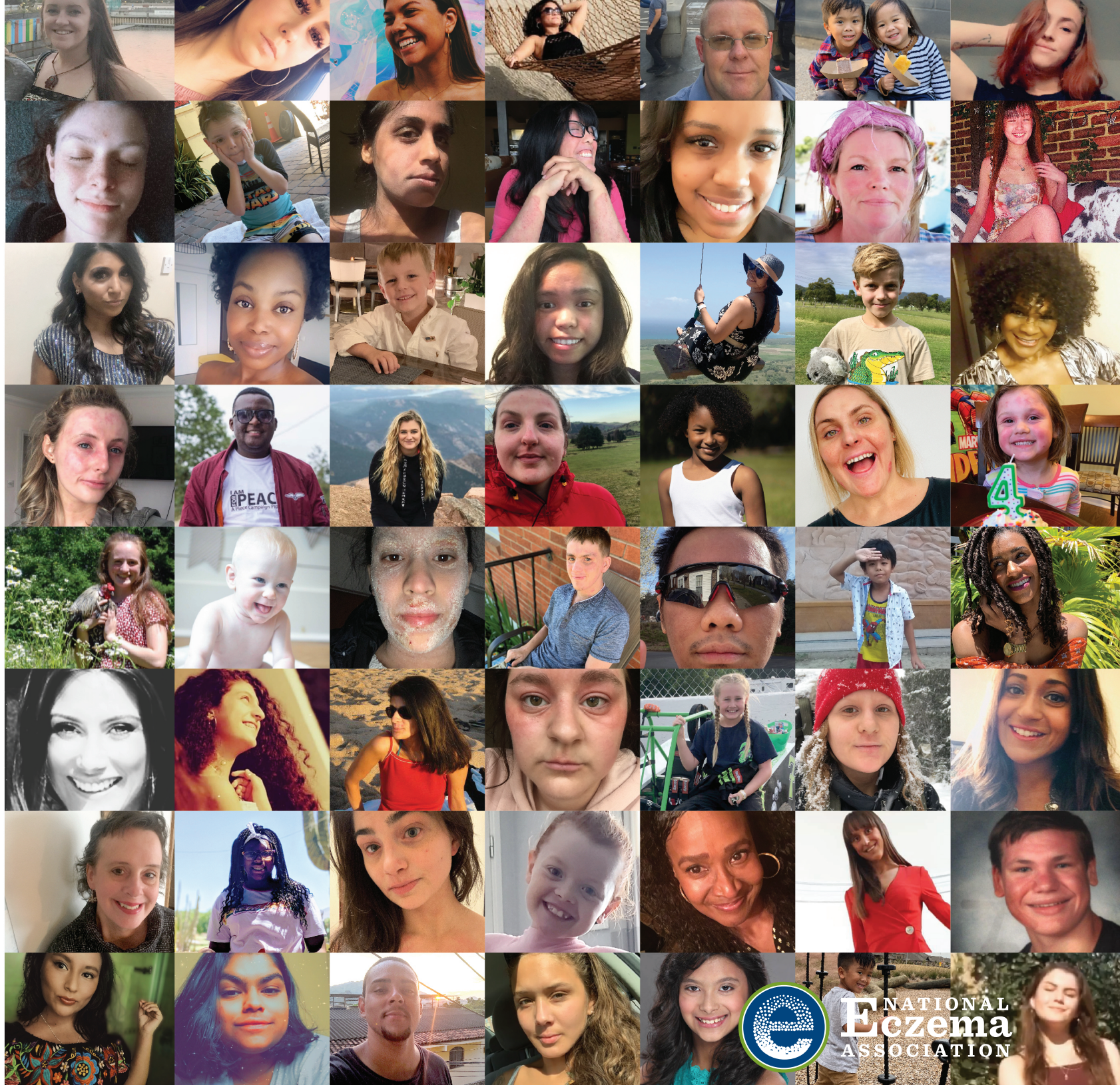




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October 2019

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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 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



As I write this, we are weeks into the social distancing (and shelter-in-place) issuances that now pervade much of the country in an effort to slow the spread of COVID-19.

So, it was with a heavy heart that we called off the in-person experience of Eczema Expo 2020 in Orlando, Florida, scheduled for June. The health and safety of our community, partners, speakers and staff is always our top priority, and with the uncertainty about the future of this pandemic, we could not move forward with an in-person event.

But don't you worry. Team NEA has been hard at work developing a virtual Expo experience you won't want to miss. We're already discovering some really exciting ways to share, connect and recreate everyone's favorite Expo elements.

If there's one silver lining during this difficult time, for me, it's been the connection we all still manage to find with one another — especially for the eczema community, who understands better than most how it feels to be socially isolated and anxious about the well-being of our loved ones. I've been so heartened to watch the eczema community grow closer than ever.

NEA will continue to be your #1 source for trustworthy information on all things COVID-19 and eczema, as well as providing tools for mental health and emotional well-being in this unprecedented time. Visit NationalEczema.org for a host of resources from our ecz-perts and community leaders who are dedicated to providing support and connection to eczema warriors around the world.

The theme of this issue – eczema around the world – was decided before any of us were aware of COVID-19. We invited eczema warriors outside the U.S. to discuss living with eczema (page 16), and it's now especially relevant and comforting to realize the commonality and connectedness of our experience transcends distances far greater than six feet.

Yours,

Julie Block
President & CEO

What's your best eczema advice?



To be carefree! I always tried to hide the fact that I had eczema. But once I started to become carefree, my whole outlook of eczema changed.

~ Liam Lloyd, England



Stay strong and positive. Always love yourself and do not care what anyone else thinks. Everyone is unique. And listen to your body. The healthier foods you put in your body, the healthier your skin can get!

~ Alycia Layng, Canada



Look after your mental health!

~ Catherine Hicks, Australia



Keep experimenting with elimination diets and work on reducing stress from [your] life.

~ Ankush Budhiraja, India

Remember that all things in life are temporary. This will pass, but in the meantime, take care of your body and mind and be kind to yourself.

~ Nastja Troha, Slovenia



Appreciate all that your body does for you and remember it is your best friend. It not only helps you get through each day, but it also communicates to you that something going on inside isn't quite right.

~ Maya Podinic, Australia



When in the throes of a frustrating flare-up, remind yourself to take it one day at a time. Though it can be difficult, don't stress about how your eczema will look tomorrow; focus on how you are going to help your skin today.

~ Bethany March, Canada



It can be far too easy to internalise eczema to the extent that you feel ashamed and embarrassed about yourself and especially about how you look. The crucial thing is to be kind to yourself! Eczema should not define you as a person.

~ Michael O'Rourke, England

CONNECT WITH US ONLINE!



@nationaleczema

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



Leading medical experts answer your most pressing questions about eczema

Q: Why do most eczema treatments only address symptoms?

The problem with eczema is that we don't really know what causes it. We believe there are a number of complex, potential etiologies, and our environment potentially has an effect as well. We really don't know about other aspects of the immune system that possibly play in causing eczema. Therefore, it's really hard to create and target a treatment for a very specific cause.

Most of the treatments for eczema will help with the itching, the redness, the inflammation and treat the symptoms. But, of course, we know that eczema is a chronic, coming-and-going or relapsing disease that may require continuous treatment down the line.

JiaDe (Jeff) Yu, MD, board-certified dermatologist and fellowship-trained pediatric dermatologist at Massachusetts General Hospital



Q: Would the same treatment be offered for *Staphylococcus aureus* skin infections despite the severity (mild/moderate/severe) of the eczema?

If the skin looks actively infected (oozing, honey crusting, bright red) then it should be treated regardless of the severity. Ideally, cultures of the infected area can direct treatment



based on the bacteria that is growing and its antibiotic susceptibilities. For example, some people have a methicillin-resistant strain of *Staphylococcus aureus* (MRSA) that also may be resistant to clindamycin, a common treatment of MRSA.

Kanwaljit K. Brar, MD, pediatric allergist and immunologist at National Jewish Health

Q: This might sound crazy, but I truly believe that I developed AD when I started doing keto. Is this possible, or was it just a coincidence?

The ketogenic diet is very interesting and has been studied for a number of conditions, but it is most commonly used to help control certain types of epilepsy. In this context, it is thought to work by altering the energy metabolism of neurons in the brain. More recently, ketogenic ("keto") diets have been used for weight loss as well and, though still somewhat controversial, do seem to work for many patients.

Remarkably, there is a skin condition that is sometimes seen in patients on ketogenic diets sometimes referred to as "keto rash." Its proper name is prurigo pigmentosa, and as the name suggests, it is often very itchy and can look somewhat like eczema. ►

Importantly, topical and systemic steroids are not effective for this condition, but once patients break ketosis, it usually improves. Sometimes, anti-inflammatory antibiotics such as doxycycline or dapsone are used as well, and may provide some relief in the inflammatory phase.

So, it could be a coincidence, but it is also possible that something like prurigo pigmentosa developed during the keto diet and is either still going on, or was enough to create an itchy, inflammatory state that did indeed trigger the onset of the AD.

It is also possible that something about the diet change in and of itself was enough to shift things to a more pro-inflammatory state in the body which unmasked the eczema. Those are just some of the possibilities, so it's important to find a good dermatologist or allergist willing to take a closer look, review things carefully and maybe even do a biopsy of the skin to help pin things down.

Peter A. Lio, MD, assistant professor of clinical dermatology and pediatrics dermatology at Northwestern University Feinberg School of Medicine



Q: Are there any specific foods that may be causing my eczema, and is there a way to test what those food groups might be?

That's the million-dollar question and a very complex topic. We certainly don't know of a root cause that leads to eczema, and potential food triggers for one person may be very different for another person. The notion of food allergies causing eczema is still under debate.

That being said, if it's a true allergic reaction, it can occur within minutes after ingesting the culprit food. In that case, it may be worthwhile having an allergist do a true allergy test. Frankly, there really is no easy and good test to confirm food allergies. Skin tests and blood tests are not reliable just yet. There is the gold standard double-blind controlled food challenge test, and it may be very cumbersome to do, but if there's a reliable reaction to certain food that one is eating, it may be worthwhile to look into potential food testing.

That being said, elimination diets should be implemented with very extreme caution under the guidance of a health care professional. If an elimination diet is done incorrectly, it can lead to malnutrition — especially in growing children — and malnutrition can seriously impact the health of individuals with eczema.

Q: Is eczema impacted by gut health, and if so, what is the best way to improve it?

Recently, the notion of “leaky gut” has become really popular in the eczema community. Leaky gut is the notion that maybe there is a little breakage in the gut that causes overgrowth of certain bacteria that ultimately leads to eczema. We have very preliminary data right now to show that maybe, when the microbiome of the gut is disrupted, it can lead to an overgrowth of some of the bad bacteria and an undergrowth of some of the good ones. But how that relates to the clinical effect of eczema remains unanswered.

There are some preliminary studies showing that certain probiotics in the family of *Lactobacillus* and *Bifidobacteria* can potentially improve some clinical effects in children and adults with eczema. But we need larger and better designed studies and randomized double-blind controlled trials in order to prove the long-term efficacy and safety of these modalities.

Vivian Shi, MD, assistant professor of medicine in dermatology at the University of Arizona and director of its Eczema and Skin Barrier Specialty Clinic. ►



Q: Is there any way to treat eczema without medications, and what are the best natural creams for it?

Everyone will have their own journey with eczema and eczema treatments. Also, the way we define medications is unique to all of us. But, I do think it is possible to empower our own bodies to help treat and control eczema.

There are a couple of ways to do this. The most important thing is moisturization. If we can moisturize our skin and make our skin barrier as healthy as possible, our eczema will remain more controlled and more treatable. This could be done with natural moisturizers, such as sunflower oil or coconut oil. But the most important thing to remember is we want something that contains more oil than water so that we can help retain moisture in our skin.

The second component is to treat skin inflammation, whether by using a topical medication or a natural anti-inflammatory agent. We want to address inflammation because it can lead to more chronic flares and harder-to-treat conditions. We also want to address systemic inflammation, and this can be done through mind-body medicine, such as exercise and nutrition.



Mamta Jhaveri, MD, assistant professor of dermatology at the Johns Hopkins University School of Medicine.



Q: Is there a correlation between trauma and eczema, and do you foresee therapies such as mindfulness meditation being included in future research?

Eczema is a unique and complicated condition with many factors involved. One of the most important factors that plays a role in eczema is stress. Whether the trauma is emotional or physical, it can cause stress in our bodies, which can lead to more itching, more inflammation and an increase in flares that make it harder to control the disease. Stress can also impact your sleep and nutrition, which also affects skin health.

I think mindfulness meditation can help because it has been shown to improve sleep, lower stress levels and decrease inflammatory markers in the body. With eczema, we have an over-sensitization of our itch receptors, which are in the superficial layer of our skin, and can cause these itch receptors to fire, even when unnecessary. Meditation can help us deactivate that in our central brain to let the itch and inflammation pass without always having to engage our itch-scratch cycle. *

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) for ages 12 and up.


RHONDA, REAL PATIENT.
Individual results may vary.

**HELP
HEAL
YOUR
SKIN
FROM
WITHIN**

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 OR CALL 1-844-DUPIXENT (1-844-387-4936) —

INDICATION

DUPIXENT is a prescription medicine used to treat people 12 years of age 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 12 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 taking oral, topical, or inhaled corticosteroid medicines. **Do not** stop taking your corticosteroid medicines unless

instructed by your healthcare provider. This may cause other symptoms that were controlled by the corticosteroid medicine to come back; 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; 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. If you are taking asthma medicines, do not change or stop your asthma medicine without talking to your healthcare provider.

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. 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.

Please see Brief Summary on next page.

SANOFI GENZYME  REGENERON

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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 12 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 12 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 taking oral, topical, or inhaled corticosteroid medicines. **Do not** stop taking your corticosteroid medicines unless instructed by your healthcare provider. This may cause other symptoms that were controlled by the corticosteroid medicine to come back.
- 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 Registry. There is a pregnancy registry for women who take DUPIXENT during pregnancy. The purpose of this registry is to collect information about your health and your baby's health. You can talk to your healthcare provider or contact 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupixent/> to enroll in this registry or get more information.

- 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. If you have asthma and are taking asthma medicines, do not change or stop your asthma medicine without talking to your healthcare provider.

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.**
- Use DUPIXENT exactly as prescribed by your healthcare provider.
- DUPIXENT comes as a single-dose pre-filled syringe with needle shield.
- 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.
- If you miss a dose of DUPIXENT, give the injection within 7 days from the missed dose, then continue with the original schedule. If the missed dose is not given within 7 days, wait until the next scheduled dose to give 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 include: injection site reactions, eye and eyelid inflammation, including redness, swelling and itching, and cold sores in your mouth or on your lips. Eye and eyelid inflammation, including redness, swelling and itching have been seen in patients who have atopic dermatitis. 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 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

Manufactured by: Regeneron Pharmaceuticals, Inc., Tarrytown, NY 10591

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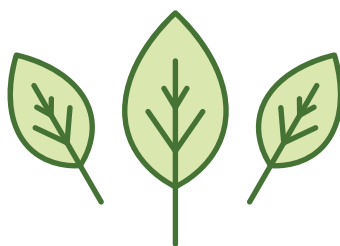
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GET THE FACTS

GET THE FACTS



AYURVEDA



What is Ayurveda, and can it help manage eczema symptoms? We break down the basics of this ancient practice.

BY EMILY DELZELL

Ayurveda, which translates from Sanskrit as “knowledge of life,” is a system of medicine that began in India more than 5,000 years ago.

At its root, Ayurvedic medicine seeks to bring the body into balance using a tailored set of tools that include oils, dietary changes, herbs, massage and mind-body practices, according to board-certified dermatologist and Ayurvedic medicine practitioner Dr. Raja Sivamani, who is adjunct associate professor of clinical dermatology and director of clinical research at the University of California, Davis.

“In the Ayurvedic system, each person has a set constitution that defines what kind of physiologic tendencies they have to develop imbalances. The constitution and imbalances are described by three ‘doshas,’ or types: vata, pitta and kapha,” Sivamani explained.

Ayurvedic practitioners use these tendencies to describe how your body functions and how it might react to different factors, such as what you eat or what you put on your skin. ►

HOW PRACTITIONERS USE AYURVEDA TO MANAGE ECZEMA

Eczema is caused by imbalances in the skin and immune system. Ayurvedic medicine emphasizes a holistic, personalized approach to restore balance. An Ayurvedic practitioner will look at everything from your diet to what kind of topical you use to how you work out and manage stress.

“Using this evaluation, the practitioner can then prescribe specific foods, oils, exercise and mind-body practices that help bring the body and mind back into balance,” Sivamani said.

“This might mean prescribing massage with oils that are directly helpful to the skin, while the process relaxes the mind. With diet, it might mean not only what to avoid, but what kind of herbs and spices you could add that may help with both gut and skin health.”

Sivamani integrates both Western therapies and alternative medicine practices like Ayurveda into his care of people with eczema and other skin conditions.

“Western medication works well to bring an eczema flare under control, while Ayurveda comes in when you think about long-term management and improving other areas of physical and mental health,” he said. “Ayurveda should be used as a complement to — not a replacement for — Western medicine.”

DOES SCIENCE PROVE AYURVEDA CAN HELP ECZEMA?

There are limited studies of Ayurveda and eczema or other skin conditions — largely because it’s difficult to implement Western research methods on a non-Western wellness practice, Sivamani said.

“Often, these trials take an Ayurvedic therapy and study its effect on people who haven’t been grouped according to their type, or dosha,” he said. “That said, recent studies show that clusters of genes in individuals match up well with Ayurvedic dosha assessments.”

The bottom line, he said, is that science supports a genetic basis for Ayurveda, but more and better-designed research is needed to figure out how well the practice works for specific conditions.

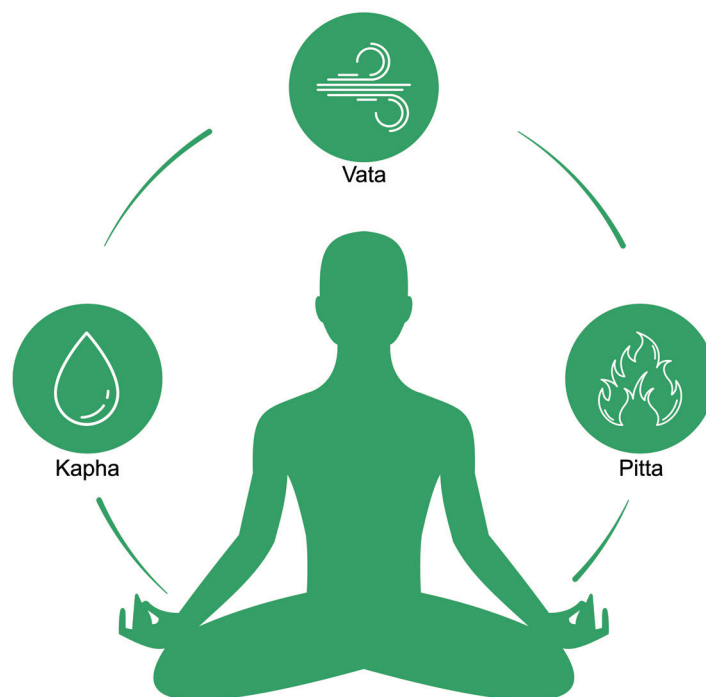
WHAT’S THE BEST WAY TO TRY AYURVEDA?

As with Western medicine, Ayurveda is not a do-it-yourself practice. First, you need to find a qualified Ayurvedic practitioner who will collaborate with your physicians.

The National Ayurvedic Medical Association has a tool for finding vetted practitioners and is a good resource for more information about Ayurveda, said Sivamani.

He noted that one common misunderstanding about Ayurveda and other alternative practices is that they offer a “cure.”

“That’s not how Ayurveda — or any alternative medicine — works. Instead, Ayurveda for people with eczema is a way to create lifestyle habits that match individual tendencies to minimize flares and maximize control of the condition,” he said. *



Learn more about Ayurveda and integrative approaches at Dr. Sivamani’s educational website, jivafactory.com.

Spring Clean Your Life!



A thorough spring cleaning is a great way to rid your home of allergens and contaminants. But this seasonal ritual isn't limited to dusting or mopping. Here's some expert advice for cleaning up your diet and mood along with your home.

BY EMILY DELZELL

A deep clean of the home that sweeps out dust mites and removes other potential allergens is undeniably good for people with eczema. It's not just your living space, however, that can benefit from a cleansing and clearing away of things that no longer serve you well.

A mental spring clean can lighten your mood and help calm stress and anxiety that can trigger flares, while a nutritional rejuvenation can boost your immune system and skin health. Here, three experts offer eczema-centric tips and strategies for renewing your home, diet and mind.

Clean the Home

Dust mites, pet dander, mold and pollen, which commonly trigger eczema, asthma and allergies, are major targets in your spring clean campaign, according to Dr. Thamiris Palacios-Kibler, an allergist-immunologist in Chesapeake, Virginia.

"It's also a good time to consider strategies for keeping allergen levels low throughout the year," she said. Along with the tips below, Palacios-Kibler suggested twice-weekly vacuuming and dusting. ►

Wear protective cleaning gear

- Don long sleeves and pants, and always wear gloves. Choose cotton gloves if the chore won't wet hands for extended periods, which can cause irritation. For work that has hands in and out of liquid, wear powder- and latex-free vinyl or neoprene gloves. Layer cotton gloves underneath to absorb sweat (another irritant). Put on a dry pair if the cotton gets damp while you clean.

Use the right tools:

- Use fragrance- and dye-free products or make your own cleansers using combinations of vinegar, baking soda, lemon juice and water (see "Homemade Cleansers"). Bleach diluted with water is also nonirritating for most people with eczema, according to Palacios-Kibler.
- Use microfiber cleaning cloths and mops. They attract more dust than cotton or paper towels and are better for the environment.
- Invest in a vacuum cleaner with a small particle or HEPA (high-efficiency particulate air) filter. It traps tiny particles of dust, pet dander and other allergens that many vacuums recirculate into the air.

Lessen house-wide allergens:

- Change air filters every three months. Use filters rated at 11 or 12 MERV (minimum efficiency rating value), which remove smaller particles such as pet dander, mold spores and pollen.
- Use dehumidifiers and air conditioning to draw moisture from the air. "This cuts down on mold and dust mites, which thrive in humid environments," said Palacios-Kibler. Ideally, home humidity should be between 40% and 50%. Any lower may be drying to the skin.
- Launder clothes and other items in hot water. Only temperatures 122° F or higher will kill dust mites. Store clean towels and bed linens in plastic bags.
- If feasible, replace wall-to-wall carpeting with solid-surface floors or washable area rugs and upholstered furniture with leather or wood.
- Cut down on dust-collecting clutter. "Keep children's toys and other loose items in plastic storage bins and regularly donate things you don't need," Palacios-Kibler said.
- Wash pets and their bedding weekly and brush them outside. "Keep pets out of the bedroom and designate an area for feeding and play," she said.

Remember to clean blinds and curtains. Dry cleaning, however, won't kill dust mites, so you'll need to launder curtains in hot water. ►



Homemade Cleansers

You can make cleansers with water, white vinegar, lemon juice and baking soda. Pour into plastic spray bottles or containers and you're ready to clean.

- All-purpose cleaner and disinfectant: Mix two parts water and two parts white vinegar.
- Scouring cleanser: Mix three parts baking soda and one part water to make a paste for hard surfaces like sinks, toilets, ceramics, aluminum and stainless steel. Add a few squeezes of lemon juice to help dissolve water stains and soap buildup.
- Fabric softener: To soften and deodorize clothes, fill a bucket with one cup baking soda and a gallon of water, add clothes (and more water if needed) and soak overnight. Launder with your regular detergent.

For additional household products deemed suitable for those with eczema and allergies, visit NEA's Seal of Acceptance Product Directory at nationaleczema.org/eczema-products/.

Nourish the Body

Some medical experts believe a diet heavy in inflammatory foods could add to the reaction that underlies atopic dermatitis and other forms of eczema in the immune system. Sugary, fried and heavily processed foods loaded with saturated fat, salt, preservatives and other chemicals are the most common dietary drivers of inflammation.

“Eating foods that cause inflammation can impact proper digestion and absorption of nutrients in the gut,” explained registered dietitian-nutritionist Rakhi Roy Chowdhury, who is in private practice in Orlando, Florida. “When your body is being depleted of vital nutrients, all systems are impacted, including skin.”

Although changing your diet won’t cure eczema, eating nourishing food and limiting inflammatory choices may help improve your health from the inside out.

Here’s how to start cleaning up your diet:

- Center your diet around anti-inflammatory whole or minimally processed foods. These include antioxidant- and fiber-rich whole grains, fruits, vegetables, beans and legumes, extra virgin olive oil, and unsalted nuts and seeds.
- Look for simple, tasty ways to increase veggie intake — pile them on sandwiches, add to scrambled eggs and use pre-cut versions as dippers for hummus.
- Read nutrition labels. Check daily value percentages of sugar (including added sugar), sodium, fats, fiber, vitamins and other nutrients. A daily value of 5% or less is considered low, while 20% or more is considered high.
- Promote skin health with foods high in vitamins A, C and E, zinc and amino acids such as arginine and glutamine, which are found in protein-rich foods such as meat, dairy, fish, eggs, nuts and seeds, and legumes. “These skin-building micronutrients help fight oxidative stress, reduce inflammation, promote skin wound healing, foster gut health and support the immune system,” Chowdhury said.
- Minimize what you buy in the grocery store’s center aisles. The sugar, trans fats and refined flours in packaged snacks and mixes, ready-to-eat meals, jarred sauces, desserts and other highly processed foods spark inflammation.
- Pick low-sodium canned vegetables and canned fruits without added sugars. Be aware that these products often contain added fat and preservatives. Rinse before using to remove some of the additives.
- Choose frozen fruits and vegetables wisely. These options can be just as nutritious as fresh produce as long as you buy products without added sauces, sugar, salt or fats.
- Remember that when it comes to skin conditions, an individual’s unique food triggers may also include “healthy” foods. “Fermented foods are great for gut health, for example, but may trigger itching for histamine-intolerant individuals,” said Chowdhury, who has eczema and is allergic to chickpeas, a legume full of fiber, protein and anti-inflammatory phytonutrients. ►



Cauliflower & Sweet Potato Curry Recipe

Servings

4

Ingredients

- 1/2 yellow onion (chopped)
- 3 garlic (clove, minced)
- 1 tbsp ginger (fresh, grated or minced)
- 1/4 cup water
- 2 tbsps thai red curry paste
- 1 1/2 cups organic vegetable broth
- 1 cup plain coconut milk (full fat, from the can)
- 1/2 cup dry red lentils
- 1/4 cup fresh peas
- 1 head cauliflower (small, chopped into florets)
- 1 sweet potato (medium-sized, peeled and cut into cubes)
- 1/4 cup cilantro (chopped, optional for garnish)

Instructions

- Heat a large pot over medium heat. Add the onion, garlic, ginger and water, and cook until the onions are just tender and water has evaporated, about 3 to 5 minutes.
- Add the curry paste and stir to combine with the onion mixture. Stir in the broth and coconut milk. Add in the lentils and peas, and cook for 8 to 10 minutes until the lentils are just tender, stirring often.
- Add the cauliflower and sweet potato to the pot. Stir to combine then cover with a lid and reduce the heat to medium-low. Cook for 15 to 20 minutes or until the vegetables are tender, stirring often.
- Season with additional salt if needed and divide between bowls. Top with cilantro, if using, and enjoy. Optional for aesthetics; drizzle a tablespoon of coconut milk in swirls for garnish.

www.littleblissnutrition.com

Clear the Mind

Eczema, with its itching, sleep disturbances and need for daily care, can load the mind with stress and anxiety. Depression is also more common in people with eczema, which often flares along with emotional distress.

Clearing mental habits that damage emotional well-being starts with committing to self-care, said Eunice Yu, a Chicago-based special educator, therapist and licensed yoga instructor who teaches mindfulness techniques to at-risk youth and people with eczema.

Her strongest recommendation for reducing mental distress is cultivating mindfulness with daily meditation. Mindfulness is the awareness that comes with nonjudgmental attention on the present moment.

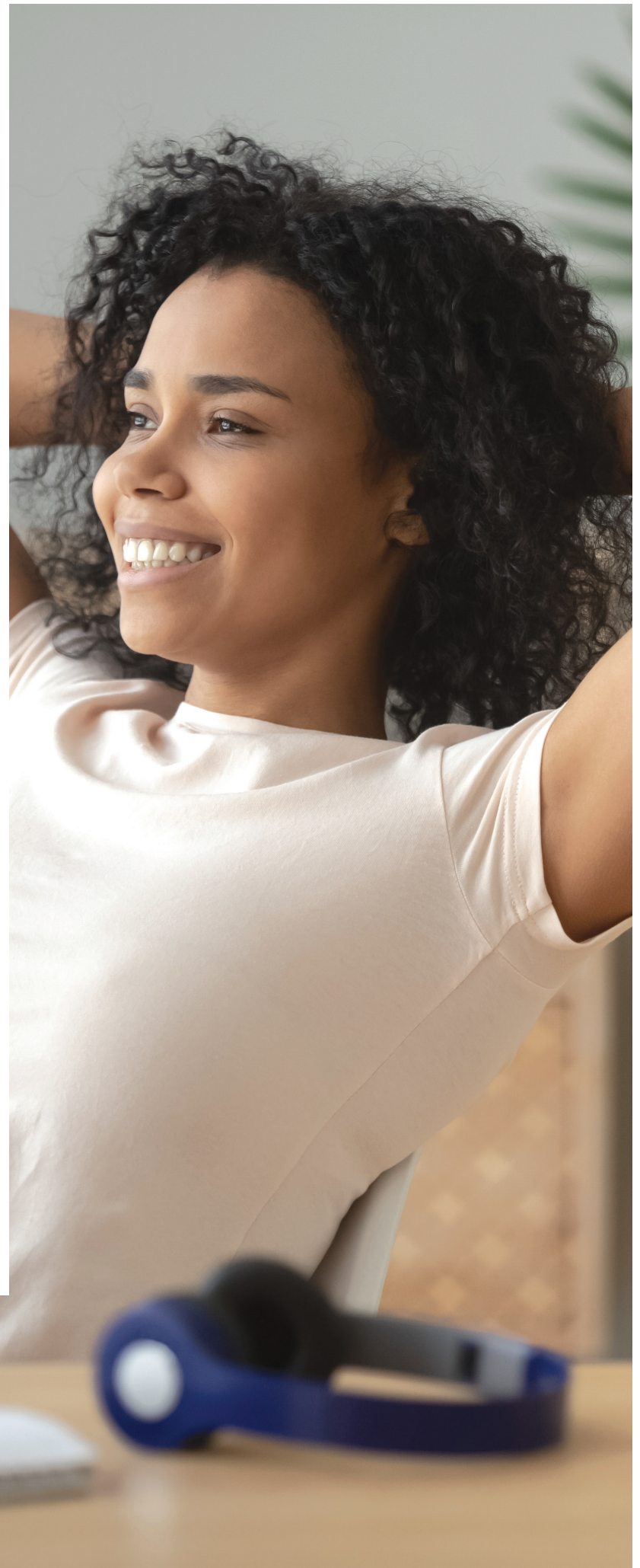
“Studies show that just eight weeks of daily meditation changes how the brain governs mood and emotion; specifically, meditation gives us more control over our emotional responses,” she said.

Apps like Headspace and Calm can guide you through meditation and mindfulness techniques. Here’s one simple way to begin:

- Get into a comfortable position in which you can be still.
- Focus on your breath, mentally following your inhalations and exhalations.
- When you notice that your mind has wandered, gently and nonjudgmentally refocus on your breath.
- Continue following your breath for two minutes.

Relieve anxiety with deep breathing, which quickly lowers heart rate and blood pressure. There are many techniques. Here’s one called 4-7-8 breathing that Yu said is sometimes described as a “natural tranquilizer” for the nervous system:

- Empty the lungs.
- Breathe in through the nose for 4 seconds.
- Hold the breath for 7 seconds.
- Exhale through the mouth for a count of 8 with a strong, audible breath.
- Repeat three more times.
- Notice how you feel. ►





Use this technique to quiet a racing mind, distract yourself from itch or ground yourself in the present moment:

- Focus on a simple object in the room such as a rug, book, picture or pillow.
- Mentally describe it in as much detail as possible, noting as specifically as possible its colors, size and materials.
- Notice how this slows down anxious thoughts.
- When you feel calmer, redirect your attention to the task or people at hand.

If you tend to beat yourself up for perceived shortcomings, try practicing self-compassion, which is linked to better emotional well-being and self-care:

- Imagine that a close friend is telling you about a failure or rejection.
- Consider what you would say to them.
- Think about what you say to yourself in a similar situation.
- Notice the contrast and practice being as kind to yourself as you are to loved ones. *

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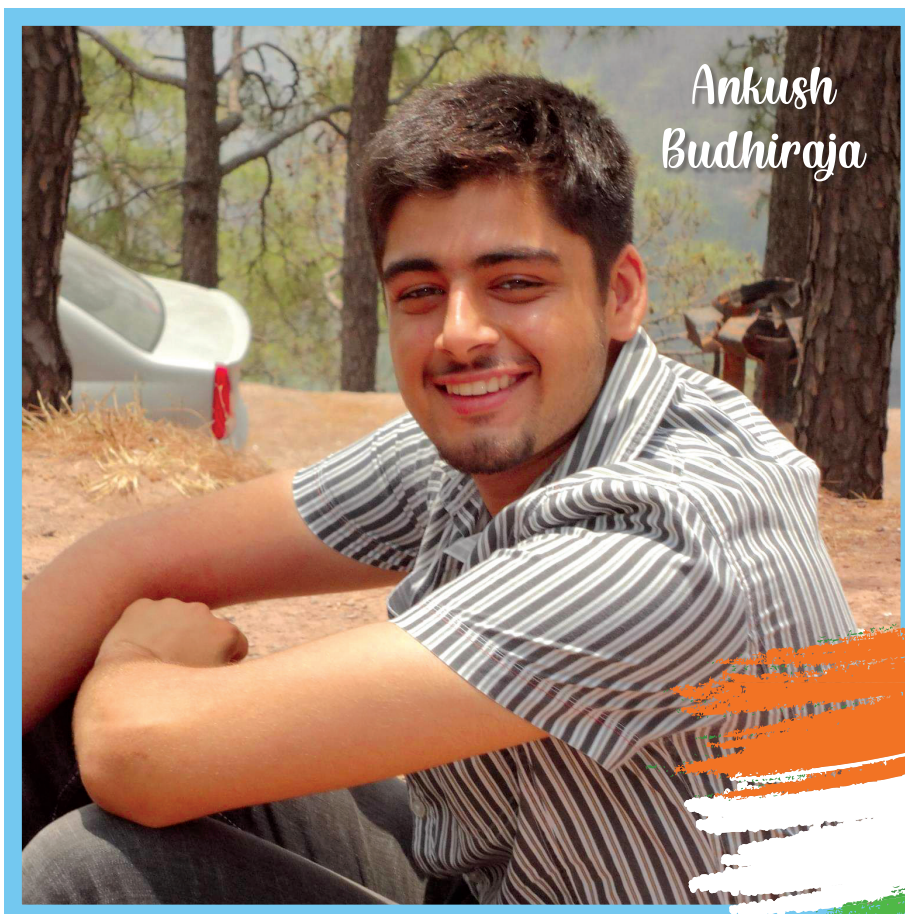
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Eczema Around the World

While the U.S. has over 30 million people living with eczema, the disease doesn't stop at our borders. We invited eczema warriors outside the U.S. to discuss their experiences and cultural stigmas in their countries, along with coping mechanisms, treatment options and access to care.

BY BROOKE BILLY





Ankush
Budhiraja

*"I try to avoid
caffeine, alcohol
and sugar."*



Many people refuse to shake hands with Ankush Budhiraja due to the appearance of his skin, which often looks dry, red and inflamed with eczema.

"Even if they do shake my hand, they feel the need to ask if my problem is contagious," said Budhiraja, a 25-year-old who lives in Chandigarh, India.

Budhiraja has been bullied by classmates, who teased that he poured flour on his face because of his dry skin.

"Even teachers are not as accommodating as they should be," he said. "I have received weird and demeaning remarks from them."

He said his own sister has made fun of his eczema, straining family relationships as he tries to manage his skin condition.

"I feel like an outcast because of this disease," he said. "I feel handicapped."

Although it's common for individuals with eczema to feel isolated or alone, this chronic inflammatory skin disease affects millions of people worldwide.

According to research presented at the 2018 European Academy of Dermatology and Venereology Congress by Dr. Jonathan Silverberg, a dermatologist at Northwestern University in Chicago, eczema affects 10% of adults and 4% to 8% of children globally.

In addition, Silverberg reported higher prevalence in China and South Korea (respectively, 15% of adults and 14% to 16% of children and teens), and lower occurrence (2% to 4% of all ages) in Israel and Switzerland.

To better understand how eczema affects people around the world, we spoke with patients from several different countries about their social interactions, treatment regimens and access to care. Here's what we learned about the global eczema experience. ►

Widespread cultural stigmas

A complex disease with a spectrum of symptoms and comorbidities, eczema impacts every aspect of a person's daily life. According to those who have it, discrimination can sting far beyond the constant itch and pain, making stigmas seem as burdensome as the condition itself.

As a high school teacher in Australia, Lisa Mitchell** worried how students would react to her inflamed skin. But it was her colleagues who made her feel ostracized. When she asked her boss if she could attend the staff pool outing to avoid the hot afternoon temperatures that trigger her eczema, she was shocked by the response to “not bother coming at all.” Other coworkers made rude remarks about the amount of sick leave Mitchell takes because of her condition.

“People tend to think it’s just [my] skin that hurts, but they don’t understand how it affects my whole system and the impact it has on my daily life,” Mitchell said. “I often exclude myself because of how people react and the level of social anxiety I have. I withdraw from activities because I can’t participate and don’t want to ruin everyone else’s fun.”

More than half of adults with moderate to severe eczema report that the disease significantly limits their lifestyle. Even with mild eczema, more than one-third of adults experience some limitations according to a population-based cross-sectional study published in *Annals of Allergy, Asthma & Immunology* in September 2018. Like Mitchell, 40% avoid social interaction and activities.

In Slovenia, 20-year-old Nastja Troha said she faces similar ostracism because of her eczema.

“My ex-friends excluded me quite a bit,” she said. “They didn’t invite me to go to the pool with them because of how I look. They didn’t invite me for a night out because I don’t drink. They didn’t invite me to go out to eat because I have too many allergies.”

At home, eczema strains Troha’s relationship with her mother because pain prevents her from doing simple household chores. “Some days, I just lay in bed and cry,” Troha said. “I can’t go out or help around the house because everything hurts when I move.”

Never-ending itch distracts her from schoolwork too. “I could be a straight-A student, but most of the time, I can’t even force myself to study for five minutes. Eczema disrupts my sleep, and that makes me unfocused and irritable. Because of that, I often miss classes,” said Troha, who is studying social work.

Nearly one-third of adults with eczema have experienced challenges at work or school, with 14% of patients reporting the disease has hindered their academic or career progress, according to a study published in the *Journal of Allergy and Clinical Immunology* in May 2006.

And according to a study published in the *Journal of the European Academy of Dermatology and Venereology* in March 2006, almost 40% of patients have turned down a job or educational opportunity because of their condition — suggesting that eczema is not just an individual burden, but a societal issue. ►

“Eczema disrupts my sleep, and that makes me unfocused and irritable.”



**Name has been changed to respect the patient’s desire for anonymity.



Bethany March



"Eczema is emotionally draining, but the mental effects are the least talked about."



Eczema's impact on mental health

Between battling constant itch and dealing with rude reactions, coping with the effects of eczema can add mental stress to the physical discomfort of the disease, said Bethany March, who lives in Toronto.

"Eczema is emotionally draining, but the mental effects are the least talked about," said March. "I don't think you can grasp how devastating an impact it has on a person's self-esteem and mental health unless you live with it. It's not just the damaged skin barrier that hurts, it's the constant looks from strangers on the street, the interrogating questions from ignorant people."

Even doctors and well-meaning friends and family overlook the mental impact of the disease by focusing on physical symptoms, she added.

"They ask how your skin is doing, but they rarely ask how you are," said March, who turns 20 this year. "Because it's a visible disorder, there tends to be such a clinical and physical approach to its treatment. I've been given a plethora of prescriptions, but never once have I been offered any mental health help."

Several studies have explored the link between skin disease and mental health, suggesting that eczema patients may be at increased risk for depression and anxiety.

"My self-esteem suffers a major blow. I have felt suicidal because of this disease," Budhiraja said. "It might seem insensitive, but I have wished I had some other disease — maybe lacked a limb or two; at least people would be sympathetic to my situation then."

Since stress can trigger flares, finding ways to cope is critical. Budhiraja began practicing meditation about four years ago. Troha tried meditation as well but couldn't focus because of the constant itch. Instead, she started seeing a therapist to address her mental health.

"Stress management is a really important part of managing eczema because stress can have a negative impact on your skin," said Troha, who was also diagnosed with depression. "After a few visits with my therapist, I can see myself getting a bit better mentally, and the effects are showing on my skin too." ►



Common treatment options

Although there is no cure for eczema at this time, a comprehensive treatment plan can help minimize flares. With fairly similar guidelines around the globe, treatment typically begins with moisturizers and topical corticosteroids as first-line therapies for many patients.

“In the first years after my diagnosis, the only available treatment options were steroid creams, so I did that for 30 years,” said Natasha Sousa, a 48-year-old in Portugal who was diagnosed with atopic dermatitis (AD) as an infant. “Now, there are more options regarding topical and oral medicines, along with new biological treatments that are being developed.”

When Sousa’s eczema worsened in her 30s, her dermatologist prescribed an immunosuppressant (cyclosporine), but after a year, her skin wasn’t showing any improvement. She experimented with immunoallergology — including immunotherapies like gamma globulin and allergy medications like omalizumab.

Troha’s treatment journey in Slovenia was similar, starting with ointments and topical steroids. When her flares worsened in high school, her dermatologist “tried everything: more topical steroids, UV therapy, immunosuppressants and antifungal medications, but nothing worked,” she said.

Sousa and Troha eventually found relief with a biologic treatment when the European Union approved Dupixent (dupilumab) for treating moderate-to-severe AD. Other countries like the United States, Canada and Japan have also approved dupilumab, but it’s still not available everywhere, including India, where Budhiraja lives. Instead, he explored other alternative therapies, searching for a solution without the undesirable side effects he experienced with steroids.

“I used topical corticosteroid creams for 15 years to manage my eczema, but it was just a temporary fix with several side effects of its own,” said Budhiraja, who suffered topical steroid withdrawal and developed allergic rhinitis (hay fever) when he stopped using the creams. Now, he avoids triggers by sticking to a limited diet.

“I try to avoid caffeine, alcohol and sugar,” said Budhiraja, who drinks and applies both apple cider vinegar and coconut oil as

needed. “If I cheat [on my diet], I can clearly see the results [on my skin].”

Alternative therapies are more common in certain parts of the world, and some eczema patients swear by them. In Singapore, Shu Hui Lee grew up with access to both Western medicine and Traditional Chinese Medicine (TCM), which incorporates ancient healing modalities like acupuncture and herbal treatments.

Lee tried to manage her eczema with TCM, but it didn’t stand up to her serious flares, so she returned to steroid creams and moisturizers while avoiding certain foods and triggers like dust, paint and heat. Since no single treatment works for every eczema patient, the solution is often a combination of therapies and behaviors to keep the disease under control.

Barriers in access to care

Although treatment plans are similar across the globe, access to dermatologists and other specialists varies widely. Depending where you live, the time and cost involved in seeking care can delay patients from getting necessary treatments.

“Living in New Castle, the sixth largest city in Australia, I’ve had reasonably good access to care,” Mitchell said. “However, if I lived outside of the major city centers in a rural area, I would have to travel for hours or even days to see a specialist.”

Mitchell has been on a waiting list for a new dermatologist through Australia’s public health care system for six months. She used to see a private specialist, but it became too costly — “around 250 Australian dollars (US \$161) for an initial consultation and \$150 (US \$96) for follow-up appointments,” she said — in addition to the private insurance plan, which cost around \$8,000 (US \$5,211) a year.

When flares are severe enough to require hospitalization, Australia’s universal health care insurance (called Medicare) covers the cost entirely. But buying prescriptions is another story. “While the creams have a certain percentage of the cost covered under Medicare, they can still cost upward of \$80 a fortnight (more than US \$50 every two weeks),” Mitchell said.

In India, costs are so low that Budhiraja pays cash rather than bothering with insurance at all. ►



“Access to dermatologists is not an issue,” he said. “They are available in both government-funded hospitals with negligible fees and private clinics where fees usually range from 250 to 500 Indian Rupees (US \$2-\$4), which is also within reach of middle-class households.”

In other countries, patients face a difficult choice between timely but pricey private care or cheaper public care with long wait times. These issues can be exacerbated for milder eczema that doesn’t warrant emergency care. “If your skin isn’t in bad condition, you can wait up to a year for your first dermatology visit,” said Troha.

“In Slovenia, you pay something like 30 euros (US \$34) per month, and you get everything you need for free,” Troha said, referring to the mandatory health care system managed by the Health Insurance Institute of Slovenia, which covers hospitalization, treatments and prescription drugs. “The only thing is, it’s not easily accessible because the waiting time for some things is more than four years.”

We’re all in this together

Regardless of culture or location, eczema patients around the world share the common experience of navigating a complex disease with all its comorbidities, stigmas and potentially expensive treatments.

Although these challenges can make patients feel isolated at times, it helps to remember there are millions of fellow eczema warriors around the world fighting the same battle. Finding ways to connect, share and advocate together can help lighten the burden of the disease.

“My advice to anyone with eczema would be to find other people who are dealing with it,” March said. “I find comfort in other people’s eczema stories. When my skin is not doing well, it helps to realize that I am not alone and that there are others who are struggling too.”

Budhiraja met fellow eczema warriors in India through the International Topical Steroid Addiction Network’s Facebook group. “They really help me unwind,” he said. “I can let loose and talk about my emotions.”

Connecting with other eczema warriors around the world can bring the shared eczema experience to light and bust common misconceptions about this disease.

“So often, I find people with eczema glossing over it so that others don’t get uncomfortable. In the last couple of years, I’ve started talking more openly about my reality in the hopes that people might understand better. I think it’s time we started addressing this collectively as the chronic illness it is,” Mitchell said. *

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Dermatology
beyond the skin

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ROSELYNE'S JOURNEY TOWARD HEALING



By facing and accepting her eczema, Roselyne Kuete of France has found a way to tame its worst symptoms while exploring her gift for entrepreneurialism.

BY MARGARET W. CRANE

One day in the winter of 2009, a spot on the back of Roselyne Kuete's left forearm started itching. A few days later, two dry patches appeared. She made an appointment with a dermatologist, who told her she had eczema and prescribed a mild cortisone cream and moisturizer. The patches went away, and that was that — or so she thought.

The itchy patches soon returned to the same place on her arm. This time, her dermatologist prescribed a slightly stronger cortisone cream. Before long, a pattern emerged: after each course of cortisone treatment, Kuete noticed her symptoms return with a vengeance.

Meanwhile, her dry patches were expanding to other parts of her body, including her upper arms, legs, back and chest, while the intervals between flares were getting shorter and shorter.

"At first, I'd have a flare once every two months or so," said Kuete, "but later, they came more and more often. At its worst, my eczema would flare every day. It was terrifying because I didn't have time to heal between flares."

Visible evidence

That failure to heal showed up in the form of scarring. "The dark blotches all over my skin made me look like a giraffe," she said.

Kuete wanted nothing more than to hide her condition. That was easily accomplished during the colder seasons when she could wear pants or leggings with long-sleeved tops and sweaters. But the warmer months were another story.

"I could barely summon the nerve to wear skirts, shorts or T-shirts, and I was always looking for ways to cover up, even if it meant that I'd be sweaty and miserable when the temperature soared."

Kuete rarely spoke about her eczema, not even with her closest friends or relatives. No one knew how bad it was, not even Kuete herself. Instead of facing the serious nature of her condition and its negative impacts on her life, she remained in denial.

"I think I buried my head in the sand to avoid confronting it," she confessed. ►

Her wake-up call came when her mother caught sight of her arms and legs. “You used to have such beautiful skin,” her mom told her. “What happened? You need to do something about it!”

At that moment, Kuete saw herself through her mother’s eyes. She finally admitted to herself that she couldn’t continue to hide the truth — or her scars — from her loved ones or from herself. Since conventional medicine failed to help her, she decided to find ways to help herself.

A path to self-healing

Kuete started researching foods and natural products with the potential to ease her eczema symptoms and decided to try some of them out. After nine months of exploration, “I started seeing modest results,” she said. “For one, my itching had become less intense. It took me nine more months to get rid of 90% of my scars.”

A couple of years later, Kuete’s skin had changed for the better, “and so had I,” she quipped. “I had grown much more aware of my needs, my environment and the interaction between the two.

“Now, I can recognize the signs of a flare before it happens,” she continued, “and I can take steps to prevent a full-blown episode. These days, my skin only flares about once a year, and my flares are much, much milder than they were before I set out on my journey toward healing.

“My success in dealing with my eczema came when I accepted the need to live with my condition rather than fight it,” Kuete explained. “At that point, I let go of the past and started focusing on small, achievable goals — and I was rewarded far above my expectations.”

A life across two cultures

Kuete was born and raised in Cameroon, a country in Central Africa, where her parents continue to live. Nearly 20 years ago, she moved to France to pursue graduate studies in management. She earned her master’s degree and took a position with a bank in Paris.

“I am fully integrated into the French way of life,” she said, “and I also travel to Cameroon ►



regularly. I have one foot planted firmly on each side of the fence, allowing me to switch easily from one culture to another.”

Kuete grew up in the bosom of a caring family that gave her the space to express herself, develop self-confidence and work hard to reach her goals. Athletic and intellectually curious, she credits her dad as the source of two of her strongest passions: tennis and wine!

“I prefer a red wine with a woodsy, musky taste,” she said with a just a hint of a smile.

A self-proclaimed global citizen, Kuete benefits from a support system that includes family and friends all over the world. And yet she confesses to being “old school.”

“I’d rather see people face-to-face than engage with them on social media,” Kuete admitted. “The exception is WhatsApp, mainly because I have friends and extended family in so many countries that I couldn’t keep up with them without it.”

An entrepreneur with heart

Kuete’s management background, her natural taste for entrepreneurship and her empathy for those who share her condition have recently come together in an exciting new way. She’s in the process of building a business charged with helping people manage their itch, whether caused by eczema or other skin conditions.

She’ll aim to provide coaching services to adults and children, focusing on preventive strategies, natural treatments and advice regarding potential environmental triggers. She plans to share what has worked best for her: organic, plant-based oils that she formulated to heal her own skin during and between flares.

Her mantra? “If you can manage your condition when your skin is clear, you may be able to limit or even prevent future flares.” That’s at the heart of Kuete’s approach to complementary medicine — one that’s working for her and, she hopes, might work for others seeking a gentle path to healing. *

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The impact of the envirome on eczema

Researchers explore whether exposure to environmental factors — such as climate change, indoor and outdoor air pollution and prenatal stress — play a significant role in the development of allergic diseases.

BY KATHRYN JONES

The prevalence of atopic dermatitis (AD) has increased over the past several decades in virtually every country worldwide.

Although there is no known definitive cause, research suggests a combination of genetics, immune factors and the “envirome,” a term that encompasses the overall environmental and extrinsic agents to which an individual is exposed, either constantly, seasonally or episodically.

People with eczema tend to have an overactive immune system that, when triggered by a substance either inside or outside of the body, responds by producing inflammation that can lead to the itchy, irritable skin symptoms common in most types of eczema.

Furthermore, researchers have shown that some people with eczema have a mutation of the gene responsible for creating filaggrin — a protein that helps our bodies maintain a healthy, protective skin barrier. Without enough filaggrin to build a strong skin barrier, moisture can escape, and bacteria, viruses and other contaminants can enter, leading to an increased risk of infection.

Environmental exposures

It's still up for debate whether AD is primarily driven by skin barrier dysfunction that triggers immune system imbalance (the outside-inside hypothesis) or by an inflammatory response to irritants and environmental allergens that triggers barrier dysfunction (the inside-outside hypothesis).

But given the rise of AD on a global scale, and the fact that our skin is the organ most directly impacted by the external environment, scientists are investigating potential external environmental exposures that could contribute to the disease over a lifetime.

These environmental exposures, known as “envirome,” or “exposome,” are believed to have a significant impact on a person's health characteristics, including the development of allergic diseases such as asthma, allergic rhinitis (hay fever) and AD.

The envirome can encompass anything from outdoor and indoor air pollutants, such as traffic pollution and tobacco smoke; climate factors, including temperature, humidity and water hardness; and social factors such as prenatal exposure to stress and urban vs. rural living.

“There are myriad environmental exposures that might play either harmful or protective roles in AD. There is likely a complex interplay between genetic factors predisposing to AD and environmental triggers and/or exacerbants,” wrote Drs. Robert Kantor and Jonathan I. Silverberg in a review titled “Environmental risk factors and their role in the management of atopic dermatitis” published July 28, 2016, in the journal *Expert Review of Clinical Immunology*.

Air pollution

Scientists have long investigated the role of indoor and outdoor air pollutants, such as tobacco smoke and traffic pollution, on the development of asthma and other respiratory conditions. Now, ►

there are studies exploring the relationship between air pollution, allergic rhinitis and atopic dermatitis.

“The increasing prevalence of atopic dermatitis parallels a global rise in industrialization and urban living over recent decades. This shift in lifestyle is accompanied by greater cutaneous exposure to environmental pollutants during the course of daily activities,” according to a review titled “The impact of airborne pollution on atopic dermatitis: a literature review” published in the British Journal of Dermatology on Dec. 3, 2019.

“Airborne pollutants have a detrimental effect on skin barrier integrity and AD symptoms and appear to pose a multifaceted threat in AD through several parallel mechanisms, including oxidative damage, barrier dysfunction, immune stimulation and propagation of the itch-scratch cycle,” the authors wrote.

Climate factors

The climate in any given geographic location is determined by a combination of factors, including temperature, humidity, precipitation, ultraviolet (UV) exposure, water hardness and proximity to the equator, among others.

“The etiology of AD is multifactorial with interaction between various factors such as genetic predisposition, immune and, importantly, environmental factors. Since climate change is associated with a profound shift in environmental factors, we suggest that AD is being influenced by climate change,” according to review titled “Climate change and atopic dermatitis: Is there a link?” published June 5, 2018, in the International Journal of Dermatology.

Kantor and Silverberg’s review also explored climate while pointing out the discrepancies and conflicting data among studies. For instance, regarding humidity, “Indoor relative humidity is inversely associated with eczema prevalence, i.e., higher indoor humidity is associated with lower rates of AD,” they wrote. “However, higher humidity may also provoke perspiration, which can be irritating and aggravate pruritus (itch).”

As for precipitation, “Higher mean annual precipitation is associated with increased eczema as demonstrated by studies in Spain and the United States,” they wrote. “One study examined the influence of meteorological events on the severity of itch, finding that snowfall was associated with increased pruritus, whereas thunderstorms were associated with decreased pruritus.”

Social factors

Research has found that environmental exposures during pregnancy — including stress and alcohol consumption — may increase a child’s risk of developing AD. Five out of six studies that Kantor and Silverberg reviewed found significant associations

between prenatal stress and adverse life events with AD in children between ages 6 and 14 years.

In a review titled, “The envirome and what the practitioner needs to know about it” that appeared in the December 2019 issue of *Annals of Allergy, Asthma & Immunology*, author David B. Peden highlighted a Norwegian study of 63,626 children born from 2000 to 2007. The study found that maternal depression during pregnancy and six months postpartum could increase a child’s risk for asthma.

“Yet, some maternal exposures may actually lower the risk of AD in childhood, including dietary exposures and probiotics,” Kantor and Silverberg noted. “A systematic review of studies found that intake of [omega-3 fatty acids] during pregnancy may reduce the risk of AD and other allergic disorders in the first 12 months of life.”

AD prevalence also appears to be higher in urban areas compared with rural or suburban communities. “Urban living may be associated with increased stress, greater proximity to automobile traffic and related pollutants, higher exposure to other pollutants, fewer protective exposures such as manure and farm animals, and other lifestyle and cultural factors that might impact skincare. Future studies are needed to pinpoint the precise factors for why urban living might predispose to AD,” wrote Kantor and Silverberg.

Early life exposure

Peden’s review noted that prenatal and early life exposure to the above-mentioned factors has a potentially significant impact as to whether an individual will develop asthma, AD or other allergic diseases.

“One general observation is that perinatal and early life exposure to pollutants, various infections and microbial populations, and stressors have a disproportionate impact on development of allergic disease when compared with such stressors later in life,” he wrote. “This suggests that early life represents an important immune developmental period in which specific environmental exposure may have a lifelong impact on the individual.”

However, “it is doubtful that [exposure to environmental] factors that are harmful in AD are sufficient to cause the disease without an underlying predisposition,” Kantor and Silverberg cautioned in their review. “Rather, environmental risk factors likely contribute toward AD by being pruritogens and irritants, upregulating inflammatory processes and/or worsening skin barrier function.”

Insights from this research could identify potential risk factors of AD that could be addressed or modified to prevent or limit disease. *

WHAT'S HAPPENING AT THE NATIONAL ECZEMA ASSOCIATION

BY KATHRYN JONES

New eczema report depicts unmet medical needs

The “More Than Skin Deep” Voice of the Patient Report, released March 18, 2020, summarizes outcomes from the September 2019 patient-focused drug development meeting that NEA hosted with four peer patient advocacy organizations.

The report radically expands our understanding of the lived experience of patients and caregivers affected by eczema — and will serve as a lasting reference for the regulators, life science companies, researchers and health care professionals that NEA partners with to improve the landscape for eczema patients and the people who love them.

For the first time ever, adults and children living with eczema and their family members shared riveting descriptions of symptom burdens, challenges managing the disease and treatment expectations with U.S. Food and Drug Administration (FDA) regulators, drug developers and researchers. The report, submitted to the FDA, shares testimony, data and photos from the in-person participants, virtual attendees and survey respondents (one of the largest surveys of the eczema community to date).

Thank you to the many NEA community members who contributed to the success of the “More Than Skin Deep” initiative as panel members, audience members, survey respondents or virtual attendees. This enduring report is the result of many brave eczema warriors and caregivers standing tall for the benefit of the greater eczema community, who have been waiting so long for their collective voices to be heard and their experiences understood.

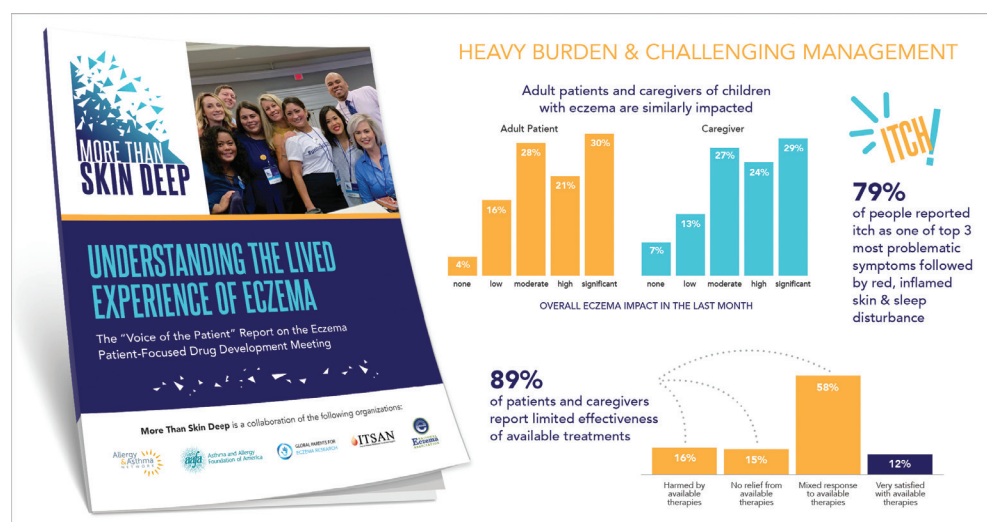
For more information about the report, visit morethanskindeep-eczema.org/report.html.

Eczema Expo '20 to become a virtual event

Due to the COVID-19 outbreak, NEA made the difficult but necessary decision to call off the in-person Eczema Expo 2020 in Orlando, Florida, scheduled for June.

However, Expo will prevail virtually! We know what Expo means to our community. Expo is education, expertise, support, connection, growth, friendship, hope, life-changing moments — and lots and lots of hugs! While we won't be able to meet in person, Team NEA is already hard at work developing a top-notch virtual experience.

For those who have already registered for Expo 2020, you will receive a full refund. If you've reserved a room at the Renaissance Orlando at SeaWorld as part of the Expo block, your reservation will automatically be cancelled. If you booked outside the Expo block, you'll need to cancel your reservation on your own. Email expo@nationaleczema.org with any questions or concerns. And stay tuned for more information about virtual Expo!



GLOBETROTTING WITH ECZEMA

A month-long trip through Europe triggered the worst eczema flare-up of my life. But I learned some valuable lessons from this experience.

BY AASHIMA GUPTA

From the time I was born in July 1994, my parents knew that something was off. I used to be the “pink balloon” of the family, frequently breaking out in rashes and allergic reactions. Little did we know that what I had was severe eczema.

At a young age, I was diagnosed with the infamous trilogy: eczema, asthma and allergies (yes, the whole package). While none of these diseases are life threatening if managed properly, they surely affect one’s quality of life and day-to-day decisions.

I have found ways to manage my eczema, and while I cannot say I am 100% where I want to be, I am getting there. I once read in a magazine at a dermatologist’s office: “Don’t let eczema control your life. You have to keep living.” This quote always comes to mind when I am feeling down from a flare-up or I know my skin is not at its best.

MY WORST ECZEMA FLARE-UP HAPPENED ON VACATION

When I graduated from college in May 2016, three friends and I decided to take a month-long trip to Europe. Although I was still managing eczema in college, it was never at the forefront of my mind because it was usually under control.

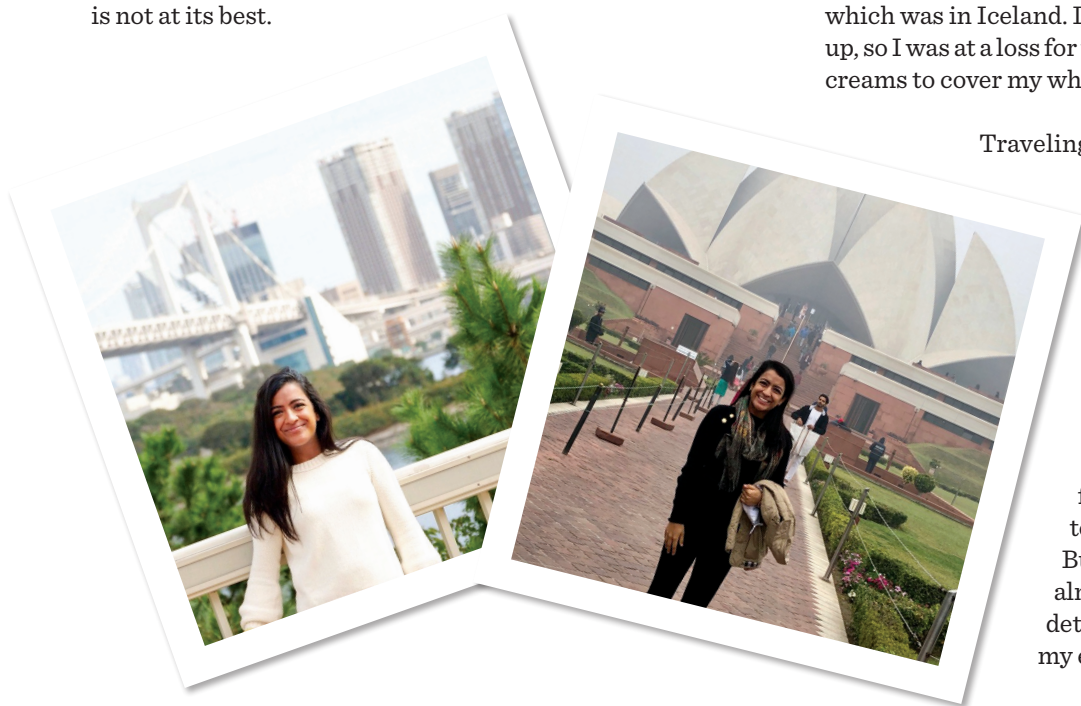
However, for whatever reason, it started to flare more consistently and severely in my senior year. I went to Europe when I knew my skin was not at its best, but at the time, I could never have imagined just how bad it could get.

My skin ended up flaring badly during the first leg of the trip, which was in Iceland. I had never managed such a severe flare-up, so I was at a loss for what to do. I did not have enough steroid creams to cover my whole body.

Traveling from country to country caused my skin to get worse and worse.

My flare-up was at its peak in Germany: I had open, oozing cuts and dryness on every inch of my body. I was ashamed to go out in public, but the nights were even more dreadful because I was restless from the itchiness.

When I returned home, it took months for my skin to recover and I even had to defer starting my job by six months. But two-and-a-half years later, I am almost healed from this experience and determined to one day redeem Europe in my eyes. ►



LESSONS I'VE LEARNED FROM TRAVELING WITH ECZEMA

After I returned from Europe, I visited doctor after doctor and tried numerous treatments. I realized how important it was to take care of my body. Like many people in their 20s, I often took my health for granted. I finally learned to manage my eczema using steroid creams. I recently started a biologic and hope it will bring me a better quality of life.

Despite all of my efforts in healing my skin, I really think the toughest part of dealing with severe eczema is the emotional scars. These are often unexplainable to our loved ones: the shame you feel when you go out with a flare-up, waking up to itch in the middle of the night and explaining to your friends why you have to shower and moisturize so frequently.

I CHOOSE TO LOOK AT THE BRIGHT SIDE OF ECZEMA

Sometimes I neglect to think of what eczema has done for me, meaning the positives. Being born with a disease that is “visual” has made me more empathetic and understanding of others. And, from a young age, I became passionate about volunteering, coaching, mentoring, exercising and eating right.

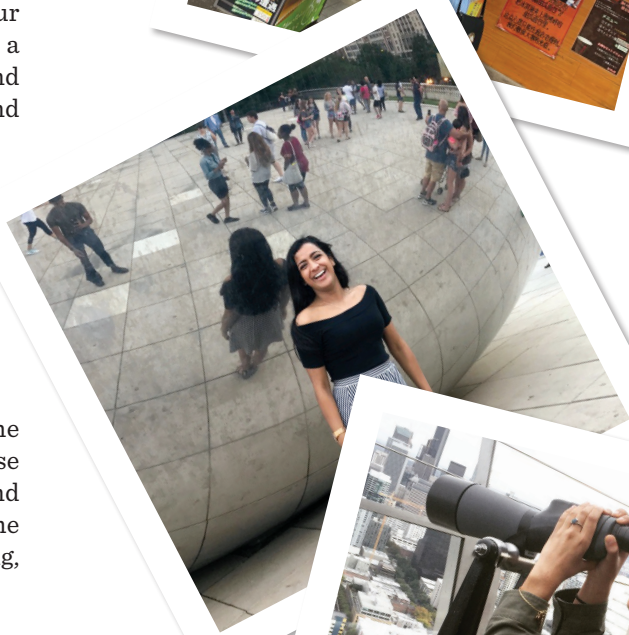
Yes, it's true — eczema has created many hardships for me. But those same hardships have shaped my personality and the experiences that I seek. I cannot control the fact I was born with this disease, but I can control what I take away from it.

I am now choosing to look at the bright side. One of the biggest things that I have learned over the past couple of years is that “everyone has their stuff.” Sickness can make us feel alone and like no one else can understand our suffering. But this is not true.

Not everyone has a skin disease, but they have their own hardships to deal with. That is just life. But we'll get through it together.

*Aashima Gupta is an eczema warrior living in Washington, D.C. **

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





**eczema
expo²⁰**

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JULY 2020

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