eczema Island*

By Ashley Wall

Growing up with eczema was extremely lonely. I felt like I was living all alone on Eczema Island just itching to get off. Out of the 7 billion other people in the world living with this disease, I had met only one person with severe eczema. Her name was Patti, and we attended summer camp together. Unfortunately, Patti was older and therefore placed into an entirely different group at camp. This meant we never got to bond over the struggles of living with eczema.

As much as I tried to fit in with my fellow peers, my skin always stood out. I did the only thing I could think of ... I hid. I hid from myself internally and hid from the world externally. In order to shift the focus off my skin, I hid through my weight. Eating my feelings was a huge comfort and helped divert attention away from my skin to my chubby cheeks and round stomach. I hid in sweatshirts and pants. My sleeves were pulled all

the way down to my nails. I was covering up my eczema as it was trying its hardest to peek out.

I was never going to be “normal,” at least not in my mind. I felt there was no point in actually excelling at anything, whether that be school work, extracurricular activities or putting any effort into my appearance. This became my routine day in and day out. Hiding myself from the world through self-sabotage was my comfort zone. Sadly, this was my “normal” for years.

Enter social media.

Ever the late adopter, I was positive social media wasn't for me. I remember loving the concept, but the sheer fact that you had to include a picture of yourself was enough to turn me away. Social media spread like wildfire right before I entered college. That's when I knew I had to join, so I took the plunge and signed up. It turned out that social media completely changed my life. It was as if someone pulled up to Eczema Island in a multimillion-dollar yacht and yelled, “All aboard!” It was an oasis of sorts.

Over the years, social media has evolved into such a great platform. I realize there is a bit of a “Pandora's Box” aspect to social media for some people. But for me, it was my



special calling. Before social media, I would google eczema and read all the medical descriptions. But after social media, I was also able to read personal stories, look at pictures and watch documentaries about eczema. It was above and beyond anything I ever imagined.

For the first time in my life, I knew I wasn't the only person living on eczema island. In a weird way, it put me at ease. I saw people expressing their frustration. I watched video after video of people pouring their hearts out. I stayed up late many nights scrolling through pictures of rashes, infections and hospital visits. I read recommendations for new skincare products. I studied alternative medicines. Little by little, I came out of hiding. I began to develop a voice and feel empowered.

I knew I had to do something. I wanted to tell my story, so I started my blog, itchinsince87.com, which has been one of my greatest accomplishments. Having people reach out to me

from six out of the seven continents was astonishing. While my goal is to dedicate my life to finding a cure for eczema, I hope that my presence online can help others along the way. Social media saved me from myself, and I am forever grateful. 🌍

.....
Ashley Wall is a freelance writer, blogger, content creator and self-proclaimed “criminal eczema investigator.” She’s also the voice behind “Itching Since ‘87” a blog about living with eczema, which has gained an international following.



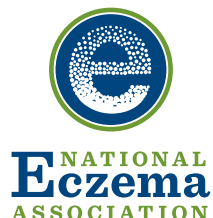
**Join Ashley and NEA in
getting off Eczema Island
through social media**



@nationaleczema



**inspire.com/groups/
national-eczema-association**



4460 Redwood Hwy, Ste 16D
San Rafael, CA 94903-1953
800.818.7546 or 415.499.3474
nationaleczema.org

LEADERS *in* ECZEMA

ONE-DAY FORUMS

LEADERS IN ECZEMA One-Day Forums brings together world-class dermatologists, allergists and scientists to bring you the latest in eczema care.



Learn more and register today:
leadersineczema.org

DENVER, CO • AUGUST 2017

August 5, 2017 • 8:30 am – 4:30 pm
Molly Blank Conference Center
at National Jewish Health
1400 Jackson Street
Denver, CO



NEW YORK, NY • OCTOBER 2017

October 1, 2017 • 8:30 am – 4:30 pm
Hess Center for Science and Medicine
Davis Auditorium
Icahn School of Medicine at Mount Sinai
1470 Madison Ave., New York City, NY