



National
Eczema
Association

**Hand Eczema
Explained**

Understanding the
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and treatments p8

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Tripledemic**

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NEA Magazine

Research, Support and Education for Those Affected by Eczema

One Thing About Eczema

This Eczema Awareness Month, we're
calling on our community to tell us
#OneThingAboutEczema

p16

The Most Trusted Mark in Eczema Products Just Got Better



NEA first created the Seal of Acceptance™ in 2008 to make it easier for people with eczema or sensitive skin to find suitable personal care products. In the years since, the Seal has continued to evolve as new science emerges about eczema, ingredients and formulations.

For a product to obtain the Seal, it must meet the strict standards established by our Scientific Oversight Committee — a panel of leading dermatologists, allergists and eczema experts — and undergo testing for sensitivity, irritation and toxicity, as well as a review of ingredients and formulation data.

In 2023, the Committee updated the Seal criteria and created the Ecz-clusion List of ingredients that won't be allowed in any amount. As always, when you see the Seal, you can be sure the product meets the highest standards and has undergone rigorous testing and scientific review.

Our goal is not only to help you find eczema-friendly products, but also to drive manufacturers to do better, creating products that are free of known allergens and irritants. You can find personal care and household products in the Seal of Acceptance Product Directory. Check back regularly for new additions. Keep in mind that eczema is different for everyone and a product that works for one may not work for another, or even for the same person over time.



Scan the QR code to learn more and visit the Product Directory

NEA Magazine

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How Sound Therapy Can Help You De-stress and Relax

Sound therapy offers people with eczema a chance to de-stress and participate in an activity that doesn't require extreme movement or sweating (which often makes eczema worse).

Founded in 1988, the National Eczema Association (NEA) is a 501(c)(3) nonprofit and the largest patient advocacy organization serving the over 31 million Americans who live with eczema and those who care for them. NEA is supported by individual and corporate donations. Advertising is accepted for publication if they are relevant to people with eczema and meet certain standards. NEA Magazine provides health information from a variety of sources, but this information does not dictate an exclusive treatment course and is not intended as medical advice. Persons with questions regarding specific symptoms or

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Letter from Julie

It's that time of year again! Wherever you are, I hope you're enjoying milder temperatures and getting back into your routines after a busy summer — I know I am!

We have plenty to share with you, most importantly how we're acknowledging Eczema Awareness Month this October.

This year, we asked our community members to tell us the #OneThingAboutEczema they wish more people knew. On p16, you'll find a beautiful representation of their answers from a range of perspectives in the eczema community. It's so important to acknowledge that, while eczema is the thread that ties us all together, each of us has a unique story to share. We hope to help each other and others better understand the true experience of living with eczema and its many different facets.

Along those lines, we're also featuring more insights on the different types of eczema. On p8, you can read the latest research on hand eczema. We also asked our ecz-pert dermatologists how to best care for seborrheic dermatitis on the face and beard areas on p20.

Additionally, you'll find more insights from our community members on stress-relieving activities to support overall well-being. Check out tips for journaling on p22 and a deep-dive into the science behind sound therapy on p14.

Finally, as the year draws to a close, the season of giving is right around the corner! NEA is always so appreciative for our donors who help get us closer each year to a world without eczema — we truly couldn't do it without you.

Happy reading, and warm wishes from all of us here at NEA!

With gratitude,

Julie Block - President & CEO

Our Mission: NEA is the driving force for an eczema community fueled by knowledge, strengthened through collective action and propelled by the promise for a better future.

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NEA NEWS

A Look Back at Summer

A Family Vacation to Remember

For Eczema Expo 2023, we took inspiration from the quintessential family vacation as we gathered our entire eczema family together — uniting people who have eczema, their caregivers, healthcare professionals and industry ecz-perts for four days of education, support, connection and family fun.

With over 400 attendees joining us in person, we checked all the boxes:

- ✓ Empowering, informative discussion and panel sessions with world-class medical professionals
- ✓ Fitness and wellness activities
- ✓ Support sessions
- ✓ Merrymaking including karaoke, spoken word, a pub quiz, luau and dance party

Just like eczema is more than skin-deep, family is more than just who you're related to; it's who makes you feel at home. Big hugs and thanks to everyone who joined us in Orlando!

Save the date for next year: Expo 2024 will take place June 27–30 in Denver, CO!



Taking Advocacy Action in Utah

In June, the eczema community rallied together to try to stop SelectHealth, the largest health insurance provider in Utah, from eliminating Dupixent from its formulary for patients 12 and older with moderate to severe atopic dermatitis. More than 320 people from 44 states sprung into action and told SelectHealth this was not acceptable through an email campaign facilitated by the National Eczema Association (NEA).

If this change affected you and your healthcare coverage, please reach out to NEA at advocacy@nationaleczema.org and we can help you appeal the decision. And even if you don't live in Utah, we recommend reviewing your insurance policy on a yearly basis to make sure your coverage is not being changed. Pay special attention to any letters you receive from your health plan, especially if the letter has phrases such as: "important drug coverage changes" or "prescription will no longer be covered."

If you'd like to get involved with advocacy efforts like these, please text NEA to 52886 to receive advocacy alerts.

Share Your Thoughts on Flares

When we talk about atopic dermatitis (AD), we often talk about going through a "flare." Although this term is widely used in doctor's offices, research papers and even clinical trials, there is not one single definition used for flare that everyone agrees on. And for that matter, there is no definition of what a flare means from the patient perspective. This is where the research team at NEA comes in. They are conducting an online survey to try to define what a flare is from the patient perspective and gain consensus from people with AD on what is important to include in the definition of a flare. Tell us what you think!



Scan here to open the survey and get started.
The survey closes on October 19.

NEA Ambassadors' Corner

Building community over the summer

This summer, NEA Ambassadors worked on building connections and learning new skills to advocate for eczema. Here's what our Ambassadors have been up to lately:

- **Eczema Expo 2023** — In June, many members of our Ambassador community came together at Expo to meet their peers in person and build lasting relationships. In addition to all the regular Expo sessions, Ambassadors attended an exclusive session for Ambassadors only where they learned how to get better equipped to activate in outreach, advocacy and research.



Ambassadors at Expo 2023 in Orlando, FL

- **August Recess** — In August, Ambassadors took their advocacy skills to their local governments during August Recess. This is when U.S. representatives return to their home districts to engage with their constituents. Your dedicated Ambassadors took advantage and met with their legislators to try to make a difference for the eczema community by advocating for improved access to eczema care and treatment.

"Learning about cutting-edge research advancements in dermatology from world-class subject matter experts at Eczema Expo opened my eyes to new possibilities for managing eczema. At the Ambassador Intensive session, I shared my Virtual Hill Day advocacy impact with fellow leaders, which reaffirmed for me the sense of community and connection I get from my NEA peers."

—NEA Ambassador Bryan Dosono, New York City



Bryan (left) with two fellow Ambassadors



If you're an adult living with eczema or a caregiver of someone with eczema, we invite you to join the NEA Ambassador family and make your voice heard. Join today at NationalEczema.org/ambassadors

WITH DUPIXENT, I'M STAYING AHEAD OF MY ECZEMA.

Help heal your skin from within, with DUPIXENT, a breakthrough eczema treatment. DUPIXENT helps block a key source of inflammation inside the body that can lead to uncontrolled moderate-to-severe eczema (atopic dermatitis).

Available for children 6 months of age and older.

- ▶ Fast itch relief*
- ▶ Clearer skin that lasts**
- ▶ Not a steroid or immunosuppressant

*At 2 weeks, 18% of adults on DUPIXENT + topical corticosteroids (TCS) had less itch vs 8% on TCS only.

**At 16 weeks, 39% of adults on DUPIXENT + TCS saw clear or almost clear skin vs 12% on TCS only. 22% saw clear or almost clear skin at 16 and 52 weeks vs 7%, respectively.

KEVIN
FIREFIGHTER & ACTUAL PATIENT
Individual results may vary.

TALK TO YOUR ECZEMA SPECIALIST & LEARN MORE AT DUPIXENT.COM

DUPIXENT
(dupilumab) Injection
200mg · 300mg

HELP
HEAL
YOUR
SKIN
FROM
WITHIN

Today's a good day to find out if DUPIXENT, a biologic, could be right for you.

INDICATION

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

IMPORTANT SAFETY INFORMATION

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

Before using DUPIXENT, tell your healthcare provider about all your medical conditions, including if you: have eye problems; have a parasitic (helminth) infection; are scheduled to receive any vaccinations. You should not receive a "live vaccine" right before and during treatment with DUPIXENT; are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby. A pregnancy registry for women who take DUPIXENT during pregnancy collects information about the health of you and your baby. To enroll or get more information call 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupixent/>; are breastfeeding or plan to breastfeed. It is not known whether DUPIXENT passes into your breast milk.

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

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

DUPIXENT can cause serious side effects, including:

Allergic reactions. DUPIXENT can cause allergic reactions that can sometimes be severe. Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following signs or symptoms: breathing problems or wheezing, swelling of the face, lips, mouth, tongue, or throat, fainting, dizziness, feeling lightheaded, fast pulse, fever, hives, joint pain, general ill feeling, itching, skin rash, swollen lymph nodes, nausea or vomiting, or cramps in your stomach-area.

Eye problems. Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision, such as blurred vision. Your healthcare provider may send you to an ophthalmologist for an eye exam if needed.

Joint aches and pain. Some people who use DUPIXENT have had trouble walking or moving due to their joint symptoms, and in some cases needed to be hospitalized. Tell your healthcare provider about any new or worsening joint symptoms. Your healthcare provider may stop DUPIXENT if you develop joint symptoms.

The most common side effects in patients with eczema include injection site reactions, eye and eyelid inflammation, including redness, swelling, and itching, sometimes with blurred vision, cold sores in your mouth or on your lips, and high count of a certain white blood cell (eosinophilia).

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 by your healthcare provider. It's an injection given under the skin (subcutaneous injection). Your healthcare provider will decide if you or your caregiver can inject DUPIXENT. **Do not** try to prepare and inject DUPIXENT until you or your caregiver have been trained by your healthcare provider. In children 12 years of age and older, it's recommended DUPIXENT be administered by or under supervision of an adult. In children 6 months to less than 12 years of age, DUPIXENT should be given by a caregiver.

Please see Brief Summary on next page.

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DUP.22.11.0161

YOU MAY BE ELIGIBLE FOR AS LITTLE AS A \$0 COPAY.* CALL 1-844-DUPIXENT (1-844-387-4936)

*THIS IS NOT INSURANCE. Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE, or other federal or state programs, including any state pharmaceutical assistance programs. Program has an annual maximum of \$13,000. Additional terms and conditions apply.

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

Rx Only

What is DUPIXENT?

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

Who should not use DUPIXENT?

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

What should I tell my healthcare provider before using DUPIXENT?

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

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

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

Especially tell your healthcare provider if you:

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

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

How should I use DUPIXENT?

- See the detailed "Instructions for Use" that comes with DUPIXENT for information on how to prepare and inject DUPIXENT and how to properly store and throw away (dispose of) used DUPIXENT pre-filled syringes and pre-filled pens.

- Use DUPIXENT exactly as prescribed by your healthcare provider.
- Your healthcare provider will tell you how much DUPIXENT to inject and how often to inject it.
- DUPIXENT comes as a single-dose pre-filled syringe with needle shield or as a pre-filled pen.
 - The DUPIXENT pre-filled pen is only for use in adults and children 2 years of age and older.
 - The DUPIXENT pre-filled syringe is for use in adults and children 6 months of age and older.
- 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 given by or under supervision of an adult. In children 6 months to less than 12 years of age, DUPIXENT should be given by a caregiver.
- **If your dose schedule is every other week and you miss a dose of DUPIXENT:** Give the DUPIXENT injection within 7 days from the missed dose, then continue with your original schedule. If the missed dose is not given within 7 days, wait until the next scheduled dose to give your DUPIXENT injection.
- **If your dose schedule is every 4 weeks and you miss a dose of DUPIXENT:** Give the DUPIXENT injection within 7 days from the missed dose,

then continue with your original schedule. If the missed dose is not given within 7 days, start a new every 4 week dose schedule from the time you remember to take your DUPIXENT injection.

- If you inject too much DUPIXENT (overdose), get medical help or contact a Poison Center expert right away at 1-800-222-1222.
- 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.** DUPIXENT can cause allergic reactions that can sometimes be severe. Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following signs or symptoms: breathing problems or wheezing, swelling of the face, lips, mouth, tongue, or throat, fainting, dizziness, feeling lightheaded, fast pulse, fever, hives, joint pain, general ill feeling, itching, skin rash, swollen lymph nodes, nausea or vomiting, or cramps in your stomach-area.
- **Eye problems.** Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision, such as blurred vision. Your healthcare provider may send you to an ophthalmologist for an eye exam if needed.
- **Joint aches and pain.** Joint aches and pain can happen in people who use DUPIXENT. Some people have had trouble walking or moving due to their joint symptoms, and in some cases needed to be hospitalized. Tell your healthcare provider about any new or worsening joint symptoms. Your healthcare provider may stop DUPIXENT if you develop joint symptoms.

The most common side effects of DUPIXENT in patients with eczema include: injection site reactions, eye and eyelid inflammation, including redness, swelling, and itching, sometimes with blurred vision, cold sores in your mouth or on your lips, and high count of a certain white blood cell (eosinophilia).

The following additional side effects have been reported with DUPIXENT: facial rash or redness. 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.

How should I store DUPIXENT?

- Store DUPIXENT in the refrigerator at 36°F to 46°F (2°C to 8°C).
 - Store DUPIXENT in the original carton to protect from light.
 - DUPIXENT can be stored at room temperature up to 77°F (25°C) up to 14 days. Throw away (dispose of) any DUPIXENT that has been left at room temperature for longer than 14 days.
 - **Do not** heat or put DUPIXENT into direct sunlight.
 - **Do not** freeze. **Do not** shake.
- Keep DUPIXENT and all medicines out of the reach of children.**

General information about the safe and effective use of DUPIXENT. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use DUPIXENT for a condition for which it was not prescribed. Do not give DUPIXENT to other people, even if they have the same symptoms that you have. It may harm them. This is a brief summary of the most important information about DUPIXENT for this use. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for more information about DUPIXENT that is written for healthcare professionals. For more information about DUPIXENT, go to www.DUPIXENT.com or call 1-844-DUPIXENT (1-844-387-4936)

What are the ingredients in DUPIXENT?

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

Manufactured by: Regeneron Pharmaceuticals, Inc., Tarrytown, NY 10591
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FROM THE COMMUNITY

Why I Give

April Broadnax, from Lancaster, CA, shares why she joined the Flare Fighters monthly donor club and her reasons for giving.

As told to Clare Maloney

I have struggled with eczema, specifically atopic dermatitis, from birth. Living with eczema is both mentally and physically exhausting.

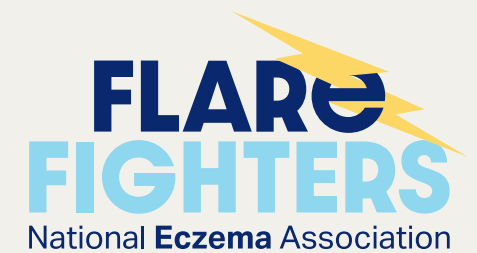
As a little girl, I suffered alone and it felt like no one understood my condition. For me, managing eczema is like a rollercoaster that I'm riding alone. As I approach my middle-age years, I've noticed the severity of my eczema has increased and it has become difficult to manage. My family and friends try to understand, but no one can truly understand unless they have experienced this condition personally.

I really feel like I found my tribe through the National Eczema Association (NEA) — along with the support and education I need to help manage my eczema. After following NEA's online community for some time and attending Eczema Expo virtually in 2022, I attended Expo 2023 in person in Florida. I have learned that no matter what, I love me, and I am not the eczemic skin I live in.

Now, I feel obligated to do my part to move the needle forward and help those who truly understand the struggle of living with eczema. That's why I joined NEA's Flare Fighters club. I give monthly to support NEA's vision of a world without eczema because it's a cause that's personal to me.



April and her daughter



You can be a Flare Fighter, too! Flare Fighters are a special club of people who support NEA's mission with a monthly gift. Your generosity supports critical research and community programs while advancing the future of eczema care. Plus, you'll receive special gratitude perks!

Scan here to join the Flare Fighters!



RESEARCH

Understanding the Various Types of Hand Eczema

By **Jodi L. Johnson, PhD**, research assistant professor of pathology and dermatology at Northwestern University

Flaking, peeling, itching, crusting — hand eczema can wreak havoc on your ability to do daily life activities. “Hand eczema can have an incredible impact on your quality of life — it can cause pain, itch, dryness, cracked skin, burning sensations and chronic rashes, which can reduce your ability to sleep, work, do routine life activities or participate in sports and recreation,” said Dr. Lawrence Eichenfield, chief of pediatric and adolescent dermatology at Rady Children’s Hospital-San Diego and vice-chair of the department of dermatology at University of California, San Diego School of Medicine.

Hand eczema is also prone to lots of secondary infections because skin is cracked and open. With the amount of use our hands get, it can be very problematic for people with hand eczema. Aside from the physical pain, there can also be mental anguish. “There is a deep psychological toll with people not wanting to shake hands or touch someone with eczema on their hands,” said Dr. Eichenfield.

Hand eczema affects about 14.5% of the general population worldwide at some point in their life, according to a 2021 paper.¹ Women and teens seem to be affected most by hand eczema. Women are more likely than men to have hand eczema, and as a result, a lower quality of life due to the symptoms.² The average age people develop hand eczema is 12 years old.³ According to a 2023 study, about 10% of teens age 16 to 19 reported hand eczema, while 1%–4% of preschool and school-age children reported chronic hand eczema.³

“Hand eczema is often overlooked by healthcare providers and often not seen by dermatologists until it is severe and chronic.” ~ Dr. Eichenfield

Although hand eczema is not exclusive to people with atopic dermatitis (AD), researchers have found that having AD does put you at higher risk for developing hand eczema.³ Many people with AD can experience eczema on their hands, but it might present differently on hands than the rest of the body. In addition, there may be overlap between hand eczema and other types of eczema.

Types of hand eczema

Hand eczema can be very difficult to diagnose due to the many different underlying causes. It can also be difficult to treat. “Hand eczema is often overlooked by healthcare providers and often not seen by dermatologists until it is severe and chronic, which can exacerbate its impact,” said Dr. Eichenfield.

There are several types of hand eczema. Here is a breakdown of the five main types of hand eczema:

- **Irritant contact dermatitis** – This is the most common type of hand dermatitis. It is typically caused by an irritant, like a chemical, that comes into contact with hands. Hot, cold, dry or wet conditions can also cause irritant contact dermatitis on hands. This type of hand eczema is often common for people in certain types of jobs, like mechanics, hairstylists, nail technicians and healthcare workers.⁴
- **Allergic contact dermatitis** – This type of hand eczema can often occur after a person has irritant contact dermatitis. With irritant contact dermatitis the skin can become cracked, which then allows allergens to penetrate the skin, which activates the immune system. With repeated, long-term exposure to these allergens, the patient can develop allergic contact dermatitis. This type of hand eczema can be more severe if the patient continues to expose themselves to the allergen.⁴
- **Atopic hand eczema** – This type of eczema is caused by a person’s immune system, and genetic factors like a filaggrin mutation, which does not allow the outer layers of the skin to fully develop. Atopic hand eczema is also caused by

environmental factors, which disrupt the skin barrier. This skin barrier disruption can lead to allergic reactions. As a result, if a patient has atopic hand eczema, they may also develop allergic contact dermatitis and irritant contact dermatitis.⁴

- **Dyshidrotic or “acute recurrent vesicular” hand eczema** – This type of eczema often displays as bumps filled with clear liquid that burst open. They often bruise and form scales. It may only last for a few weeks, which is why it is called acute, but it may happen repeatedly.⁴



Dyshidrotic or “acute recurrent vesicular” hand eczema

- **Hyperkeratotic hand eczema** – This type of eczema is typically associated with thick patches of cracked skin on the palms. This is a less common type of hand eczema that may also involve the soles of the feet. Hyperkeratotic hand eczema is difficult to treat. Patients often need to take oral or injected medications to see symptoms improve.⁴

How to diagnose hand eczema

So how do doctors diagnose hand eczema with so many different types and causes? “Hand eczema is really several different disorders, so the first thing a doctor needs to do is try to figure out what is causing it,” said Dr. Amy Paller, a pediatric dermatologist and chair of the dermatology department at Northwestern University. “Doctors look for clues like location of the rash or skin issues.”

The location of the rash can really help your doctor narrow down a diagnosis. “For example, contact dermatitis is usually on the tops of hands, but it can sometimes occur on palms,” explained Dr. Paller. “Allergic contact dermatitis of the hands can appear on either side of your hands. While dyshidrotic eczema can look like tapioca-like bumps on the sides of fingers or larger blisters or pus bumps.”

Your doctor will also ask a lot of questions to try to learn what might be causing hand eczema. They will do a thorough history of your hand issues. They may also need to do a biopsy to make sure the cause is not actually another disease like psoriasis or cancer.

Patch testing is another way for doctors to diagnose hand eczema. This is mainly used for irritant contact dermatitis and allergic contact dermatitis. Your doctor will apply various allergens and triggers to your skin and watch for redness, swelling, heat and other indications of an allergic reaction.

Patch testing is typically done for chronic hand eczema, not acute hand eczema. Acute hand eczema lasts less than three months and only occurs once a year. Chronic hand eczema lasts more than three months and reoccurs multiple times throughout the year.⁴



Patch testing

Current treatments for hand eczema

For acute hand eczema, you can frequently improve your symptoms by identifying the external irritant or allergen and removing it from your daily life. Another way to improve symptoms is to wash your hands using lukewarm water and a mild soap and make sure to remove all the soap from your hands, including under rings, where moisture and allergens can get trapped.⁵ Moisturizing hands frequently is also key. The top layers of the skin require 10% hydration in order to be an effective barrier, and moisturizers can greatly improve hydration and prevent further water loss when the skin barrier has been disrupted.⁵

Medications are also available for treating hand eczema, especially when it has become chronic. "The typical treatment for most hand eczemas is topical steroids," Dr. Paller said. "Chronic hand eczema usually requires a fairly strong treatment and so systemic medications

(taken orally or by injection) sometimes need to be used."

However, Dr. Eichenfield added, "due to the chronic nature of a lot of hand eczema, it is important that your care team finds a longer-term strategy for treatment beyond the occasional use of topical steroids."

Although topical steroids are considered the first line of treatment for hand eczema, it has been difficult to assess which topical steroids are most effective specifically for hands. A 2022 University of Colorado study compared different types of topical steroids for hands and did not find statistically significant differences between them.⁶ Oftentimes, this means several topical steroids need to be tried before symptoms in a specific patient improve.

An oral medication called alitretinoin, which is specifically for treating hand eczema, has been approved in Canada, Europe, Israel and South Korea.^{6,7} It has shown high efficacy for hand eczema. However, the U.S. has not yet approved it.^{6,7} In fact, there is currently no approved treatment specifically for hand eczema in the U.S.⁷

Systemic (taken orally) steroids, retinoids and other immune modifiers like cyclosporin and methotrexate can be used in cases where topical medications are not effective.⁵ Recently, injectable JAK inhibitors and dupilumab have become the treatments of choice for chronic hand eczema that does not respond to other treatments.⁷

Dr. Eichenfield suggested that patients find an eczema expert and request patch testing, especially in cases where medications have not been successful and the hand eczema has lasted several months or comes back multiple times a year. He strongly encouraged patients to think about irritant and allergic contacts as being the driving force behind hand eczema.

Treatments in development for hand eczema

There is still a lot of need for more treatments for hand eczema. "Researchers are trying to find better ways to diagnose hand eczema and get to the root cause faster to see if that can improve treatment recommendations and outcomes," said Dr. Paller. "There is also definitely room for improvement in therapeutics for hand eczema specifically — and clinical trials are currently being done."

"There is definitely room for improvement in therapeutics for hand eczema specifically — and clinical trials are currently being done." ~ Dr. Paller

Dr. Eichenfield is optimistic that new treatments for hand eczema will be available in the future. "Help is on the way!" he said. "There are new therapies in development, particularly looking at more effective long-term disease control. These newer approaches may include new non-steroid topical agents or systemic medications, such as biologics and oral or even topical JAK inhibitors."

In fact, a topical JAK inhibitor called delgocitinib has recently been studied in clinical trials for hand eczema in Europe.⁸ A total of 258 patients with hand eczema were given different doses of the topical drug and the highest dose (20mg/g) significantly reduced itch, pain and other hand eczema symptoms compared to patients who only received the topical cream not containing the drug.⁸

A similar trial with delgocitinib was performed at four different sites in the U.S. with AD patients rather than specifically hand eczema patients, according to ClinicalTrials.gov.⁹ Significant improvements were observed in these AD patients on the highest dose of delgocitinib compared to those who only received the topical cream without medicine. Further studies would be needed in the U.S. specifically for hand eczema to show its effect.

Hand eczema patients currently have some options as many of the recently developed therapeutics for AD can also be used for hand eczema for people who have overlapping conditions.

At Rady Children's Hospital/UC San Diego, Dr. Eichenfield is currently part of an effort to organize collaborative research to study hand eczema in children and teens. Part of this research, which was recently published in May 2023, looked at how pediatric physicians in the U.S. and Canada take patient histories, which diagnostic methods are most broadly used in pediatric hand eczema and how physicians approach their selection of therapies.¹⁰ The hope is that with these results, healthcare providers can create a set of guidelines for the management of pediatric hand eczema to get ahead of what Dr. Eichenfield called a "neglected condition."



Pediatric hand eczema

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Key takeaways:

- Hand eczema can be caused by many different factors and can overlap with AD.
- Though AD and hand eczema may have different underlying causes, they are also very frequently linked.
- Hand eczema can be a challenging disease to diagnose.
- Trying to identify the underlying cause of hand eczema can help with treatment.
- Current treatment options include avoiding specific irritants and allergens, following handwashing and moisturizing recommendations and being open to trying different medications.
- New drugs that treat AD, like dupilumab and JAK inhibitors, can help improve hand eczema.
- Clinical trials to test drugs specifically for hand eczema are ongoing.

NEA Funds New Hand Eczema Research

In 2022, the National Eczema Association (NEA) awarded a Spotlight Research Grant to Michael Haft, a dermatology research fellow at the University of California, San Diego, to study pediatric hand eczema. His work is studying 200 youths across 10 medical centers in the U.S. to better understand chronic hand eczema in children and teens. The goal is to evolve best practices in the treatment of chronic hand eczema for kids.

What People with Eczema Should Know Before Getting a Flu, COVID-19 or RSV Vaccine

By Janine Cooper

The threat of another "triple-demic" — the nickname given to last year's simultaneous outbreak of flu, COVID-19 and respiratory syncytial virus (RSV) — is on the horizon for this upcoming flu season. But unlike last year, RSV vaccines are now available to those 60 years and older, in addition to the existing flu and COVID-19 vaccines.¹

The question for people with eczema is: What's the safety of these vaccines and atopic dermatitis (AD)?

"These vaccines are generally quite safe for people with eczema," said Dr. Joy Wan, assistant professor of dermatology and pediatric dermatologist at Johns Hopkins University School of Medicine.

"In fact, for some people with eczema who are taking medications that might suppress their immune system, it is probably even more important to make sure one gets vaccinated to limit their risk of getting these common infections or having more severe symptoms."

"In fact, for some people with eczema who are taking medications that might suppress their immune system, it is probably even more important to make sure one gets vaccinated to limit their risk of getting these common infections or having more severe symptoms."

~ Dr. Joy Wan

But how do the flu, COVID-19 and RSV vaccines work for those with AD? What should eczema warriors consider before getting these vaccinations?

A good place to start is by gaining a better understanding of each vaccine — what it does and how it may affect those with eczema.

The flu shot and eczema

The flu vaccine helps protect against the common influenza viruses for each upcoming flu season. The Centers for Disease Control and Prevention (CDC) recommends everyone 6 months and older in the U.S. get a yearly flu shot.²

For those with eczema who may have weakened immune systems, the general recommendation when getting a flu vaccine is to avoid vaccines that contain a live virus.

The COVID-19 vaccine and eczema

The COVID-19 vaccine works to help build immunity to the COVID-19 virus without exposing the immune system to the live virus. The CDC recommends everyone ages 6 and older should get one updated Pfizer-BioNTech or Moderna COVID-19 vaccine to stay up to date.³

There have been some reports from those with eczema who say they experienced flare-ups after a COVID-19 vaccination.^{4,5} However, these reports were generally rare and the reactions may be due to other factors outside of the vaccine itself.

The RSV vaccine and eczema

The U.S. Food and Drug Administration (FDA) recently approved a new vaccine, Arexvy, designed to prevent RSV in those who are 60 and older. Prior to this new vaccine, monoclonal antibodies were used to help strengthen the body's immune response to RSV — particularly for babies and toddlers who are considered high risk.

Since the new RSV vaccine was only recently approved by the FDA, there are no current reports or studies on how this vaccine may affect those with eczema.

What to consider before getting vaccinated

For those with AD who are wondering if getting vaccinated for flu, COVID-19 and RSV is right for them, Dr. Wan provided her insight on the following questions.

Are people with AD more susceptible to getting sick from the flu, COVID-19 and RSV?

"Some people with atopic dermatitis might be more susceptible to getting sick from these infections or having worse symptoms," Dr. Wan explained. "Especially if their immune system is relatively compromised by treatments that they are taking for their atopic dermatitis."

What do dermatologists recommend to their patients with eczema regarding flu, COVID-19 and RSV vaccines?

"I recommend following the CDC guidelines for getting these vaccinations," said Dr. Wan. "However, some patients with eczema may need to avoid getting 'live' vaccinations due to their immune status when on specific treatments for eczema."

Should people with AD or food allergies get vaccines in a doctor's office instead of a pharmacy or off-site vaccine clinic?

"The risk of having an immediate side effect, such as an allergic reaction, to vaccines is generally very low," Dr. Wan explained. "If you have a history of allergy to vaccines or components of vaccines, then you may consider getting them in a doctor's office. However, many pharmacies and off-site vaccine clinics are equipped to handle these situations as well. I would recommend that you get it at the place where you are most comfortable."

Are people with eczema likely to flare after a vaccine?

"It is possible that some people with eczema can flare after a vaccine," said Dr. Wan. "But it's still only a minority of people with eczema and when a flare does occur after vaccination, it is usually easily manageable. If you have previously experienced eczema flares with vaccines, it may be worth making sure that you can see your dermatologist soon after the vaccine."

What should people with AD ask their doctor when deciding if it's safe to get these vaccines?

Dr. Wan explained that those with AD should ask about the risks and benefits of these vaccines based on their individual situation. "For example," she said, "some treatments for eczema may place one at greater risk for catching infections or having more severe symptoms with these types of infections. Check with your doctor about whether there are any special considerations for your own situation when it comes to getting or not getting these types of vaccines."

Key takeaway

With the potential of another "triple-demic" happening this flu season, it's a good idea for those with eczema to start talking to their doctor today about the flu, COVID-19 and RSV vaccines.

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MENTAL HEALTH

How Sound Therapy Can Help You De-stress and Relax

By Mollie Barnes

Finding a tried-and-true way to de-stress can be challenging in today's hectic world, especially when you are managing a chronic condition like eczema. Since stress is a common trigger for eczema, it's even more important to try to manage your stress levels.

"People with eczema often have flares and as a result can often feel like their world is unpredictable or out of control," said Dr. Olivia Hsu Friedman, a doctor of acupuncture, traditional Chinese medicine and herbal medicine at Amethyst Holistic Skin Solutions in Naperville, Illinois.

This lack of control, coupled with the burden of caring for your skin, can lead to all sorts of stress and emotions like anxiety, embarrassment, overwhelm and frustration. One method to try to manage your stress — and eczema — is sound therapy.

"Sound therapy can offer eczema patients a chance to relieve themselves from negative emotions, de-stress from the burden of their condition and participate in an activity that doesn't require extreme movement or sweating, which often makes eczema worse," Dr. Friedman said.

Here, Dr. Friedman, explains the basics of sound therapy and how it might help you manage your eczema symptoms.

What is sound therapy and how does it help you de-stress?

While there's no hard and fast definition of what sound therapy is, sound therapy uses specific sounds, vibrations or special instruments to help improve your emotional health and well-being. "Some benefits of sound therapy include stress relief, reduced muscle tension, more sound sleep, increased confidence and energy and reduced symptoms from health conditions," Dr. Friedman said.

Sound therapy focuses on the outcome rather than the type of sound. You can use whatever type of sound or instrument works, but the goal is to find the right vibration or frequency to induce a state of relaxation.

"When human beings hear external vibration, entrainment occurs, or the synchronization of that person's biology with the vibration," Dr. Friedman said. "This creates a stable frequency, meaning it helps you downshift from normal beta state (normal waking consciousness) to alpha (relaxed consciousness), and even theta (meditative state) and delta (sleep, when internal healing occurs)."

For example, a slow relaxing vibration will cause a person to gradually slow down their breathing rate, heart rate and even brainwaves to match the rhythm of the sound.

"In essence, the parasympathetic nervous system becomes activated and the sympathetic nervous system (better known as the 'fight or flight' response) is calmed," Dr. Friedman said.¹ "This usually makes people feel more relaxed and positive."

While the exact science of how sound therapy works is still being researched, there are some studies on the physical and mental benefits. For example, one study in 2016 found that Tibetan singing bowl meditation helped significantly decrease tension, anger, fatigue and depressed mood for study participants.² Other studies have shown that it decreases tinnitus symptoms (when your ears are ringing).^{3,4}

What types of sounds and instruments are considered sound therapy?

There are various types of sound therapy, including drumming, binaural beats, tuning fork therapy, vibration sound therapy and chanting. Binaural beats are an auditory illusion created by listening to two different sound frequencies in each ear, which have been shown to lower pain and anxiety in people who listened to them before and after surgery.^{5,6} Tuning forks are instruments that allow you to achieve precise vibrations.

A popular type of sound therapy is sound baths. This typically takes place in a group setting and a leader uses singing bowls, gongs, percussion, chimes, rattles and the human voice to create soothing sounds.

"The experience is not exactly like listening to music as there is no melody or consistent repetition of rhythm, but the single note and/or overtones of sounds are meant to maximize resonance and entrainment," Dr. Friedman said.

Why is sound therapy good for people with eczema?

"With constant flaring, eczema patients typically find themselves stuck in a stress response, which suppresses their immune system response and leads to a cascading inflammatory response," Dr. Friedman said. "By calming the stress response through sound therapy, the immune system response and inflammatory response can move back to normal levels."

Sound therapy can also help you calm your mind during an eczema flare. During a flare, you may feel discouraged about how your skin looks. "Or you might feel barraged by others constantly commenting on how you look or offering well-meaning suggestions like, 'Have you tried X?' that make you feel unseen or not understood," said Dr. Friedman.

Sound therapy, like sound baths or listening to binaural beats on your headphones, are low-impact activities that are low-risk. It's just listening to some sounds and trying to meditate to calm your mind and reduce anxieties.

"Sound baths can also provide an opportunity for people with eczema to be in a community with others in a nonjudgmental way, as most sessions take place in dimly lit rooms where everyone closes their eyes," Dr. Friedman added.

What's the best way to get started with sound therapy?

"The easiest way to start incorporating sound therapy into your life is to go online," Dr. Friedman said. Search terms like "binaural beats," "singing bowls" or "sound bath." Pick a video that sounds good to you. Lie down and enjoy. You can also search for sound baths in your area, which are usually offered by yoga studios, wellness centers and meditation centers.

"How often you use sound therapy, like anything else, will depend upon your own personal goals and preferences," Dr. Friedman said. "If you are recovering from, or in a flare, you may benefit from more frequent therapy sessions. Listen to your body and participate as often as you feel is right for you."

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One Thing About Eczema

By Clare Maloney

October is Eczema Awareness Month. This year we're calling on our community to tell us #OneThingAboutEczema. Share your relatable stories that not only tie us all together, but also highlight the unique perspectives that make each of our eczema experiences unique.

Get involved at [EczemaMonth.org](https://www.eczemaMonth.org), and follow and tag us on social media [@NationalEczema](https://twitter.com/NationalEczema) to join the conversation.



Amanda Lopez

"Eczema has taken away years of harmony, and it has greatly impacted my confidence. I have lost time that I will never get back. However, I've reprogrammed my mindset and reassured myself that living with this challenging condition has put me in a unique position to share my skills, talents and journey with others."

Vineet Khanna

"Eczema made my school and pre-medical studies a living hell, but it also gave me the inner strength to find more ambition. Specifically, it made my career path much harder. Taking exams to get into medical school while itching and in pain is a memory I will not forget."



"I wish more healthcare providers knew how much pain and suffering we truly go through. The late nights and early mornings unable to sleep or stay asleep. The constant urge to scratch until you bleed. Eczema is serious and it needs to be understood that way."



"Obviously, eczema impacts the self-image of those affected and I hadn't really thought about it impacting me, as a caregiver. But it has. I didn't feel 'enough.' I didn't feel I was doing enough, didn't feel I was a good enough mom because I couldn't make it better — and because all my friends' babies were sleeping through the night and mine wasn't!"



"Eczema has become a deterrent for many opportunities to socialize and make friends. Bailey has to sit by herself at lunch or with her teacher. She has to be very careful who she sits near in her class, on the bus and other events. Activities like Girl Scouts, cheerleading and sporting events are difficult, as well."



"Eczema can make it hard to receive love. Sometimes it is uncomfortable to be touched. At one point, it was hard to even be looked at for too long."

How to Take Care of Seborrheic Dermatitis Under Beards

By Celia Shatzman



This latest edition of *Ask the Ecz-perts* focuses on how to handle seborrheic dermatitis under beards. Our experts discuss how seborrheic dermatitis affects facial hair, how to treat seborrheic dermatitis in your beard and sensitive facial skin, what to avoid if you have seborrheic dermatitis and a beard or mustache, and whether you can prevent seborrheic dermatitis under mustaches and beards.

Our experts include: Dr. Joy Wan, dermatologist and assistant professor of dermatology at the Johns Hopkins University School of Medicine in Baltimore, Maryland; and Dr. Benjamin Ungar, dermatologist and director of the Alopecia Center of Excellence and director of the Rosacea & Seborrheic Dermatitis Clinic at Mount Sinai in New York.

How does seborrheic dermatitis affect facial hair?

Dr. Joy Wan: Seborrheic dermatitis can affect facial hair because it often occurs in areas where facial hair also grows, for example the sideburns or beard region.

Dr. Benjamin Ungar: Seborrheic dermatitis can very commonly affect facial skin in the beard area. Although it doesn't affect facial hair, per se, it can lead to beard dandruff in addition to significant itching in the areas with facial hair.

How can you tell if you have seborrheic dermatitis under facial hair?

Dr. Wan: You will often see a rash that can be pink, red, purple, tan/brown or sometimes even white (or hypopigmented) involving the skin under the facial hair. There is also usually flaking skin, or dandruff, within the facial hair. Sometimes itch will also be another symptom of seborrheic dermatitis.

Dr. Ungar: Signs of seborrheic dermatitis under facial hair include dandruff, flaking, itching and redness. It's important to note that these signs may reflect different conditions too, so evaluation by a dermatologist is advised.

Is beard dandruff considered seborrheic dermatitis?

Dr. Wan: The presence of dandruff in the beard is often a sign of seborrheic dermatitis. When it is mild and shows up as just dandruff flakes, it is likely a mild form of seborrheic dermatitis. However, the beard dandruff can also be accompanied by the rash and/or itch of seborrheic dermatitis as well.

Dr. Ungar: Beard dandruff can be considered as a less inflammatory form of seborrheic dermatitis where the primary manifestation is flaking, with less prominent redness and itching.

How does seborrheic dermatitis affect facial hair differently than the hair on your head?

Dr. Wan: Seborrheic dermatitis can sometimes be worse in areas of facial hair or also extend beyond where the facial hair is. For example, seborrheic dermatitis can often involve the eyebrows but also between the eyebrows. Similarly, seborrheic dermatitis may be visible beyond the borders of the facial hair. However, similar to the scalp, seborrheic dermatitis involving areas of facial hair will also show up as flaking scales within the hair and as a pink, red, purple or discolored rash underneath the facial hair.

Dr. Ungar: In general, I think it's reasonable to think of seborrheic dermatitis in areas of facial hair as similar to seborrheic dermatitis on the scalp. Because it involves the face, there may also be other areas of facial skin that are red and scaly or flaky as well, although this can also certainly happen in people with seborrheic dermatitis of the scalp too.

Do you have to shave your beard or mustache if you have seborrheic dermatitis on your face?

Dr. Wan: Not necessarily. Just as there are ways that we can treat seborrheic dermatitis on the scalp, there are treatments we can take to treat seborrheic dermatitis on the face. While shaving your beard or mustache can sometimes help, it does not always resolve the seborrheic dermatitis because the underlying skin may still be prone to developing seborrheic dermatitis. While there will be less visible flaking skin within the facial hair, the underlying inflammation of the skin due to seborrheic dermatitis may continue to cause a rash and itch in the affected area.

Dr. Ungar: Seborrheic dermatitis of the face can typically be treated successfully even without shaving facial hair.

How do you treat seborrheic dermatitis in your beard and sensitive facial skin?

Dr. Wan: You should make sure to shampoo the facial hair regularly, which will help to minimize the scaling and dandruff. If regular shampoo does not help, then dandruff shampoos may be helpful. If stronger medicated shampoos are needed, prescription shampoos can be considered. In addition to shampoos, medicated creams or lotions are also used to treat seborrheic dermatitis on the face. These include antifungal creams or lotions (because some yeasts are thought to trigger or exacerbate seborrheic dermatitis) as well as anti-inflammatory creams or lotions (such as topical steroids or topical calcineurin inhibitors).

Dr. Ungar: Currently, mainstays of treatment for seborrheic dermatitis in the beard area consist of antifungal treatments, which can be applied as a liquid, shampoo or low-potency topical steroids, which are available in liquid forms as well. Additionally, over the counter anti-dandruff shampoos can also often be very helpful. Given that facial skin is sensitive, overuse of topical steroids is not advised, and there are currently ongoing studies for different nonsteroidal anti-inflammatory treatments that may become available options for treatment in the near future.

What should you avoid if you have seborrheic dermatitis and a beard or mustache?

Dr. Wan: One should be careful to use gentle products to care for their beard or mustache, as different styling products may further irritate the skin and/or cause the seborrheic dermatitis to flare up.

Dr. Ungar: If you have seborrheic dermatitis and a beard or mustache, I view it less about what you should avoid and more about seeking care from a dermatologist. With appropriate treatment, you won't have to worry about avoiding things.

How can you prevent seborrheic dermatitis under mustaches and beards?

Dr. Wan: You may not be able to prevent it completely but if there are known triggers for your seborrheic dermatitis, then avoiding those triggers can be helpful to limit flares. Triggers vary from person to person, but some triggers may include stress, sweat, irritating products, hot showers/baths and cold/dry weather.

Dr. Ungar: Currently, there are no ways to prevent seborrheic dermatitis from developing to begin with, but with proper treatment, it can be kept under very good control.

MEET THE ECZ-PERTS



Dr. Joy Wan

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COMMUNITY TIPS

Why Journaling Can Help Reduce Stress — and How to Get Started

By Celia Shatzman

Cynthea Corfah started journaling as soon as she could write. "I remember having those cute, pink, decorative journals with a lock on the outside as a little girl," said Corfah, 28, from New Orleans, Louisiana. "I grew up as an introspective only child, so I've always found the act of journaling to be a comforting release and helpful tool for problem solving."

Diagnosed with eczema as a baby, journaling has been instrumental for easing Corfah's anxiety and stress. "Journaling helps me to move the thoughts from my head onto paper," she said. "I feel like eczema can worsen when we store thoughts, worry and stress in our bodies. I use journaling as a tool to calm me down, ease my mind and release my worries onto my journal pages. Fleshing out my stressors and checking in with myself really helps me to feel grounded and in control."

A way to heal and de-stress

Research has shown that writing can improve patient psychological and physical well-being. That's why Eunice Yu, a board certified behavior analyst and yoga therapist in Chicago, recommends

journaling for people with eczema, particularly those who struggle with the chronic cycle of itch. "Oftentimes, in that cycle, patients with severe atopic dermatitis are left feeling isolated in the chronic cycle of itch," she said. "Keeping a journal gives you back the control to reflect or record or even rewrite and reframe your mindset throughout that chronic cycle. I have been told by patients who have eczema that journaling has become a preferred self-regulative best practice for stress and anxiety relief. It becomes an outlet for them, as much as it becomes a way to record and track their progress."

In fact, research published in *The Permanente Journal* in 2021 found that journaling helps reduce stress, and a 2019 study published in *JMIR Mental Health* discovered that journaling is linked to fewer symptoms of anxiety and depression.^{1,2} "Research has shown that journaling has been proven to decrease stress, manage anxiety, depression and control your symptoms by tracking (and identifying) recorded triggers, and inevitably identify negative self-talk or thoughts and behavior patterns," Yu said. "For those reasons alone, I believe journaling has an immense influence on your relationship with yourself and your mental health."

Additionally, research published by Cambridge University Press found that writing about traumatic, stressful or emotional events can improve mental and physical health.³

"Sometimes, it's just about getting it out there," Yu said. "If you experience anxiety, isolation, or depression from eczema, it's hard to talk about, which is why journaling specifically is such a helpful tool in eczema-related stress reduction. When you're able to put pen to paper and write about your day, even the toughest parts, you've begun your healing journey by learning to let it out — one word, one sentence, one page or chapter at a time. I like to think of journaling as a reflective conversation with someone you trust: yourself. I believe that a healthy relationship with yourself is the first step towards the psychology of a positive framework and healthy mindset."

Corfah's eczema flares have come in waves all her life, but her skin condition was at its worst when she went through topical steroid withdrawal (TSW) from 2019 to 2021. During those tough times, journaling was especially critical for her healing journey. "I felt isolated, ugly and lost," she said. "I was able to pour all of those dark feelings into my journal and write myself a new story. I started manifesting heavily and wrote what I hoped to see for my future. That involved clear and non-itchy skin, a romantic partner that brought me joy and security, a flexible career and financial abundance."

Putting pen to paper

Though there are many ways to journal, Corfah opts for the old school route. "I love writing with a pen and paper," she said. "There's something magical that happens when you don't know what you are going to write, but the words just start flowing from your mind to your hands to the paper. As soon as one journal fills up, I go and buy another. I've kept all of my journals since childhood so I can see how I've grown and remained the same."



Photo courtesy of Cynthea Corfah

"I started manifesting heavily and wrote what I hoped to see for my future. That involved clear and non-itchy skin, a romantic partner that brought me joy and security, a flexible career and financial abundance."

~ Cynthea Corfah

Jotting down your thoughts helps no matter how you do so, but Corfah recommends others follow her lead and journal with a real pen and paper. "Having a safe space to put all of your thoughts is a game-changer," she said. "We spend all day on screens, so journaling helps you to check in with yourself without the distraction of notifications or open tabs. As eczema warriors, we get itchy and fidgety. Journaling helps you to be present and focus on the act of writing, not scratching. It also helps you to write down your dream life and write yourself out of your current skin struggles. Words are powerful, so use them wisely."

Getting started

For people with eczema who are looking to start journaling, experts suggest following prompts. Yu recommends prompts that juxtapose a negative mindset with a positive framework. "For instance, start off writing out five to 10 negative emotions you felt today," she said. "For each one, write two positive ones felt today. Among the list of your positive emotions, pick as many you want to write about, in detail, to seal off the day on a positive and hopeful note."

As another option, Corfah suggests these questions as journal prompts:

-  How am I really feeling in this current moment?
-  What do I want to achieve today?
-  What is bothering me consciously or subconsciously right now?
-  What can I do today to get closer to my dream life?
-  What do I want to manifest in my life?
-  What am I grateful for?
-  How would I describe my ideal career?

There are a range of approaches to journaling, from prompts to free-writing. Corfah typically practices "morning pages," which is free-flow writing for at least three pages. "That helps me to empty my mind and

write down everything I wasn't even aware was stored in my brain," she said. "I also will ask myself specific questions so I can problem solve and get to the root of my feelings."

Setting a routine

Ideally, it's best to journal as often as possible and stick to a routine. However, that isn't always a reality for everyone. Corfah wants to journal daily, but the busier her schedule is, the less she tends to journal. "In this current season (summer), I'm journaling a few times a month," she said. "It also depends on what I'm going through. If I have a lot to get off my chest, I'm more likely to journal."

"Journaling is the perfect tool to release that anxiety from the body and mind and onto a tangible surface. You can even rip up your journal pages and throw them away for an added feeling of release."

~ Cynthea Corfah

When starting out, try to establish a routine. "The best way is to stick with consistency," Yu says. "Whether you journal every night before bed, or twice a day morning and night, or once every day after every bad itch, try to be consistent to implement almost a ritualistic commitment to your healing (journaling) journey." Yu suggests making it part of your self-care routine and make daily journaling more doable by doing small and short prompts once a day or every other day.

"Journaling should be a part of every eczema warrior's self-care routine," Corfah said. "Some spiritual people believe that eczema is a manifestation of emotional turmoil and anxiety stuck in the body that is coming to the surface. If this is true, journaling is the perfect tool to release that anxiety from the body and mind and onto a tangible surface. You can even rip up your journal pages and throw them away for an added feeling of release. Whatever you do, just get it out!"

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NEA QUESTIONNAIRE

Dr. Richard Aron

By Clare Maloney

What is your idea of perfect happiness? Perfect happiness does not exist. **What is your greatest fear?** The loss of one of my children. **Which living person do you most admire?** My wife, Kate. **Where do you go to find peace?** I go to sleep. **What is your current obsession?** I am mildly obsessed with the correct usage of the English language. **What is the quality you most like in yourself?** Integrity. **Which words or phrases do you most overuse?** Refer to number five! **What or who is the greatest love of your life?** My greatest loves have changed from time to time. **When and where were you happiest?** Truly cannot decide. **Which talent would you most like to have?** To have been better at sport in general. **If you could change one thing about yourself, what would it be?** To have been and be more adventurous in life. **What do you consider your greatest achievement?** Raising my four children to be admirable people. **If you were to die and come back as a person or a thing, what would it be?** Opening batsman (cricket) for South Africa. **Where would you most like to live?** Cape Town where I live now! No better place. **What is your most treasured possession?**

Inspired by the Proust Questionnaire, and popularized by *Vanity Fair*, we're back with another edition of our very own NEA Questionnaire. French author Marcel Proust believed that by answering a series of curated questions, an individual reveals their "true nature." Along these lines, the NEA Questionnaire series aims to highlight prominent figures in the eczema community to try to better understand their impact on the community and the passions that drive them.

Dr. Richard Aron is a world-renowned dermatologist known for originating the CASM (compound antibacterial steroid and moisturizer) method, also known as the Aron regimen, which is a unique and groundbreaking approach to eczema treatment. Get to know Dr. Aron:



Artwork by Christopher Grant

A tiny diary used by my late mother to record family birthdays. **What do you regard as the lowest depth of misery?** Have never plumbed these depths. **What is your most marked characteristic?** Fortitude in the face of adversity. **What do you most value in your friends?** Patience with my idiosyncrasies. **Who is your hero of fiction?** No such person. **What is the best piece of advice you've ever been given?** Always play a straight bat (cricket) by an Australian cricketer (Jack Moroney), when I was 10 years old. Implies integrity. **Which historical figure do you most identify with?** Ignaz Semmelweiss, the 19th century physician who was the first to perceive the existence of bacterial infection. **What is it that you most dislike?** Hypocritical people. **What is your greatest regret?** I regret having been risk averse to the degree which I practiced. **What is your motto?** Spectomur Agendo — "Let us be judged by our actions." **What do you wish more people knew about eczema?** The understanding and correct treatment of the critical adverse role played by *Staphylococcus aureus* bacterial infection in atopic dermatitis.

How Does Birth Control Affect My Eczema?

By Janine Cooper



Finding the right birth control option for those with eczema may feel overwhelming. Many different birth control options are available, including hormonal birth control — like oral contraceptives (aka, the pill) and hormonal intrauterine devices (IUDs). There are also non-hormonal methods like condoms and spermicides. But do certain birth control options affect those with atopic dermatitis (AD)? Are some options better or worse than others?

We asked Dr. Zelma Chiesa Fuxench, assistant professor of dermatology at the Hospital of the University of Pennsylvania, to walk us through what people with eczema should consider when assessing birth control options.

Do hormonal contraceptives, like the pill, cause any known issues for female patients with eczema?

"Oral contraceptives (or the pill) are an overall safe and effective form of contraception that has been around for many years," Dr. Chiesa Fuxench explained. Interestingly, during menstruation there are fluctuations in sex hormone levels, which are known to influence skin barrier integrity and blood flow to the skin.¹

Is it common for women with eczema who are on the pill to have a flare during their period or when taking the pill?

"In my experience, most patients who are on oral contraceptives and have eczema tolerate them well and do not experience flares during their period," said Dr. Chiesa Fuxench. "However, some patients can experience worsening of their eczema symptoms at different points throughout their menstrual cycle due to changing sex hormone levels (e.g., estrogen, progesterone, testosterone)."

What side effects are common for people who have eczema and take the pill and is there any research to support it?

"Most patients who take the pill will not experience any adverse reactions with their eczema," said Dr. Chiesa Fuxench.

Based on current research, Dr. Chiesa Fuxench pointed out that it's unclear if people who take oral contraceptives may be at higher risk of developing AD. In a study of females in the U.K., researchers observed a potentially higher risk for AD among current oral

contraceptive users compared to non-users.² However, Dr. Chiesa Fuxench pointed out that this study had limitations. There may have been the possibility of recall bias — when an inaccurate or incomplete recollection of events with study participants occurs. There was also the potential for misclassification of eczema diagnoses as the study was based solely on patient reports, which a physician did not confirm. Plus, some of the oral contraceptives included in this study contained higher doses of estrogen, which is not used as frequently in newer contraceptive options. Overall, Dr. Chiesa Fuxench emphasized newer research is needed with more diversity and detailed parameters to fully assess if there's a risk for those with AD.

Another study examined the risk of children developing AD if their mother took oral contraceptives before or after pregnancy. The study concluded that they did not find an increased risk of developing AD among children.³

In light of these studies, Dr. Chiesa Fuxench said, "I recommend that when starting any new medication, patients with atopic dermatitis should monitor the signs and symptoms closely. If it appears their eczema may be worsening, they'll need to seek an evaluation with their dermatologist or physician as soon as possible."

How can nonhormonal birth control methods like condoms or spermicides affect eczema?

"One of the most important things to think about when using condoms is that these may cause problems for patients with sensitive skin, particularly those who have an allergy to rubber-containing products or latex," said Dr. Chiesa Fuxench. "Condoms made of polyurethane or nonlatex condoms may be an alternative in such cases."⁴

As for spermicides, Dr. Chiesa Fuxench explained that they are overall safe for use by patients with AD. However, she suggested that people with AD read the packaging on spermicide carefully. Some patients may have a known contact allergen to some of the ingredients in spermicide. If you're not sure or don't know if you have an allergen, she recommended that you first do a spot test on another area of your body that can be more easily monitored (e.g., inner forearm) and assess if you develop an irritation.

Do you recommend that your patients talk to an obstetrician gynecologist (OB/GYN) about their birth control and eczema concerns?

"Absolutely," Dr. Chiesa Fuxench confirmed. "I encourage my patients to seek counseling regarding birth control options with their OB/GYN." OB/GYNs are experts in their field and can provide comprehensive advice on the current birth control options available.

They can also help guide you to a birth control method that is best for your individual needs. They will consider your medical history and other risk factors, including any medications you are taking for AD.

For example, if you take JAK inhibitors for AD treatment, it's a good idea to let your OB/GYN know about that before starting a new birth control method. "JAK inhibitors have been associated with an increased risk for blood clots, and oral contraceptives have also been associated with an increased risk for blood clots," said Dr. Chiesa Fuxench. She lets her eczema patients know about this potential for added risk when these medications are both taken at the same time. However, she stressed that this does not mean patients cannot take them together. But it is a worthwhile discussion to have with your OB/GYN so they are aware and to see if there are other birth control methods available.

Do any eczema treatments impact the effectiveness of birth control?

"Commonly used topical and systemic treatments for eczema are not thought to affect the effectiveness of birth control options and are an overall safe and reliable option for sexually-active patients seeking to prevent pregnancies," Dr. Chiesa Fuxench said. "I recommend that patients discuss these options further with their OB/GYN."

Is there a preferred birth control for people with eczema?

"In my opinion," said Dr. Chiesa Fuxench, "the preferred method is the one that patients are most comfortable with and offers them a safe, reliable and affordable method for preventing pregnancies."

Final takeaway

It is important for sexually-active people with eczema who want to limit their chances of pregnancy to have frank discussions with their physicians — specifically their OB/GYN or primary care provider. These providers can help people with eczema consider their options based on their entire medical history and any other risk factors.

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RESEARCH

20 Years of NEA's Research Grants

By Amber Whiteside

The last few years, we've seen a record number of targeted eczema treatments approved by the FDA, as well as a profusion of new studies and insights about the lived experience of eczema, all culminating from decades of research.

But this investment in eczema research wasn't always happening; in fact, for a disease that affects over 30 million people in the U.S, it was woefully underfunded. Consequently, eczema was not well understood and there were very few treatments available or in development.

In 2003, the National Eczema Association (NEA) aimed to fill this gap with the creation of its Research Grants program, awarding its first grant of \$30,000 in 2004 to a single investigator. In addition to supporting cutting-edge research in basic, clinical and translational science, the program aimed to encourage scientists and researchers to dedicate their careers to the eczema field.

In the two decades since it was established, NEA has increased its investment exponentially every year, with new grant categories to fund more investigators in various stages of their careers. To date, NEA has invested over \$3 million in grants that have collectively supported a deeper understanding of eczema, provided insights into the biology contributing to eczema, targets for new potential treatment strategies, and furthered the ability to improve patient care and disease prevention.

Most notably, for every \$1 NEA has invested in eczema research, grantees have collectively gone on to obtain an additional \$10.12 in subsequent National Institutes of Health (NIH) funding to support further eczema research, which is a remarkable return on investment.

As NEA's Research Grants have expanded to include more categories across career levels, from students to well-established investigators, the program has seen the number of applications increase and the diversity of research proposals expand.

Today NEA's Research Grants program is known worldwide for supporting critical and wide-ranging contributions to eczema research, which will ultimately lead to better treatments, care and outcomes for eczema patients.

"Each of the NEA grants was instrumental in my career trajectory. My work on the burden of disease helped establish me as a recognized expert in the epidemiology of eczema. My project on the risk of suicide associated with eczema was my first using population-based data — data that I now use routinely to answer questions that are important to clinicians and patients. My most recent Eczema Champion Grant has provided a large sum of money that supports me and my research team to tackle a large, nuanced body of research encompassing multiple research questions."

~ Aaron Drucker, three-time NEA research grant recipient

RECIPIENT SPOTLIGHT

Anna De Benedetto, an associate professor of dermatology at the University of Rochester Medical Center, is a repeat NEA awardee looking at the basic biology of the skin barrier. Her NEA-supported work identified several components in the stratum corneum and tight junctions of the epidermis that aren't functioning properly, and opened up new avenues of investigation into approaches that could enhance skin barrier repair and/or reduce infection with *Staphylococcus aureus*.

Eric Simpson, professor of dermatology at Oregon Health & Science University, received a grant to investigate whether emollient use from birth could be a preventative strategy for atopic dermatitis (AD). This work, which was one of the first to look into this topic, has since been built into a large clinical trial and is also being studied globally. It's still a very active and promising area of investigation.

Aaron Drucker, a scientist at Women's College Research Institute and associate professor of dermatology at the University of Toronto, is a three-time NEA research grant recipient. The first project that received funding was the first-ever comprehensive documentation of the burden and unmet needs of AD, a report that is still widely cited today, especially for the economic and societal impact of AD. His subsequent grants were awarded for projects investigating the association between AD and suicide risk and the long-term safety of topical corticosteroid use.



Eczema is as unique as your child. Turn your *whys* into *wise*.





Learn more and get involved
[EczemaMonth.org](https://www.EczemaMonth.org)