



National
Eczema
Association

**Food Elimination for
Atopic Dermatitis**

Should you eliminate specific foods from your diet to manage eczema? Get the latest research. **p9**

To Flake or Not to Flake

Expert advice on how to cope when eczema threatens your plans. **p16**

Treatment Roundup

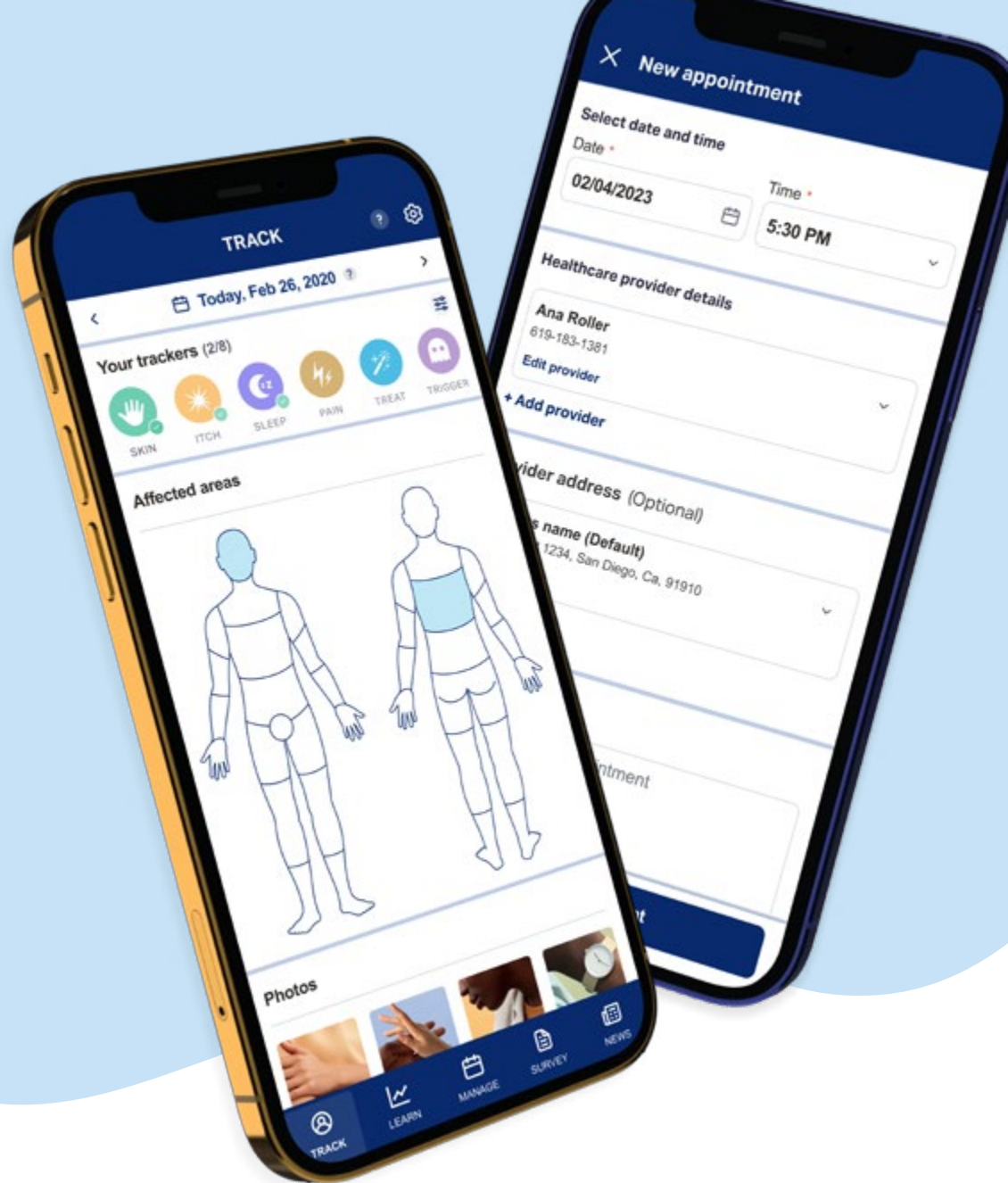
Updates on new and anticipated treatments for eczema this year. **p28**

NEA Magazine

Research, Support and Education for Those Affected by Eczema

6 Tips to Manage Eczema in the Winter

Foolproof ways to keep your skin calm this season. **p14**



Meet the app that turns your whys into wise.

Download EczemaWise Today



NEA Magazine

Editorial Staff

Editorial Director: Amber Whiteside
 Design Director: Sam DeWys
 Managing Editor: Jennifer Moncayo-Hida
 Senior Writer: Clare Maloney
 Contributors: Angela Ballard, RN, Mollie Barnes, Meghan Gallagher, Jodi L. Johnson, PhD, Melissa Tanoko, Erlina Vasconcellos

Scientific & Medical Advisory Council

Andrew Alexis, MD, MPH
 Katrina Abuabara, MD, MA, MSCE
 Raj Chovatiya, MD, PhD
 Aaron Drucker, MD, CEC Vice-Chair
 Lawrence Eichenfield, MD, CEC Chair
 Adam Friedman, MD
 Emma Guttman, MD, PhD
 Candrice Heath, MD
 Brian Kim, MD
 Shawn Kwatra, MD
 Lynda Schneider, MD
 Jonathan Silverberg, MD, PhD, MPH
 Eric L. Simpson, MD, MCR, RAC Chair
 Robert Sidbury, MD, FAAD, CAC Chair

Scientific & Medical Advisory Council Emeritus

Lisa A. Beck, MD
 Kevin D. Cooper, MD
 Jon M. Hanifin, MD
 Peter Lio, MD
 Amy S. Paller, MD
 Elaine Siegfried, MD
 Gil Yosipovitch, MD

Board of Directors

Chairwoman: Christina Crowley
 Secretary: Amy Chernelich
 Chief Financial Officer: Sarah Young O'Donnell
 Mike Bristol
 Lisa Choy
 Lynell Doyle
 Ashley Keyes Jacobs, MD
 Nathan Jetter, MD
 Peter Lio, MD
 Mary Quazzo
 Dinesh Shenoy

NEA Director Emeritus

Irene and Phillip Crosby
 John (Jack) Crossen, PhD
 Jon M. Hanifin, MD
 Elizabeth Hoff
 Tom Reese, JD
 Susan Tofte, RN, MS, FNP
 Don Young, JD

Contents

- 2 Letter from Julie: Updates from NEA's President and CEO
- 4 NEA News
- 6 Why I Donate to NEA: Linda Dodge
- 9 A Look at the Food Elimination Diet Trend for Atopic Dermatitis
- 13 How Feeling Heard Helped Reshape How I Think About My Eczema
- 14 6 Tips to Manage Eczema in the Winter
- 18 How to Dress for Winter Fun
- 20 How to Handle Big Feelings About Your Child's Eczema
- 22 How to Care for Hypopigmentation
- 24 The Space Between Flares
- 26 When is the Best Time to Try Alternative Treatments for Eczema?
- 28 2023 Eczema Treatment Roundup



16

To Flake or Not to Flake: How to Cope When Eczema Threatens Your Plans

You have plans but your eczema is flaring. What should you do? Get tips from community members and Dr. Lisa Lombard, an ecz-pert and licensed clinical psychologist.

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

treatments should consult a professional healthcare provider. Opinions expressed by NEA Magazine do not necessarily reflect the views of the National Eczema Association, its Board of Directors, its Scientific & Medical Advisory Council or its contributors.

NEA Magazine is published quarterly by the National Eczema Association (NEA). All rights reserved. No part of this publication may be reproduced without permission from NEA.

Copyright © 2023 National Eczema Association.





Letter from Julie

Happy New Year to all! This year is sure to be jam packed with new endeavors — starting with an announcement from me. It is with mixed emotions that I share I'll be retiring this spring in March 2024.

As I sit to pen my final letter to you as CEO of NEA, I'm overwhelmed with many tender thoughts and feelings, and dare I say, tremendous pride. I've had the rare privilege and honor of serving the eczema community during an explosive era of opportunity and change. More importantly, you, my NEA family, have been the fuel that has driven my passion in ways I never knew possible. Together we've shared, learned, supported, advocated and kept hope alive for a world without eczema.

I stood on the shoulders of some greats! Too many to name, but respectfully they include our NEA founders: Dr. Jon Hanifin, Irene and Philip Crosby, Dr. Susan Tofte and Dr. Jack Crossen. They also include my mentor and friend, Vicki Kalabokes, NEA's interim CEO prior to me, and my fiercest advocate, strategist and supporter in the early years Jim Stoppello, NEA's volunteer CPA and legal counsel.

While our organization has achieved many impactful accomplishments during my 17 years, ultimately, it's the relationships I've been blessed with that will live in my heart: the extraordinarily kind and dedicated staff, board of directors, Scientific & Medical Advisory Council members, corporate partners, supporters of all stripes, colleagues from around the world, and every single eczema patient, parent, family member, caregiver or friend that I've had the opportunity and privilege to connect with.

I hope you take immense pride in how far we've traveled together as an eczema community, improving the health and quality of life for people with eczema and their loved ones. There's so much more to come — including what you'll read about in this issue of our winter magazine. Check out new eczema research, read stories from our community members and remember to register for Eczema Expo 2024 in Denver, Colorado this year! I'll be cheering from the sidelines.

Yours with big hugs,

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.

All correspondence and requests for copies should be directed to:

National Eczema Association
505 San Marin Drive, suite B300,
Novato, CA 94945
Phone: 800.818.7546 or 415.499.3474
Fax: 415.472.5345
Email: Info@NationalEczema.org
NationalEczema.org



Cherished moments over the years



Team NEA extraordinaire at Expo 2022 in Seattle, Washington.



With my self-proclaimed "little brother," the extraordinary Dr. Peter Lio. What a gift he is to me and our community. Here we are exploring the beautiful and mysterious Hagar Qim and Mnajdra Temples, older than the great pyramids!



Honoring outgoing Scientific & Medical Advisory Council Chairwoman, Dr. Amy Paller.



Leaders in Eczema Forum at Mt. Sinai in New York, 2017, with Dr. Emma Guttman, Dr. Peter Lio, Jennifer Moyer Darr, MSW and Dr. Mark Lebwohl.



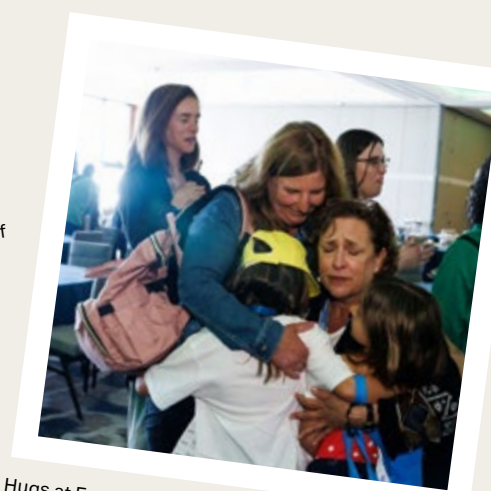
Dr. Jon Hanifin, NEA founder, NEA Director Emeritus, and world-acclaimed eczema expert and champion (and one of my many bosses all these years!).



Itching for a Cure walk in New Jersey in 2013 with the founder of the event, NEA community member Stephanie Knox and our then young Ambassador, Isaiah Dixon.



With my mentor and friend, Vicki Kalabokes. She taught me so much — including how to live life to the fullest!



Hugs at Expo with the Chrnlich family.

Our Latest Updates

Help us advocate for eczema

Make 2024 the year you get involved and help advocate for eczema with your legislators and other policymakers. Our government plays a critical role in funding large-scale medical research projects and crafting laws that support access to medical care. To help push eczema as a priority, the National Eczema Association (NEA) has a three-pronged approach to our advocacy efforts with lawmakers:

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



Please help us advocate for eczema! Sign up online to receive timely and important opportunities to advocate with NEA. We will email you forms and letters for you to quickly fill-in and submit to your legislators in a few clicks online. Scan the QR code to sign up for advocacy updates.

A win in New Hampshire

Congratulations to NEA community members Lisa, Lou, Paige and Matthew Boyon, who successfully lobbied their home state of New Hampshire to declare October as Eczema Awareness Month. Matt Boyon, who has atopic dermatitis, along with his family started their quest more than three years ago to get a state proclamation and worked with various legislators to make it happen.

Their efforts started to take shape in January 2023 when they spoke at the Legislative Office Building in support of House Bill 94, which would establish October as Eczema Awareness Month in New Hampshire.



The Boyon Family

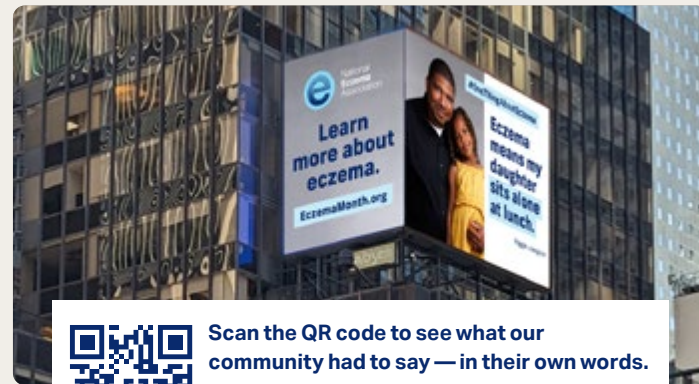
The bill did not pass, but the Boyon family was encouraged to contact the governor's office to discuss a day of recognition. So they did.

In August 2023, the governor's office asked them to submit language and key points on why this proclamation was important. Lisa reached out to NEA and our advocacy team helped put together talking points. After reviewing these materials in late September, Governor Christopher Sununu approved the proclamation, officially shining the spotlight on eczema across the state.

"We are so proud of the Boyon's drive and perseverance to promote eczema awareness with both our elected officials and the broader New Hampshire community through this state proclamation," said Michele Guadalupe, director of advocacy and access at NEA. "Their advocacy efforts are helping to make a difference for the eczema community."

Thank you for sharing

During Eczema Awareness Month 2023, we asked our community members to tell us #OneThingAboutEczema throughout the month of October. We are so pleased with how many people in our community responded on social media and shared personal experiences, while taking steps to raise awareness and reduce stigma. There were 47,000 engagements (likes, comments, clicks, etc.) with #OneThingAboutEczema across our NEA social media channels.



Scan the QR code to see what our community had to say — in their own words.

Pictured above: The #OneThingAboutEczema campaign on display in New York City's Times Square.

CDC awards grant to NEA

NEA has been awarded a Chronic Disease Awareness and Engagement grant from the Centers for Disease Control and Prevention (CDC). This is the first time NEA has been awarded the prestigious and competitive grant. The grant funding began on September 29, 2023.

The grant will support a four-year project focused on increasing awareness of the seriousness of atopic dermatitis (AD) and

highlighting the need for timely diagnosis and ongoing disease control. NEA's project will increase awareness and knowledge of the prevalence, significance and seriousness of AD as more than a skin disease among public health professionals, primary care physicians, affected patients and their families and the public.

"Today we have a much better understanding of the multidimensional burden of AD, as well as a growing number of effective treatments for AD of all severities," said Wendy Smith Begolka, chief strategy officer of research, medical and community affairs at NEA and lead for the CDC-funded project. "With increased awareness, improved diagnosis and optimal disease management, the lives of patients and families can be significantly changed for the better."

NEA Ambassadors' Corner

A year of accomplishments

NEA Ambassadors were busy in 2023. Last year, they made several meaningful contributions to eczema research, awareness and policy. These accomplishments include:

Advancing eczema research

- Ambassadors participated in several research surveys conducted by NEA's research team, which helps us get closer to more effective and personalized care for eczema.
- Ambassadors contributed their unique experiences for various research studies and patient resources conducted by treatment developers and healthcare providers. Topics included seborrheic dermatitis, dyshidrotic eczema, health insurance for eczema patients, managing atopic dermatitis from youth into adulthood and eczema action plans for care.

Raising eczema awareness

- During Eczema Awareness Month, Ambassadors participated in our Boots on the Ground campaign, where they shared eczema resources in their local communities to help reduce stigma, build compassion and welcome new people into the NEA community.



Save the date: Expo 2024

Registration for Eczema Expo 2024 is now open! Join us June 27–30 in Denver, Colorado for NEA's annual, four-day event that brings together people who have eczema, their caregivers, healthcare professionals and industry experts to learn, find support and connect with others who have eczema. Learn more and register now at EczemaExpo.org.



Eczema Expo 2023 in Orlando, Florida

Congressional outreach and advocacy

- During NEA's second annual Virtual Hill Day, Ambassadors secured the support of six new cosponsors on Capitol Hill in Washington, D.C., for important legislation that makes it easier for patients to get and access medical care.
- During August Recess on the Hill, Ambassadors met with legislators in their districts to talk about reforming step therapy for eczema treatments, ensuring that all copays count for eczema patients and increasing funding for eczema research through the National Institutes of Health (NIH).

We're so excited to continue our strong collaboration with Ambassadors and further build on their accomplishments in 2024!

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



FROM THE COMMUNITY

Why I Donate to NEA: Linda Dodge

Linda Dodge, from Montrose, Colorado, shares why she became a legacy donor for the National Eczema Association.

By Linda Dodge, as told to Clare Maloney

About seven years ago, I searched for "eczema associations" online and found the National Eczema Association (NEA). I learned a lot about the organization and their research program. I decided I wanted to be a legacy donor by remembering NEA with a gift in my will.

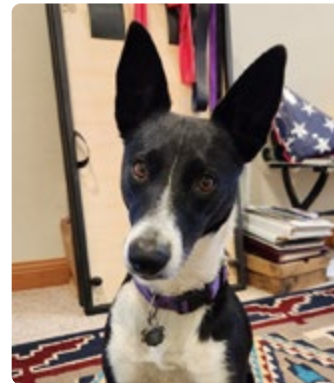
My eczema can make me miserable, so I appreciate NEA's mission and research efforts to help people like me. I know they are trying to get to the bottom of what makes eczema "tick." I hope my legacy gift will help advance eczema research, as well as support patient programs and access to eczema education and treatments.

I was diagnosed with dyshidrotic eczema and contact dermatitis when I was around 60 years old. I live outside Montrose, Colorado, about 70 miles from Telluride. I've always loved horses and spending time outdoors with my pets. However, I'm allergic to hay, grass, weeds, flowers and most things that are green. My dyshidrotic eczema seems to be triggered by grasses and hay, while my contact dermatitis is triggered by fragrances and some rubber products.

I've experienced hives from a young age, but my eczema journey began later in life. I was the primary caretaker for my parents a few years ago, and I found that the stress really aggravated my eczema. I made an appointment with my dermatologist and received the official diagnosis.

Now, my eczema is under better control. I'm an avid trail rider and I'm learning reining, a western riding competition for horses. My black mustang, Rio, has been with me for 20 years, and I also have a dog, Ellie, who is exuberant and full of life. Although stress, grass and other things in the environment can cause flares, I'm still able to balance managing my eczema with enjoying my passions.

My advice to the eczema community is to keep trying to find answers and be kind to yourself!



Photos courtesy of Linda Dodge



Become a legacy donor

Scan here to learn more about legacy giving opportunities at NEA.

FDA-approved for ages 6 months and up with uncontrolled moderate-to-severe eczema

SHOW OFF CLEARER SKIN AND LESS ITCH

With DUPIXENT, the #1 prescribed biologic by dermatologists and allergists, you can stay ahead of your moderate-to-severe eczema. It helps block a key source of inflammation inside the body that can cause eczema. Show off to the world.

- ▶ Fast itch relief after first dose*
- ▶ 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.

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



HELP HEAL YOUR SKIN FROM WITHIN™

ANTHONY
ACTUAL PATIENT
Individual results may vary.

DUPIXENT®
(dupilumab) Injection
200mg · 300mg

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://motherbobaby.org/ongoing-study/dupilumab/>; are breastfeeding or plan to breastfeed. It is not known whether DUPIXENT passes into your breast milk.

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

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

DUPIXENT can cause serious side effects, including:

Allergic reactions. 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.

sanofi | REGENERON®

© 2023 Sanofi and Regeneron Pharmaceuticals, Inc. All Rights Reserved.

US.DUP.23.10.0113

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
U.S. License # 1760; Marketed by sanofi-aventis U.S. LLC, (Bridgewater, NJ 08807) and Regeneron Pharmaceuticals, Inc. (Tarrytown, NY 10591)
DUPIXENT® is a registered trademark of Sanofi Biotechnology / ©2022 Regeneron Pharmaceuticals, Inc. / sanofi-aventis U.S. LLC. All rights reserved.
Issue Date: November 2022

DUP.22.10.0061

RESEARCH

A Look at the Food Elimination Diet Trend for Atopic Dermatitis

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

Should I cut eggs from my diet to help my eczema? Did that bread cause my eczema flare? These are questions that many people with the most common form of eczema, atopic dermatitis (AD), may ask themselves as they try to manage their condition. But should you eliminate foods from your diet because of eczema? Is it safe to completely cut out foods to help treat AD? Where did this diet trend for eczema even come from?

A misinterpretation of food elimination research

Over the last few decades, there have been ongoing conversations in the medical community about the role of food and AD and whether food elimination diets should be considered a treatment approach for improving AD symptoms.^{1,2}

Unfortunately, some of these conversations have led some eczema patients and their caregivers to incorrectly assume that food is the root cause of AD, and they eliminate certain foods without consulting a physician.

"Food can certainly be part of AD, but it is rarely the root cause," said Dr. Peter Lio, clinical assistant professor of dermatology and pediatrics at Northwestern University, and co-founder and co-director of the Chicago Integrative Eczema Center. "If AD is left untreated or undertreated, there may be a risk of developing more food and other allergies as the skin barrier is not working properly and the immune system is overreacting."

Eliminating certain foods from your diet may have unintended consequences, including actually increasing the risk of developing food allergies.³

A deep dive into the research on food elimination diets for AD

A paper published in 1987 reported that out of 675 adult AD patients placed on elimination diets for one month, 262 experienced improvements in AD symptoms. One to three years after the original study, those 262 patients were surveyed again and 144 of them reported long-term improvement of their AD symptoms, which they attributed to elimination diets.⁴

In this 1987 paper, the patients reported that some of the foods that made their AD symptoms worse were chocolate, beer, wine, tea, soda, citrus fruit, certain spices, nuts, shrimp and bread made with wheat flour.⁴ However, there were problems with this study. For example, the elimination of foods was not specified for each patient and there was no real control group. Actual allergies to the above foods were not confirmed through allergy testing. Nevertheless, due to the results of this and other similar studies, both patients and clinicians began trying food elimination diets to control AD symptoms.



In 1992, other publications reported associations between allergens ingested by a mother and breastfeeding infants with AD.² To help the infants with AD symptoms, mothers were encouraged to stop eating potential allergens like cow's milk, eggs and nuts and were told to supplement their baby's diet with formula.²

However, over time, reports began popping up in the literature indicating that infants with AD were not receiving proper nutrition on these elimination diets and that certain formulas were having a detrimental impact on infants.^{5,6} In 2012, a new paper recommended that children with AD be tested for true food allergies and seek counseling by a nutritionist if parents planned to remove dietary elements.⁶

Despite the shift in thinking by the medical community, the practice of food elimination diets to control AD symptoms remained common. In 2015, researchers reported that up to 75% of children with AD had tried food elimination diets where they cut out all dairy products, including eggs and cow's milk.⁷

In a recent systematic review of scientific literature on AD, researchers concluded that there is no overall benefit to food elimination for patients with AD.^{1,3,7,8} Based on this review, there was no improvement in AD symptoms within the first few weeks after starting an elimination diet. There was also no long-term improvement in the number and severity of flares, and there was no long-term reduction in AD treatment regimens.^{1,3,7,8}

Rather, these reports argue that treatment of AD with topical medications and other treatment approaches should be thoroughly explored prior to removing any foods from a patient's diet. When a true food allergy is suspected, an eczema patient should be tested by an allergist prior to any food removal.

"We do not recommend any food elimination diets unless there is a positively identified true food allergy," said Dr. Jonathan Spergel, allergist and chief of the allergy program at Children's Hospital of Philadelphia.

"We do not recommend any food elimination diets unless there is a positively identified true food allergy." ~ Dr. Spergel

Testing for food allergies

What does it mean to have a true food allergy? A food allergy provokes an immune system reaction that affects numerous organs in the body, and it can cause a range of symptoms, some of which are life-threatening. When the body comes into contact with the food, the body mounts an immune reaction, called an immunoglobulin E (IgE) reaction.

A food allergy can cause skin reactions like hives, itchiness and swelling of the skin. It can also cause vomiting and diarrhea. Food allergies can also cause anaphylaxis reactions like difficulty breathing, dizziness or loss of consciousness. A true food allergy is associated with this IgE reaction every time the person is exposed to the food.¹

There are differences between a food allergy and food sensitivity. Food sensitivity, or food intolerance, occurs when a person has



trouble digesting certain foods. Food sensitivity can occur when the skin or gut comes into contact with a specific food. Food sensitivity can lead to bloating, gas, abdominal pain and diarrhea. It can also cause a rash, but this reaction is not the same as AD.¹

Research shows that AD is associated with a higher risk for food allergies. People with more severe AD symptoms are more frequently diagnosed with food allergies compared to the general population without AD.⁹

Patients with mild AD rarely have evidence of true IgE reactions to food.⁹ Around 50% of children with AD and 35% of adults with AD have been sensitized to allergens found in the environment and in food.⁹ However, this does not mean they have a true allergy.

So how do you know if you have a true food allergy? Diagnosing a true food allergy can be tricky. "To test for a true food allergy, allergists use the skin prick test or test for a specific antibody (IgE to the suspected food) reaction," Dr. Spergel said.

These tests are not always accurate. "Both of these tests can turn out falsely positive, meaning the patient does not really have that allergy," Dr. Spergel explained. "In children with AD, the false positive rate can be over 50% because AD can drive IgE production that has nothing to do with a food allergy."

Instead, Dr. Spergel said, "The gold standard for diagnosing food allergy is for the clinician to do a food challenge and monitor the reaction. An allergic food triggers an immediate rash every time a person comes in contact with that food. Every single time."

Current approach for diet and AD

The role of diet in AD is complex and can be confusing. If you suspect a certain food is making your AD symptoms worse, it's important to talk with your doctor about the possibility of allergy testing.

But it's important to remember that current medical standards dictate that the physician must focus on skin treatment as their first approach to improving AD symptoms. If medications are not adequately treating AD symptoms, the physician may then



Examples of food allergy testing

recommend allergy testing, most likely for nut, milk, egg, wheat and soy.¹ This will help determine whether there is a true food allergy that can be eliminated to improve immune health and reduce AD symptoms.

"This is anecdotal rather than scientific, but a large number of my patients who have drastically changed their diets tell me that they did see some improvement in their AD symptoms," said Dr. Lio. "It is not clear if this is because people who were experiencing the worst symptoms would have improved anyway with or without dietary changes or if there really is some anti-inflammatory benefit to some of the most common changes. For example, by cutting out gluten and dairy perhaps people inadvertently eat a healthier, anti-inflammatory diet."

Along these lines, a 2022 paper showed that AD patients reported that they believed they did experience benefits after eliminating certain foods from their diet.¹ This is evidence that certain foods may negatively impact the immune system. However, we need more controlled scientific studies to really understand it.

"What is really needed is longer, better controlled studies [on diet and AD], which can be extremely expensive and difficult to conduct," Dr. Lio said. "These types of studies would help tease out connections between diet, the microbiome and the immune system."

"What is really needed is longer, better controlled studies [on diet and AD]." ~ Dr. Lio

In the end, we are back to the concept that one size does not fit all when it comes to diet and AD symptom management. There should be a give and take discussion between patients and their healthcare providers about the role of food in AD management. Most importantly, patients are not advised to remove foods from their diet without oversight from a healthcare provider.



Food, microbiome and the immune system

Recently, researchers have been exploring how specific metabolic pathways (how food gets broken down into molecules for use within the body) are controlled by multiple types of bacteria.¹⁰ The products made by bacteria breaking down their food can have a massive effect on how the human immune system functions. We are reliant on bacteria to help us process food and create products that are put to use in many ways within our bodies.¹⁰

Even though we know that AD is associated with colonization of our gut and skin microbiomes with disease causing bacteria, we do not yet know which foods may be important for maintaining the healthiest microbiome. It is possible that adding rather than eliminating certain foods from our diets may help improve the microbiome, calm overactive immune reactions and improve symptoms of inflammatory diseases.

"Many studies are currently ongoing about the role of diet and the microbiome in regulating skin diseases," Dr. Lio said. "This is an incredibly complex, entirely new field and current studies just lead to more questions! There are many knowledge gaps in understanding the microbiome and we are really just at the very beginning. Some questions include, 'How do different species of microorganisms influence each other's colonization and function? What roles do the host and environmental factors play in the microbiome? Why do different microbial species colonize different areas of the human body?'"

Ultimately many more years of research are needed to understand this complex area of study and come up with answers about whether diet, the microbiome, and the immune system can be delicately modulated to help improve AD symptoms.

For additional information on how diet affects eczema, visit NationalEczema.org/diet-nutrition.

Key takeaways:

- Food elimination studies over the last 50 years have shown that there is little benefit to eliminating food types from the diet specifically to improve AD symptoms.
- Treatment for AD symptoms themselves should be pursued prior to lengthy, often inaccurate testing for food allergies.
- Even though severe AD symptoms are associated with higher risk of developing true food allergies, food allergy is very rarely identified as the root cause of AD.
- Food elimination diets for AD may increase the risk of true food allergies.
- Patients who suspect true food allergies should request allergy testing to confirm they should remove food from their diet.
- Food elimination diets for AD are currently not recommended and they come with risks.
- Food elimination diets for AD should be discussed with healthcare professionals before starting.

1. Rustad AM, Nickles MA, Bilimoria SN, Lio PA. The role of diet modification in atopic dermatitis: Navigating the complexity. *Am J Clin Dermatol*. 2022;23(1):27-36. doi:10.1007/s40257-021-00647-y 2. Sampson HA. Food hypersensitivity and dietary management in atopic dermatitis. *Pediatr Dermatol*. 1992;9(4):376-379. doi:10.1111/j.1525-1470.1992.tb00636.x 3. Oykman P, Dookie J, Al-Rammahy H, et al. Dietary elimination for the treatment of atopic dermatitis: A systematic review and meta-analysis. *J Allergy Clin Immunol Pract*. 2022;10(10):2657-2666.e8. doi:10.1016/j.jaip.2022.06.044 4. Veien NK, Hattel T, Justesen O, Nørholm A. Dietary restrictions in the treatment of adult patients with eczema. *Contact Dermatitis*. 1987;17(4):223-228. doi:10.1111/j.1600-0536.1987.tb02717.x 5. David TJ, Waddington E, Stanton RH. Nutritional hazards of elimination diets in children with atopic eczema. *Arch Dis Child*. 1984;59(4):323-325. doi:10.1136/adc.59.4.323 6. Keller MD, Shuker M, Heimall J, Cianferoni A. Severe malnutrition resulting from use of rice milk in food elimination diets for atopic dermatitis. *Isr Med Assoc J*. 2012;14(1):40-42. 7. Tait C, Goldman RD. Dietary exclusion for childhood atopic dermatitis. *Can Fam Physician*. 2015;61(7):609-611. 8. Eigenmann PA, Beyer K, Lack G, et al. Are avoidance diets still warranted in children with atopic dermatitis? *Pediatr Allergy Immunol*. 2020;31(1):19-26. doi:10.1111/pai.13104 9. Papapostolou N, Xepapadaki P, Gregoriou S, Makris M. Atopic dermatitis and food allergy: A complex interplay what we know and what we would like to learn. *J Clin Med*. 2022;11(14):4232. Published 2022 Jul 21. doi:10.3390/jcm11144232 10. Stec A, Sikora M, Maciejewska M, et al. Bacterial metabolites: A link between gut microbiota and dermatological diseases. *Int J Mol Sci*. 2023;24(4):3494. Published 2023 Feb 9. doi:10.3390/ijms24043494

MY JOURNEY

How Feeling Heard Helped Reshape How I Think About My Eczema

By Madison Ogburn, as told to Erlina Vasconcellos

I've lived with eczema for as long as I can remember. At 6 months old, I was diagnosed with atopic dermatitis and 74 different allergies.

When I was a child, my family never received answers to our questions about what was causing my skin to behave the way it was. Nor did doctors try to work with us to find different treatment options. Instead, I was immediately put on triamcinolone, a topical steroid, to combat my out-of-control flares. I had full on itching tantrums and it was just pure misery.

Over the years, I went to so many dermatologists hoping they would listen to my concerns and offer a different solution. But I would always walk away with a refill on my topical steroid.

During that time, people had little awareness about topical steroid withdrawal and overuse. Once I learned about all the negative effects topical steroids can have, I immediately stopped using them. Then my eczema began flaring. I couldn't even put on clothes to go to work, school or hang out with friends. I was feeling my lowest.

The fear of being seen

I was a competitive dancer for 13 years, always in costumes where most of my skin was visible. Having a rash and not having "pretty skin" was a constant insecurity that manifested in anxiety. Also, I grew up near a lake where it was normal to go out on a boat or jet skis every weekend. I was extremely self-conscious of putting on a bikini and revealing all my patches of flared skin. And there have been countless times when I've canceled a date with a boy early in a relationship because of a flare. Even though it's silly, some people do think that I have a contagious disease.

It took a long time for me to find a doctor to help me find a solution that would help me find my confidence.



Photo courtesy of Madison Ogburn

The power of empathy

My life changed the day I met the wonderful allergist/immunologist who I still see today. I had never felt so heard. She listened to my concerns and then we immediately came up with a game plan. She took labs, updated allergy tests and we explored Dupixent.

I have been on and off Dupixent injections for 3 years now and it has changed my self-confidence and how I live my life. Although there are secondary side effects such as eye irritation and minor rashes, I would take these over how my skin used to be any day.

A new perspective on my eczema

I still have flares. But even when I don't feel the most confident, I try not to let them interfere with my life. I started going back out on the lake, bringing allergy medicine and lotion, just like someone who has diabetes would bring insulin. I've learned to see my eczema as something unique to myself. It might not be the most glorious "quirk," but it's mine.

Advocating for other people with eczema

I am in my last year of pharmacy school and trying to become more involved with the eczema community. Although eczema isn't my main career focus now, I aspire to make a difference and advocate for the eczema community.

People don't view skin issues — whether it's acne, psoriasis, eczema or something else — as seriously as they should. They can be catalysts to so many detrimental issues. Eczema can bring someone's mental health down in an instant.

If there is one thing I would advocate for, it's for doctors to hear out their patients with eczema. Help them gain access to helpful medications, help them change their eating habits if that seems to improve their eczema, or simply, just listen.



LIFESTYLE

6 Tips to Manage Eczema in the Winter

By Meghan Gallagher

Plunging temperatures signal it's time to pull out the cozy knitwear and gather around the fireplace (or space heater) on chillier nights. But, for people with eczema, winter also heralds a season of drier, more sensitive skin. Lower humidity, icy wind and indoor heating can all sap much-needed moisture from your skin.

We spoke with Dr. Smita Aggarwal, board-certified dermatologist and pediatric dermatologist at Medical Dermatology Associates of Chicago, about foolproof ways to keep your skin calm during winter.

1. Protect your skin barrier with oil-based moisturizers

Your skin forms a protective barrier against bacteria, germs and other environmental invaders. However, eczema can cause this barrier to weaken, as can harsh winds and winter elements.

"To keep [your skin barrier] strong, it needs moisture regularly to prevent irritants and allergens from entering," said Dr. Aggarwal. "Moisturizers with a higher oil content, such as ointments, and specialized ingredients, such as ceramides, are especially helpful in repairing skin that has lost its water and lipid content."

Oil-based moisturizers help protect against moisture loss through the skin barrier, and ointments are especially beneficial to help lock in moisture when humidity falls.¹ However, try not to use ointments on areas that may get hot and sweaty, as it may cause further irritation. Ointments form a layer that can block your pores and prevent sweat from leaving the body. Instead, sweat accumulates on the skin which, when mixed with the ointment and other external debris, can lead to irritation and itching.²

While reaching for a thicker cream or moisturizer is crucial during a cold snap, timing is of the essence. Dr. Aggarwal recommended applying moisturizer and/or ointment to your skin at least twice a day. And, before you go outside, make sure to apply a thick layer of moisturizer to any exposed areas of skin. "Apply thicker ointments to areas of the skin which are exposed to the elements, such as the face and hands, before venturing outdoors and rehydrate these areas at bedtime," said Dr. Aggarwal.

2. Use a humidifier to replenish moisture in the air

"Humidifiers can be very helpful in alleviating symptoms of eczema in the winter," said Dr. Aggarwal. "During these cooler months, the air inside our homes is already dry due to the weather, and then becomes even more dry as we turn our heat on around the clock. Our skin suffers as a result."

When our skin cannot take in moisture from our environment, the more dry and cracked it can become. To help replenish your skin's moisture, Dr. Aggarwal recommended running a humidifier when you go to bed or during the day if you spend significant time at home.

You may need to experiment to find the right humidity level to help soothe your skin. There are some types of eczema that flare with excess humidity. It's important to pay attention to how your skin reacts when you have the humidifier on in the winter.

For some people with eczema, they find their skin actually does better during the wintertime. In these instances, the summer months can be more problematic. The summer heat, sweat and humidity can trigger more eczema flares.³

Whether a humidifier helps or exacerbates your eczema during the winter, it is a good reminder that there isn't one type of eczema experience, Dr. Aggarwal noted. Your skin is unique, and what works for someone else may not work for you.

1. Purnamawati S, Indrastuti N, Danarti R, Saefudin T. The role of moisturizers in addressing various kinds of dermatitis: A review. *Clin Med Res.* 2017;15(3-4):75-87. doi:10.3121/cm.2017.1363 2. Murota H, Yamaga K, Ono E, Murayama N, Yokozeki H, Katayama I. Why does sweat lead to the development of itch in atopic dermatitis?. *Exp Dermatol.* 2019 Dec;28(12):1416-1421. doi: 10.1111/exd.13981 3. Sargen MR, Hoffstad O, Margolis DJ. Warm, humid, and high sun exposure climates are associated with poorly controlled eczema: PEER (Pediatric Eczema Elective Registry) cohort, 2004-2012 [published correction appears in *J Invest Dermatol.* 2014 Jun;134(6):1779]. *J Invest Dermatol.* 2014;134(1):51-57. doi:10.1038/jid.2013.274 4. Jaros J, Wilson C, Shi VY. Fabric selection in atopic dermatitis: An evidence-based review. *Am J Clin Dermatol.* 2020;21(4):467-482. doi:10.1007/s40257-020-00516-0

3. Dress in protective, eczema-friendly layers

Pay most attention to the fabric closest to your skin before you layer up and go outside. "For the base layer, I always recommend 100% cotton, ideally organic, to minimize your exposure to allergens in clothing," Dr. Aggarwal said. Layering your outerwear also lets you remove layers as you warm up to help prevent overheating. People with eczema can flare if they overheat, so breathable fabrics like cotton allow for better airflow to keep the skin cool.

4. Avoid wool fabrics

Your third or fourth layer of clothing may not touch your skin, but Dr. Aggarwal still recommended avoiding wool because it can be quite itchy for people with eczema.⁴ You should also avoid wool in winter accessories like scarves and gloves.

For winter gloves, it is best to wear gloves that are 100% cotton or made of a breathable material that does not cause your hands to overheat. If you're concerned cotton gloves may not provide sufficient warmth, you can try wearing a thin, cotton glove next to your skin and then layering a different glove over it for extra protection.

5. Promptly remove wet clothes

Whether you got wet socks from playing in the snow or a sweaty undershirt after walking home in warm layers, the winter elements can leave you with damp clothing. When you go indoors to warm up, make sure to shed your wet clothes and shoes immediately. Wet clothes next to the skin can cause irritation and a flare if worn for too long.

6. Apply broad-spectrum sunscreen every time you go outdoors

Sunscreen gets the most attention during summertime but it is just as necessary when the temperature drops. The sun's reflective powers remain just as strong during winter and can even be magnified when it snows or you head up to the mountains.

Before going outside into the cold, apply a heavy layer of moisturizing, broad-spectrum sunscreen with an SPF of 15 or higher to your face, hands and other exposed skin. Broad-spectrum sunscreen provides extra skin protection from both types of the sun's rays (UVA and UVB). Several products also combine oil-based moisturizing creams with sunscreen for double the moisture and protection.

To Flake or Not to Flake: How to Cope When Eczema Threatens Your Plans

By Melissa Tanoko

It's Friday. You have plans but your eczema is flaring. What should you do? You don't want to miss out, but suffering through an uncomfortable evening just isn't worth it.

We spoke with three adults with eczema and Dr. Lisa Lombard, a licensed clinical psychologist in Oak Park, Illinois, to discover the best practices for navigating this tricky terrain.

Stay home or socialize during a flare?

It's not an easy decision. Up to one-half of adults with atopic dermatitis, a type of eczema, avoid social interactions due to their appearance. Many others with eczema may also be in too much pain or physical discomfort to go out. But spending time with friends and family provides you with a vital social network, which can help boost your mental health.

So, what should a person with eczema do? Ultimately, it's a personal decision that comes down to how you prioritize self-care.

When tackling this problem, 34-year-old Elise Loubatières, who lives in London, England, first considers the severity of the flare and whether going out would impact her healing. "The second consideration is how much I would feel left out if I didn't attend the event. It's a balancing act between looking after my skin health and mental health," she said.

Ar Ducao, 43, based in New York City, considers a variety of criteria before they decide if they should go out. "If it's planned far in

advance, easy to do, for example, in my neighborhood, and/or a very special, infrequent occurrence with a very special person, I'll do it," Ducao said. "Otherwise, maybe not."

Your innate temperament can also impact which way you'll lean when it comes to socializing with a flare. "It may also depend on the continuum between extrovert and introvert," said Dr. Lombard, who specializes in therapy for people with allergies, eczema and asthma. "Some people really get their energy from being socially interactive." However, introverted people who feel drained by social events are more likely to stay home.

Patricia Cervini, 59, who lives in Washington, D.C., didn't let flares stop her from attending social engagements when her eczema was at its worst. "Being with my friends was like really good medicine," Cervini said. "I could laugh, I could go to a happy hour and actually focus more on that than what was going on with my body. But I understand not everyone can do that."

How to choose between staying home and going out

For those sitting on the fence, Dr. Lombard advised making a pros and cons list. "Sometimes it's just easier to see it when it's written down," she said.

Another approach Dr. Lombard recommends is keeping the engagement, but "having an exit strategy with time limits." In this scenario, you

attend the event but check in with yourself after 30 minutes (or another predetermined time limit). If you are having a good time at that point, you may decide to stay. If you feel uncomfortable, you go home. She advised continual check-ins with yourself throughout an event.

Saying no when you have a flare

Deciding to cancel plans can be tough, and so can breaking the news to others. "Try to reframe it to let the person know that although you wish to be able to do it, right now isn't a good time," Dr. Lombard said. For example, "It's just not going to work for me this week, but I really like getting together with you."

When opting to stay home, people with eczema frequently experience pressure to change their minds. "Often people insist that I go out, as they believe that being out would be a good distraction," said Loubatières. "However, what they don't realize is that the whole process to leave the house when I'm in a flare is incredibly strenuous both physically and mentally."

Although friends and family can be well-meaning, too much peer pressure is ultimately a red flag. Dr. Lombard said, "If someone isn't understanding or sensitive, they're probably not a really valuable friend."

Deciding to stay home can also trigger strong emotions. Dr. Lombard explained people may feel a sense of loss that "can also be accompanied by a feeling of anger or unfairness, that they need to modify what they do or decline an invitation because of their skin therapy."

To soothe these feelings, she suggested spending time at home with a favorite activity or talking to a close friend or family member. Reaching out to others with eczema can also help. "As awful as it is to have this condition, one thing I am grateful for is the incredibly supportive community of others who hold each other up in their shared experiences," said Loubatières. "It truly makes what would usually be such a lonely, isolating situation so much easier."

"Often people insist that I go out, as they believe that being out would be a good distraction. However, what they don't realize is that the whole process to leave the house when I'm in a flare is incredibly strenuous both physically and mentally."

~ Elise Loubatières

What to share about your eczema

Whatever you decide to do, the question of privacy arises. Is it better to let people know exactly what's going on or keep the details to yourself?

Loubatières and Cervini expressed concern over their eczema taking too much focus during a gathering. "We are constantly aware of our

skin with the pain we go through. Personally, I would rather it just not be addressed at all," said Loubatières.

It also depends on the nature of the relationship. Acquaintances or colleagues may not require as much information. Dr. Lombard advised, "We can just say, I'm not really up for it, or I'm not feeling well, without explaining the actual sensation or description of what's going on in the body or mind."

There are also ways of explaining the severity of the situation without giving too many details. "When dealing with work-related acquaintances, emphasizing that I'm disabled and have a chronic illness (which is arguably true, given how severe and frequent my flares can be) helps me to navigate these types of unfamiliar spaces," Ducao said.

However, there can be benefits to disclosing some personal information when appropriate. Cervini shared that once she explained her condition to close friends, they began making accommodations for her without being asked. For example, her friends would suggest meeting at a place with air conditioning. She said her newfound openness also helped increase her comfort level in setting boundaries and communicating her needs. She also sees sharing her story as a way to raise eczema awareness.

Since many people in the general population are unaware of the severity of eczema, those with it are often met with a lack of understanding when they talk about their flares.

"People who don't quite understand the full impact that a flare can have both physically and mentally will often try to offer reassurance by saying, 'Oh, it doesn't look that bad,'" Loubatières said. "But to me, this undermines my experience and everything I go through with my eczema."

Loubatières has found that sharing social media videos documenting her flares often helps people understand her condition better.

Ducao takes another approach to explain why they can't attend a social event. "Usually, a flare is triggered by allergies, so I often mention that first. More people understand allergies than eczema," they said.

Feel confident in your decisions

Whether you are more introverted or extroverted, however you decide to handle social engagements when you have an eczema flare is up to you. You don't have to feel guilty or pressured to go out or stay in. Try to weigh the pros and cons overall and decide based on what you think will make you feel the most comfortable.

And remember, as frustrating as it is to cancel or change plans because of a flare, the situation is temporary. "It doesn't stay horrible forever," said Dr. Lombard. "The impact of a flare can change because the flare itself changes."



LIFESTYLE

How to Dress for Winter Fun

By Angela Ballard, RN

Running, skiing, snowboarding, sledding — there are countless fun, outdoor winter activities to keep you active and moving in the colder months of the year. The key to enjoying these cold weather activities, especially when you have eczema, is selecting the right fabrics and layering clothes in a way that keeps you warm, dry and comfortable.

To avoid an eczema flare, it's important to avoid damp clothing or prolonged exposure to sweat. For winter layering, you need layers that manage moisture from both the inside (meaning your body's sweat) and outside (meaning weather like rain, sleet and snow). In general, a good rule of thumb for winter layering is to plan for three layers: a moisture-wicking base layer, an insulating middle layer that traps in your body heat, and then an outer layer that protects from rain and snow.

Layer 1: Base layer

The main goal of the base layer is to move wetness away from the skin and to dry quickly. This is a key layer for people with eczema because it sits on the skin so you want it to do its job without triggering a flare. Here is a breakdown of fabric options for the base layer and key things to consider.



Silk. If you have eczema, silk is a good fabric choice for a base layer. Silk is soft and naturally nonirritating. It is also generally effective at wicking away sweat, retaining warmth when wet and drying quickly.



Cotton. Cotton is often recommended for people with eczema because of its natural, soft, nonirritating fibers, but it is not a great choice for active outdoor winter activities. Cotton can easily become saturated with sweat and it is slow to dry, which can irritate the skin.



Merino wool. Merino wool is more functional than silk but it's not for everyone. "Merino wool base layers can work for some people with eczema because they have ultrafine fibers, which are less likely to irritate the skin," said Dr. JiaDe (Jeff) Yu, a board-certified dermatologist at Massachusetts General Hospital. If you can tolerate merino wool, it's a great choice because it insulates, wicks away sweat and stays warm even when wet.



Polypropylene. Polypropylene, also called polypro, is probably the most affordable and common fabric in base layers. Designed to wick moisture and used for a lot of lightweight activewear, polypro is an effective fabric for sweat management. It is breathable and quick-drying, but it does not stay warm when wet. Dr. Yu also noted that you should be careful because some dyes, especially blue, in polypropylene products can cause allergic contact dermatitis. If you're worried about dyes, Dr. Yu recommended choosing white or light colors for polypro base layers.



Other textiles. There are other innovative textiles hitting the market that some people with eczema have tried. For example, Uniqlo makes HEATTECH "innerwear," which Daniel Boey, a fashion producer and director with eczema, likes because it has ultrafine fibers and doesn't irritate his skin.

Another way to look for a good base layer is to look for clothing with the OEKO-TEX certification. This certification means the garment is free of harmful and potentially allergenic chemicals. On the flipside, you should avoid clothing labeled "wrinkle-free" or "stain-resistant" as they typically contain chemicals.

Overall, it's going to take some trial and error to find your base layers. "If a fabric feels rough to the touch, it's likely to cause irritation, especially after longer wear," said Dr. Yu. In general, look for the softest and finest weaves because they are least likely to cause a flare.

Layer 2: Middle layer

Your middle layer (or layers) is where you store most of your warmth. Often this will be a fleece of varying thickness or loft. The higher the loft, the more insulation you can expect.

For exercising outdoors, down is not the best choice for a jacket fill. Down does not retain warmth when damp. Plus, some people with eczema are sensitive to down. Synthetic fills for jackets, like PrimaLoft, keep you warmer in wet or sweaty conditions.

When it comes to your eczema, you have more wiggle room with your middle and outer layers as they are less likely to be in direct contact with your skin except at the neck, waist and cuffs. For these trouble spots, consider adding a soft, silk layer like a glove liner or neck gaiter.



Layer 3: Outer layer

Your outer layer is your protection against the elements. Depending on the weather and your activity, you'll want this layer to protect you from cutting wind as well as from wetness. Make sure outerwear is breathable, too, so that you don't trap sweat, snow melt or rain inside your jacket. Another good fabric to look for is GORE-TEX, which is waterproof and breathable.

Try your layers on at home first

When you're shopping for winter layers, look for high-quality products, made with minimal chemicals and are built to last. Check the zippers, cuffs, seams and tags. Do they look like they will be irritating to your skin? For example, for middle and outer layers look for "zipper garages" that keep zipper edges from rubbing.

Ideally, wear the product (without removing the tags) indoors for a little while to see if it's going to work for your skin. If you feel confident in the product, wash it gently as per its instructions with 100% fragrance-free detergent, said Dr. Yu.

Remove damp layers quickly

Finally, after a great day in your winter wonderland, remove your layers and take a shower. Wet clothes can aggravate or trigger eczema and perspiration can be irritating to eczema-prone skin. Moisturize and put on dry clothes right away. Then, pop base layers in the wash and you'll be ready to go again!

How to Handle Big Feelings About Your Child's Eczema

By Melissa Tanoko



When children have eczema, parents are often exhausted, socially isolated and stretched financially.^{1,2} All this pressure can cause intense feelings to erupt. Parents may be short on patience or even cry in front of their children. They may need to vent to a best friend about the latest fight with their health insurance company or a treatment that just doesn't seem to be helping.

Most parents understand that their negative feelings or talk about the burden of eczema could impact their kids. But it can be difficult to know exactly what they should or shouldn't do on a day-to-day basis. Life is messy, after all, and no parent is perfect.

Is it OK to cry in front of your child? What about being angry? How much should parents say to kids about eczema? What do they pick up from adult conversations?

We checked in with Jennifer Moyer Darr, a licensed clinical social worker at National Jewish Health in Denver, Colorado, and Lindsay Taylor, an eczema parent who lives in Adel, Iowa, for their insights and advice on these complicated questions.

How to handle negative feelings caused by your child's eczema

Social scientists don't yet know exactly how parents' emotions impact their children. However, there is some evidence that regulating feelings is important. A few studies in 2022 found that parents who were good at regulating their emotions were more likely to have children who could do the same. These children also tended to have fewer symptoms of depression and anxiety.³

However, good emotional regulation doesn't mean suppressing feelings. In the same 2022 study, the researchers classified parents who used emotional suppression as having difficulty with emotional regulation.³

So, what should parents do when they're upset? "Take a breath, assess the situation and, if necessary, take a pause," said Moyer Darr. "None of us are calm, rational, or able to process at the height of anxiety, anger or distress." This technique allows emotions to arise but asks parents to work with them rather than stifling or ignoring them.

The next step is to discuss what's happening. "Everyone has feelings, and it's important to talk about them," Moyer Darr said. "Identifying your own feelings and encouraging your child to do the same can help relieve tension and foster understanding and teamwork."

Moyer Darr also recommends reframing intense feelings. This involves taking a moment to consider which thoughts could be at the root of troubling feelings.

"Being able to identify distressing thoughts allows us to identify where our feelings are coming from," she said. "And it's powerful to realize that our feelings and mood can improve simply by changing how we think about something."

Of course, parents are only human and sometimes say or do things they regret. Moyer Darr sees learning opportunities in these situations. "Being able to apologize, not for your feelings but rather the way you expressed them, is important modeling for your child. This can also be an opportunity to ask them, 'How did you feel when you heard me say that?' This can allow for a deeper and more profound discussion," said Moyer Darr.

Taylor, whose son Camber, 9, dealt with atopic dermatitis and topical steroid withdrawal (TSW), experienced this firsthand. "During TSW, during the worst of it, he would see me cry or just at my wit's end," she said. "Looking back, I think it was really good when that happened because he saw that his feelings were normal too."

"Being able to identify distressing thoughts allows us to identify where our feelings are coming from. And it's powerful to realize that our feelings and mood can improve simply by changing how we think about something."

~ Jennifer Moyer Darr

How negative talk affects kids

When emotions are running high, it can be easy to let negative words about the situation slip. This can affect children, shaping their beliefs about themselves and their condition.

"Children are always listening and reacting, not only to our words but to our tones," said Moyer Darr. "They observe not only what is said to them but also about them."

It isn't necessarily single comments but what children hear on a regular basis that matters most. "If all one hears is negative, they are likely to take on a negative view of themselves," said Moyer Darr.

Yet, being relentlessly positive isn't ideal either. "Sometimes parents can go the other direction and try to paint a rosy, perfect outlook or shield and protect their child, but this can prevent them from building confidence and independence," Moyer Darr cautioned.

How to talk to kids about their eczema

If focusing only on the negative or positive isn't ideal, what should parents tell children about their condition?

For her part, Taylor strove for honesty, within limits. "We've been transparent as much as is developmentally appropriate," she said. "Never to add worry to [Camber's] plate, but I do truly think that knowledge has been really empowering for him."

Moyer Darr also recommends honesty and encourages parents to help kids see their circumstances in a more positive light.

"We talk about how eczema, or any other illness, is just one part of someone and doesn't need to be their sole identity," she said. "Working together to identify what's important to a child and what they enjoy doing allows us to reframe the 'unfair burden' of baths, creams or injections as, 'Just what we do so you can feel well enough to do the things you love.'"

Even when parents do their best, kids with eczema can sometimes feel guilty about the extra care they need. In this case, parents may need to explain to children that they aren't to blame.

Taylor said, "During the height of [Camber's] TSW, he felt very different from our family because of the burden he felt he was putting on us. It was through lots of conversations and reassurance that he now isn't bothered by those feelings and doesn't feel that guilt," said Taylor.

For parents who need to vent, Moyer Darr recommends leaning on community. "It's important for adults to have other adults to talk with away from their children," she said. "As a parent, you may need to express your concerns out loud about a medication, the financial cost of care or the pros and cons of a new intervention."

Taylor found it helpful to connect with other parents she met at Eczema Expo. "It is tricky to find people who understand," she said. "But it can be life changing."

Put self-care on your to-do list

Ultimately, regulating your emotions and finding just the right things to say is almost impossible when you're running on empty. Do your best to find some time to rest and recharge. Even taking 10 minutes to lie down on the couch instead of squeezing in another chore can help.

Reach out to your family, friends, faith community or healthcare professionals for support if you need it. And remember to be kind to yourself, even on the bad days.

1. Capozza K, Gadd H, Kelley K, Russell S, Shi V, Schwartz A. Insights from caregivers on the impact of pediatric atopic dermatitis on families. *Dermatitis*. 2020;31(3):223-227. doi:10.1097/der.0000000000000582. 2. Filanovsky MG, Pootongkam S, Tamburro JE, Smith MC, Ganocy SJ, Nedorost ST. The financial and emotional impact of atopic dermatitis on children and their families. *J Pediatr*. 2016;169:284-290.e5. doi:10.1016/j.jpeds.2015.10.077. 3. Zimmer-Gembeck MJ, Rudolph J, Kerin J, Bohadana-Brown G. Parent emotional regulation: A Meta-analytic review of its association with parenting and child adjustment. *International Journal of Behavioral Development*. 2022; 46(1), 63-82. doi:10.1177/01650254211051086.

How to Care for Hypopigmentation

By Mollie Barnes

In this edition of Ask the Ecz-perts, we get the lowdown on how people with eczema can care for hypopigmentation, which is light spots of the skin. Our experts talk about causes of the light spots and how you can treat them.

Our experts include: Dr. Nada Elbuluk, associate professor of clinical dermatology and director of the Skin of Color & Pigmentary Disorders Program at Keck Medicine of USC in Los Angeles; and Dr. Zelma Chiesa Fuxench, assistant professor of dermatology at the Hospital of the University of Pennsylvania in Philadelphia.

What is hypopigmentation?

Dr. Nada Elbuluk: Hypopigmentation is lightening of the skin. We all have pigment in our skin called melanin. When someone has areas that are hypopigmented, they have a reduction in melanin in those areas. Now, that is in contrast to what's called depigmentation, where someone has complete loss of melanin. It's important to know that with hypopigmentation, there still is some melanin in there, but it's less than the normal amount.

What is melanin?

Dr. Zelma Chiesa Fuxench: Melanin is what gives skin its pigmentation or color.

Is hypopigmentation a disorder on its own or are light spots a symptom of other disorders?

Dr. Elbuluk: Hypopigmentation in and of itself is not a disease. Not all light spots are the same thing. It's really important that people who are experiencing hypopigmentation have it evaluated to know if it is just a result of eczema that will improve with time, or if it is another active condition that needs its own treatment.

MEET THE ECZ-PERTS



Dr. Nada Elbuluk is associate professor of clinical dermatology and director of the Skin of Color & Pigmentary Disorders Program at Keck Medicine of USC in Los Angeles.



Dr. Zelma Chiesa Fuxench is assistant professor of dermatology at the Hospital of the University of Pennsylvania in Philadelphia.

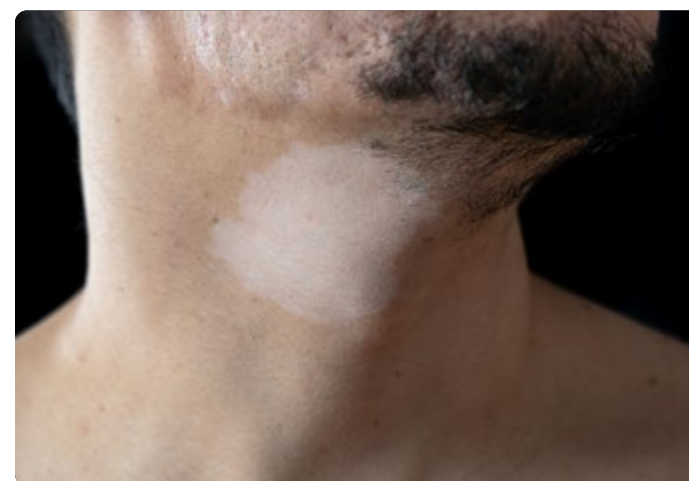
"Hypopigmentation is lightening of the skin. We all have pigment in our skin called melanin. When someone has areas that are hypopigmented, they have a reduction in melanin in those areas."

~ Dr. Elbuluk

What disorders cause light spots?

Dr. Chiesa Fuxench: There are various skin conditions in which the presenting sign is hypopigmentation, for example idiopathic guttate hypomelanosis or leukoderma punctata. But it may also occur as a result of an acquired process, such as that seen in patients with inflammatory skin conditions like eczema. In this setting, it is often referred to as postinflammatory hypopigmentation or PIH. Other conditions that may result in PIH include traumatic conditions, for example, burns, and iatrogenic infection or injury, which is illness unintentionally caused by a healthcare provider or medical procedure. Examples of procedures that may result in PIH are skin peels, laser treatments and cryotherapy, to name a few.

Dr. Elbuluk: There's also what we consider a type of eczema called pityriasis alba, where people get light or hypopigmented scaly spots. We tend to see it more in children, specifically children of color.



Examples of hypopigmentation

One other condition that is important for people to know is something called hypopigmented mycosis fungoides, which is a type of skin cancer that can present also with light scaly spots. This happens more in people of color. Many times, people are misdiagnosed as having eczema for many years before it's actually figured out that they have hypopigmented mycosis fungoides.

How does hypopigmentation affect people with eczema?

Dr. Chiesa Fuxench: Patients with eczema may develop PIH as a result of chronic, ongoing skin inflammation. However, we do not know if patients with eczema may be more predisposed to

developing PIH compared to patients with other inflammatory skin disease like psoriasis.

How do you treat hypopigmentation if you have eczema?

Dr. Chiesa Fuxench: Unfortunately, treatment options for PIH are limited. In the case of acquired PIH, the main goal of treatment should be to identify and treat the cause. Oftentimes, this is enough to help improve this condition and could lead to resolution of PIH in weeks or months.

Options for treatment previously reported in the literature in a small number of studies and with mixed results include topical therapies, such as calcineurin inhibitors (e.g., pimecrolimus cream 1%) or light-based therapies.^{1,2} Other options include the use of camouflage makeup to help cover lesions, but this may not be feasible due to cost or for patients with extensive surface involvement.

Dr. Elbuluk: Treatment is so important for me as someone who lives in a pigmentary world. A lot of people think that all light spots or all dark spots are the same thing. I often get the question, "How do you treat dark spots?" or "How do you treat light spots?" And it's not that linear because you have to know what's causing it. There are many different conditions that can cause each of those, and then you can have a more nuanced conversation about treatment based on the cause.

We have less treatments for light spots than we do for dark spots. We have a lot of creams to lighten dark spots. But usually with light spots, if there's no active eczema there, it'll get better on its own with time and gentle skincare. Your body naturally wants to go back to making pigment. For patients who have eczema who are doing phototherapy or light therapy, the light can actually help stimulate the pigment to come back faster, as well.

1. Saleem MD, Oussedik E, Picardo M, Schoch JJ. Acquired disorders with hypopigmentation: A clinical approach to diagnosis and treatment. *J Am Acad Dermatol.* 2019;80(5):1233-1250. doi:10.1016/j.jaad.2018.07.070 2. Madu PN, Syder N, Elbuluk N. Postinflammatory hypopigmentation: A comprehensive review of treatments. *J Dermatolog Treat.* 2022;33(2):704-708. doi:10.1080/09546634.2020.1793892

The Space Between Flares

By Clare Maloney



When it comes to managing eczema, so much of the focus is on the reactive approaches: treating angry and flaring skin, investigating eczema triggers and adjusting daily routines to promote healthy skin. But what happens in the in-between, when your skin may be calm, but eczema and its effects on your mental health are still lurking beneath the surface?

“My mental state between flares is one of anxiousness,” said Sam Bitner, 26, who has lived with severe and often debilitating atopic dermatitis since she was an infant. “I feel like I am walking on a tightrope. If I make one wrong move, something bad will happen. It feels like at any given moment, my skin will start to burn.”

Oftentimes, the anticipation of another flare can cause mental stress for both the eczema patient and their loved ones.

Dealing with long-term anxiety

The unpredictability of eczema flares coupled with limited treatments to effectively alleviate itch, is directly related to symptoms of anxiety and/or depression.^{1,2} In fact, adults with eczema have a two-and-a-half to three-fold higher risk for anxiety or depression that increases with disease severity.³⁻⁷

People with eczema can often live in a constant loop of fear and anxiety as they wait for their next flare. It doesn't matter if their skin is calm. This constant sense of the unknown can have a lot of negative impacts on their daily mental health.

“The lack of predictability and control in the lives of eczema patients and caregivers can create secondary stress and requires high levels of vigilance,” said Dr. Katrina Abuabara, a dermatologist and clinical epidemiologist at University of California San Francisco.

For Bitner, even her doctors added to her stress and her negative self-image. “I remember doctors looking at my skin and repeatedly apologizing for how it looked and how much inflammation there was,” Bitner said. “Seeing the concerned looks on their faces always made me ashamed of my skin so I would cover it at all times. I also remember doctors gasping when they saw my skin,” she said. “They would tell me I was a ‘unique case’ and go on to explain they have never seen a case so strange and severe. That would then make me feel even worse. Going through those experiences has made my body image suffer to this day.”

Tools to cope with lack of control

Trying to cope with the burdens of eczema can be very complicated and difficult to sort through for many people. “Many of the [patients] I work with experience both not wanting to stand out because of their eczema, and also wishing desperately that other people — teachers, friends, coaches, extended family — understood the burden they carry each day,” said Dr. Jennifer LeBovidge, a psychologist at the Atopic Dermatitis Center and the Food Allergy Program at Boston Children's Hospital.

There are several ways to proactively try to cope with the ongoing stressors and anxiety of eczema — even when you're not flaring.



1. Make time for things you love.

Devote time to hobbies or people who bring you joy. “I often speak with patients about what matters to them — valued activities and relationships, for example,” said Dr. LeBovidge. “Sometimes this takes some problem-solving but we want to make sure patients are engaging in things that build their self-esteem and contribute to wellness.”



2. Try talking to a therapist.

Healthcare professionals who are trained in holistic care can help eczema patients learn problem-solving skills, relaxation strategies, acceptance or ways to change thinking patterns to cope with the psychosocial burden of eczema.

“I am still trying to find a balance between acceptance and living beyond eczema,” said Bitner. “I have been going to therapy and journaling which has helped greatly. I finally admitted that it frustrates me that my body feels like it is always working against me. Once I started to discuss that with my therapist, my anger began to reside and acceptance started to become possible.”

Bitner still sees a therapist to overcome a lot of the body image issues she has because of her eczema.



3. Find your eczema community.

Many people with eczema find support in connecting with others within the eczema community because those are the people who not only understand the daily burden of eczema symptoms, but also the space between flares, when there's time to process the mental and emotional components of living with a chronic condition (when the skin isn't always the immediate concern).

“Eczema is a chronic condition that can have a big impact on daily life, but patients are more than their eczema and there are ways to increase their sense of control,” said Dr. LeBovidge.

Solving for gaps in both mental health and eczema care?

Only recently are more eczema patients and doctors considering mental health in their treatment approaches.

Despite the clear connection between eczema and the increased risk for mental health conditions, a recent study found that 64% of resident dermatologists in the U.S. did not receive education on depression screening as part of their medical training or clinical practice, even though most residents said they thought depression screening was important to provide more whole-person care.⁸

Eczema researchers are currently working to develop and validate clinical assessment tools to evaluate mental health during an office visit. Examples include the Hospital Anxiety and Depression Scale (HADS)⁹ or the Patient-reported Outcome Measures Information System (PROMIS), which includes over 300 measures of physical, mental and social health for people living with chronic conditions.

Other patient-reported tools that can help measure quality of life, such as Skindex, also have the potential to provide an assessment of the emotional impact of eczema for adult patients.^{10,11}

Tools like these can help quantify the patient experience for doctors enabling them to make more informed decisions.

“Increased awareness of the mental health burden of eczema could go a long way towards increasing support in daily life and incorporating mental health support into routine eczema care,” said Dr. LeBovidge.

1. Sanders KM, Akiyama T. The vicious cycle of itch and anxiety. *Neurosci Biobehav Rev*. 2018;87:17-26. doi:10.1016/j.neubiorev.2018.01.009 2. Simpson EL, Guttman-Yassky E, Margolis DJ, et al. Association of Inadequately Controlled Disease and Disease Severity With Patient-Reported Disease Burden in Adults With Atopic Dermatitis. *JAMA Dermatol*. 2018;154(8):903-912. doi:10.1001/jamadermatol.2018.1572 3. Cheng BT, Silverberg JI. Depression and psychological distress in US adults with atopic dermatitis. *Ann Allergy Asthma Immunol*. 2019;123(2):179-185. doi:10.1016/j.anaai.2019.06.002 4. Chiesa Fuxench ZC, Block JK, Boguniewicz M, et al. Atopic Dermatitis in America Study: A Cross-Sectional Study Examining the Prevalence and Disease Burden of Atopic Dermatitis in the US Adult Population. *J Invest Dermatol*. 2019;139(3):583-590. doi:10.1016/j.jid.2018.08.028 5. Yaghmaie P, Koudelka CW, Simpson EL. Mental health comorbidity in patients with atopic dermatitis. *J Allergy Clin Immunol*. 2013;131(2):428-433. doi:10.1016/j.jaci.2012.10.041 6. Silverberg JI, Gelfand JM, Margolis DJ, et al. Symptoms and diagnosis of anxiety and depression in atopic dermatitis in U.S. adults. *Br J Dermatol*. 2019;181(3):554-565. doi:10.1111/bjd.17683 7. Yu SH, Silverberg JI. Association between Atopic Dermatitis and Depression in US Adults. *J Invest Dermatol*. 2015;135(12):3183-3186. doi:10.1038/jid.2015.337 8. Streight KL, Dao H Jr, Kim SJ. Dermatology Resident Training on Depression Screening: A Cross-Sectional Survey. *Cureus*. 2020;12(6):e8861. Published 2020 Jun 27. doi:10.7759/cureus.8861 9. Silverberg JI, Margolis DJ, Boguniewicz M, et al. Validation of five patient-reported outcomes for atopic dermatitis severity in adults. *Br J Dermatol*. 2020;182(1):104-111. doi:10.1111/bjd.18002 10. Perez-Chada L, Taliercio VL, Gottlieb AB, et al. Achieving consensus on patient-reported outcome measures in clinical practice for inflammatory skin disorders. *J Am Acad Dermatol*. 2023;88(1):86-93. doi:10.1016/j.jaad.2019.09.008 11. Swerlick RA, Zhang C, Patel A, Chren MM, Chen S. The Skindex-Mini: A streamlined quality of life measurement tool suitable for routine use in clinic. *J Am Acad Dermatol*. 2021;85(2):510-512. doi:10.1016/j.jaad.2018.12.035

TREATMENT

When is the Best Time to Try Alternative Treatments for Eczema?

By Mollie Barnes

Eczema is a complex condition that affects different people in different ways. For some people, moisturizing and/or medications might help clear up eczema symptoms enough to improve their daily quality of life. However, for others, especially for those with severe eczema, it might not be enough.

Oftentimes, people with severe eczema might be told by their doctor that they have tried “everything” for their eczema and that there’s nothing left to try. This instance is often a good time to look to alternative therapies, said Dr. Peter Lio, a dermatologist and clinical assistant professor of dermatology and pediatrics at Northwestern University.

“I think that incorporating alternative therapies with conventional ones — which is, incidentally, how I define integrative dermatology — is incredibly important and can make a real difference for many patients,” said Dr. Lio, who is also the co-founder and co-director of the Chicago Integrative Eczema Center. “In part, I think the willingness to try something different, gentler and out-of-the-box can often inspire hope and confidence. I also truly believe that there are many approaches that are off the beaten path that can make a real impact and are worth consideration.”

What are alternative treatments for eczema?

Alternative treatments are generally considered to be anything outside Western medicine. For example, “Traditional Chinese

medicine has been treating eczema for over 4,000 years,” said Dr. Olivia Hsu Friedman, a doctor of acupuncture, traditional Chinese medicine and herbal medicine at Amethyst Holistic Skin Solutions in Naperville, Illinois.

Alternative treatments could range from anything like herbs or botanicals to acupuncture, vitamins or sound therapy. It can also be something as simple as changing the type of clothing you’re wearing.¹

“What usually happens is that patients are not aware of alternative therapies because they are typically first diagnosed by their MD dermatologists, who will proceed to treat them with traditional pharmacologic treatments,” said Dr. Friedman.

“It’s usually after a patient has tried several traditional pharmacologic treatments and have not found them to be adequate solutions — either because they don’t work for them or they experience significant side effects — that patients typically start opening their minds to other ways to treat their eczema,” she said.

When is the best time to try alternative treatments for eczema?

“Patients can try alternative therapies at any time during their eczema journey,” Dr. Friedman said. “The most important thing is to find the solution that works best for that patient while considering the patient’s skin condition, financial situation, response to that medicine, overall health and emotional/psychological situation.”

No matter your age, there are alternative therapies for you to try to treat your eczema.

“What works for one person does not work for all,” Dr. Friedman said. Other factors to consider beyond timing when determining whether or not to try alternative therapies include:



Cost: “Herbal medicine is not covered by insurance, so appointments and herbs have to be paid for out-of-pocket,” Dr. Friedman said. “Most FSAs and HSAs will cover appointments and herbs, but you should call to confirm before starting herbal medicine.”



Taste and swallowing ability: Herbal medicine typically is ingested if a patient is over 5 years old. If you can’t handle the taste, “you’ll need to take herbs in the form of capsules, which can be as many as 20 capsules per dosage, two times a day for adults and less for kids,” Dr. Friedman said. “Kids will often drink herbs with no issues, but if you have a finicky eater, they may have trouble taking herbs,” she said.



Bathing ability: Kids under 3 years old can typically bathe in herbs, but their skin must be able to handle being in water. If kids are unable to handle regular baths and showers, this will not be a good option for them.

“It’s usually after a patient has tried several traditional pharmacologic treatments and have not found them to be adequate solutions — either because they don’t work for them or they experience significant side effects — that patients typically start opening their minds to other ways to treat their eczema.”

~ Dr. Friedman

Should I try alternative treatments during a bad eczema flare?

“Generally, this is the worst time to try them,” Dr. Lio said. “My general approach is to get people better — ideally much better, or even clear, using all the best tools in our toolbox. Once they are better, the goal is to try to minimize the use of more powerful therapies, and that is where I think the more alternative treatments can really play an important role.”

Should I tell my general practitioner about the alternative treatments I’m trying?

“Absolutely!” said Dr. Lio. “Just because something is ‘natural’ (and that is a loaded term since even botanical supplements are generally not seen in nature in a capsule form) does not mean it is safe. There are numerous potential issues even with what appear to be safe and natural treatments, from contact dermatitis to true systemic toxicity and interactions with conventional medications,” he said. “So, it is important to discuss exactly what is going on so that everyone is on the same page.”

Another treatment option

Trying alternative therapies can be beneficial for people who are dealing with chronic eczema.

“Sometimes, if things are really bad at the start, we need to lean heavily on more powerful conventional medications to get things calmed down,” Dr. Lio said. “But, over time, I find that I can leverage some of my integrative approaches to decrease and sometimes even stop conventional medications, which is truly exciting!”

¹ Ma, H, Shi V, Lio, PA. A multidisciplinary toolbox for atopic dermatitis treatments. *Practical Dermatology*. February 2021: 25-33. <https://practicaldermatology.com/articles/2021-feb/a-multidisciplinary-toolbox-for-atopic-dermatitis-treatments> Accessed September 1, 2023.

2023 Eczema Treatment Roundup

By Amber Whiteside

2023 proved to be another exciting year for eczema medications. Since our last roundup in December 2022, the Food and Drug Administration (FDA) approved a new age indication for an existing treatment and, at the time of print, was expected to approve a new treatment for eczema. There are also many promising new therapies rounding the corner to FDA review in 2024.

New eczema treatment developments in 2023

- **New age indication for Cibinqo (abrocitinib).** Cibinqo (abrocitinib), an oral JAK1 inhibitor originally approved by the FDA in January 2022 for adults with refractory moderate to severe atopic dermatitis, was approved for adolescents ages 12 and older in February 2023.
- **First prescription treatment for seborrheic dermatitis.** At the time of publication, FDA review of roflumilast foam 0.3% from manufacturer Arcutis Biotherapeutics is anticipated on or around the PDUFA action date of December 16, 2023. Roflumilast foam 0.3% is a once-daily topical, a selective phosphodiesterase-4 (PDE4) inhibitor and will be the first topical drug specifically for seborrheic dermatitis.

What to expect in 2024

- **Nonsteroid topical.** VTAMA (tapinarof), a new nonsteroid topical cream developed by Dermavant Sciences, is anticipated to be filed with the FDA in Q1 2024. VTAMA 1% has shown positive results from two Phase 3 trials in adults and children down to 2 years of age with moderate to severe atopic dermatitis. VTAMA is an aryl hydrocarbon receptor agonist.
- **Roflumilast cream for atopic dermatitis.** In addition to the submission of roflumilast foam 0.3% for seborrheic dermatitis referenced above, Arcutis Biotherapeutics has submitted a supplemental New Drug Application (sNDA) to the FDA for roflumilast cream 0.15% for the treatment of mild to moderate atopic dermatitis in adults and children ages 6 years and older. The sNDA will be reviewed in 2024.
- **A new biologic.** A new biologic treatment for atopic dermatitis was also anticipated in 2023, lebrikizumab from manufacturer Eli Lilly and Company. It had a PDUFA action date set for fall 2023, but a complete response letter issued by the FDA has since delayed that timeline. Lebrikizumab has shown positive results from its Phase 3 clinical development program in adult and adolescent patients ages 12 years and older with moderate to severe atopic dermatitis. Lebrikizumab is an IL-13 inhibitor.

Stay in the know

Stay up to date on the latest eczema therapies as they become available by visiting our website at [NationalEczema.org/new-treatments](https://www.nationaleczema.org/new-treatments). You can also find information on eczema treatments in development and learn more about where they are in the full treatment pipeline.



skinesa[®]
backed by science

The reviews are in. A skin health breakthrough from over a decade of research, Skinesa[®] Skin Probiotic was created by doctors so you can promote clear, healthy skin from the inside. With continuous daily use, the probiotic blends contained in Skinesa[®] have demonstrated efficacy in supporting clear, healthy skin in rigorous, double-blind, placebo-controlled clinical trials.

Our probiotic ingredients can be matched to two successful randomized-controlled clinical trials that show safety and efficacy in promoting clear, healthy skin. Probiotics are live microorganisms that deliver a health benefit when administered in sufficient amounts.

We offer an extended **90-Day Money-Back Guarantee**. If you are not completely satisfied, we will refund your money without having to return the product.

USE THE CODE **NEA10** FOR \$10 OFF YOUR FIRST ORDER



Study #: <https://doi.org/10.1001/jamadermatol.2017.3647>

Study #: <https://doi.org/10.2340/00015555-3305>

Meta-analysis: <https://doi.org/10.1111/pai.13305>

www.skinesa.com

Individual results may vary, testimonials are not claimed to represent typical results. All testimonials are from real customers, and may not reflect the typical patient's experience, and are not intended to represent or guarantee that anyone will achieve the same or similar results.

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.



JUNE 27-30, 2024

ECZEMAEXPO.ORG