



National
Eczema
Association

**Is it Contact
Dermatitis?**

Explore the latest research
and common causes for
this type of eczema. **p9**

**Can Phototherapy
Help Your Eczema?**

Shed some light on
how this popular
treatment works. **p14**

**Marine Algae for
Eczema**

Get the facts about
this trending skincare
ingredient. **p24**

NEA Magazine

Research, Support and Education for Those Affected by Eczema

How a Young Actress Learned to Navigate Her Eczema

Jennifer Etienne, 26, shares her eczema
story and how she achieved her dreams. **p16**



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NEA Magazine

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Design Director: **Sam DeWys**
Managing Editor: **Jennifer Moncayo-Hida**
Senior Writer: **Clare Maloney**
Contributors: **Angela Ballard, RN, Mollie Barnes, Hope Hamashige, Jodi L. Johnson, PhD, Erin Laviola, Celia Shatzman, Melissa Tanoko, Michelle Williams, Jamie Wilson**

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Should Your Eczema Care Products Be Paraben-Free?

Learn more about what parabens are and why they're common in skincare and cosmetic products.

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

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International Alliance of
Dermatology Patient
Organizations



Letter from Kristin



Happy New Year from all of us at the National Eczema Association (NEA)! We hope your 2025 is off to a great start and you are ready for a fantastic year.

I am thrilled to announce that this year's Eczema Expo will be held July 24–27 in Scottsdale, Arizona. I'm looking forward to warm, sunny days and getting to meet with many of you in person. Registration opens in early January — don't miss it!

In this issue of *NEA Magazine*, we take you on a deep dive into contact dermatitis, one of the most common types of eczema. Get the latest research on how to diagnose, treat and prevent it on page 9. You'll find a great explanation of what phototherapy treatment is, how it works for eczema and who should consider it on page 14. Plus, get the scoop on marine algae as a skincare ingredient for eczema on page 24.

And prepare to be moved by community member, Jennifer Etienne, on page 16. Read Jennifer's inspiring story about how she was able to pursue — and eventually achieve — her childhood dreams to become an actress, singer and model without allowing eczema to hold her back.

Lastly, don't miss our 2024 treatment roundup on page 25, where you can find an overview of FDA-approved treatments for eczema from this past year. This is such an exciting time in the world of eczema research, and we'll continue to keep you updated on promising developments all year long.

Onward and upward!

Warmly,

Kristin Belleson, MBA, CAE - 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 | 415.499.3474
Fax: 415.472.5345
Email: Info@NationalEczema.org
NationalEczema.org



TOPICAL NEWS

Our Latest Updates

Thank you for your incredible support in 2024!

Your generous donations to the National Eczema Association (NEA) are making a difference for everyone affected by eczema. Because of you, the eczema community benefits from vital educational programs, advocacy efforts and research progress.

NEA relies on donations from friends like you to meet our mission. The fact that so many of our donors are patients and caregivers highlights the personal connection we all share. You understand the challenges firsthand and your desire to make a positive impact for others is inspiring.

Your support means the world to us, whether you give once, monthly as a Flare Fighter or raise funds through Itching for a Cure!

Help us advocate for eczema this year

With the start of 2025 comes the start of a new batch of lawmakers in Congress. With this new session of Congress, we have a new opportunity to fight for the needs of people with eczema. For example, pushing members of Congress to help enact changes to health insurance companies' step therapy and prior authorization policies, which make it difficult for eczema patients to get the medications they need.

Learn more about our legislative policy priorities at NationalEczema.org/advocacy. Plus, scan the QR code to join our advocacy email list to get timely updates on new advocacy opportunities.



In remembrance



Christine Anderson

Christine (Chris) Anderson, our dear friend and colleague, passed away on September 22, 2024. Chris had been with NEA for over 14 years and played a key role in managing and expanding the Seal of Acceptance™ program. Chris truly loved her job and put her whole heart into everything she did for the eczema community. She also loved adventuring in the outdoors and was an avid cyclist — she always had her bike gear with her at the office, ready for the next ride. While she has left us far too soon, individually and collectively, we have many wonderful memories to cherish.



Tom Reese

Tom Reese, JD, a longtime volunteer and donor to NEA, passed away on October 7, 2024, a few weeks after celebrating his 90th birthday. Tom and his late wife, Carolyn, created a scholarship fund which helped hundreds of people attend Eczema Expo over the years. Tom served for many years on NEA's board of directors and later as an emeritus member of the board. The NEA community will forever be grateful for his leadership and generosity.

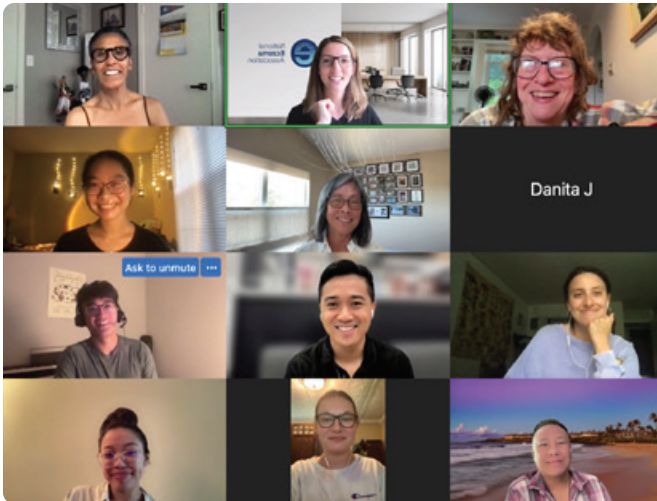
NEA Ambassadors' Corner

Learning how to read scientific studies like a researcher

Over the last year, many NEA Ambassadors have been digging deep into the latest eczema research at Research Journal Club. For each virtual Club meeting, one Ambassador volunteers to review and put together a presentation on a specific eczema study and share it with their peers.

Presenters don't need to have any research or academic experience to participate. These meetings and presentations are meant to be a safe and welcoming space for people with eczema to learn how to critically look at research studies and understand what they mean. To help foster this learning and curiosity, the presenter also gets to work with a member of the National Eczema Association (NEA) research team. They offer each presenter tailored support throughout their deck preparation and presentation.

Ambassadors have presented on the onset of anxiety and depression with eczema; dietary sodium and atopic dermatitis; and topical bacteriotherapy for atopic dermatitis. This opportunity provides Ambassadors with a chance to learn how to interpret scientific literature, while sharpening their public speaking and presentation skills with like-minded individuals.



A 2024 Research Journal Club meeting.

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NationalEczema.org/ambassadors

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ECZEMA HERO

Why I Donate to NEA: Michelle Williams

Michelle Williams, from Frisco, Texas, shares how she and her family discovered NEA and what it means to her to give back.

By Michelle Williams, as told to Clare Maloney



Photo courtesy of Michelle Williams

Our eczema journey began in 2014, although we didn't know it at the time.

My husband, Michael, and I have five children. Our son, Michael "MJ" Jr., has eczema. He was diagnosed at the age of 2. That's when we first saw dry, red, itchy patches on MJ's skin. The doctor called it atopic dermatitis and said it was not severe. However, it got progressively worse by the time he turned 5.

MJ's eczema became severe with terrible flares. We saw it head to toe — on his ears, around his eyes, everywhere we could name on the body. The treatments we were given didn't help. It was hard for him to even participate in daily activities, go outside or eat the foods he liked. I did extensive research to learn more and find some answers.

In 2021, MJ had a big scare and was hospitalized for seven days. He developed MRSA and staph infections. For four of those days, he had a 104-degree fever. It was so scary, we literally thought we were losing our son. I felt so helpless. We were so glad when he recovered. After that, we started homeschooling MJ to better meet his needs.

People have a misconception about how severe eczema really can be, how debilitating it is. A lot of people think of it as just dry skin and dismiss it as a real condition. I wish we had all the resources and information we have now when we first started seeing MJ's symptoms.

I didn't find the National Eczema Association (NEA) until about a year and a half ago. I found so much more than support. The biggest piece for me was finding an organization that is donating to research to find a cure.

MJ is now old enough to participate in decisions about his care. He recently decided to try Dupixent again, and it is working for him this time. We were even able to let him return to public school this past September.

I also founded MJ's Youth Eczema Foundation to raise awareness about severe eczema and provide grants for medical expenses to families affected by severe pediatric eczema.

My family donates to NEA because we want to fund research toward a cure. We're confident that NEA is making the best decisions for the eczema community by supporting quality, meaningful research projects.



Donate today

Your gift supports critical patient programs, eczema research and advocacy efforts for all people affected by eczema. For more information on ways to give, scan the QR code or contact Melody Sugg, VP philanthropy, at Melody@NationalEczema.org.

DUPIXENT®
(dupilumab) Injection
200mg • 300mg

FOR MODERATE-TO-SEVERE ECZEMA
DUPIXENT HELPS YOUR CHILD

FEEL
THE HEAL
AND SEE THE DIFFERENCE

When topical Rx's aren't enough, DUXIPENT helps your child get ahead of their eczema with noticeably less itch and clearer skin.

TALK TO YOUR CHILD'S ECZEMA SPECIALIST
OR SCAN CODE TO LEARN MORE

HELP
HEAL
YOUR SKIN
FROM
WITHIN™

LILA
AGE 5
ACTUAL PATIENT
Individual results
may vary

DUPIXENT IS:

- ▶ FDA-approved for ages 6 months and up
- ▶ NOT a cream, steroid, or immunosuppressant
- ▶ The #1 prescribed biologic for eczema by dermatologists and allergists

Today's a good day to find out if DUXIPENT, a biologic, could be right for your child.

INDICATION

DUXIPENT 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. DUXIPENT can be used with or without topical corticosteroids. It is not known if DUXIPENT 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 DUXIPENT®.

Before using DUXIPENT, 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 DUXIPENT; are pregnant or plan to become pregnant. It is not known whether DUXIPENT will harm your unborn baby. A pregnancy registry for women who take DUXIPENT during pregnancy collects information about the health of you and your baby. To enroll or get more information call 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupixent/>; are breastfeeding or plan to breastfeed. It is not known whether DUXIPENT 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 other medicines, including corticosteroid medicine or other asthma medicine, without talking to your healthcare provider. This may cause other symptoms that were controlled by those medicines to come back.

DUXIPENT can cause serious side effects, including:

Allergic reactions. DUXIPENT can cause allergic reactions that can sometimes be severe. Stop using DUXIPENT 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 DUXIPENT 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 DUXIPENT 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, dry eye, 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 DUXIPENT. 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 DUXIPENT 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 DUXIPENT. **Do not** try to prepare and inject DUXIPENT until you or your caregiver have been trained by your healthcare provider. In children 12 years of age and older, it's recommended DUXIPENT be administered by or under supervision of an adult. In children 6 months to less than 12 years of age, DUXIPENT should be given by a caregiver.

Please see Brief Summary on following page.

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US.DUP.24.10.0090

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

Rx Only

What is DUXIPENT?

- DUXIPENT 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. DUXIPENT can be used with or without topical corticosteroids.
- DUXIPENT 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 DUXIPENT is safe and effective in children with atopic dermatitis under 6 months of age.

Who should not use DUXIPENT?

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

What should I tell my healthcare provider before using DUXIPENT?

Before using DUXIPENT, 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 DUXIPENT.
- are pregnant or plan to become pregnant. It is not known whether DUXIPENT will harm your unborn baby.
 - **Pregnancy Exposure Registry.** There is a pregnancy exposure registry for women who take DUXIPENT 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 DUXIPENT 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 other medicines, including corticosteroid medicine or other asthma medicine, without talking to your healthcare provider. This may cause other symptoms that were controlled by those medicines to come back.

How should I use DUXIPENT?

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

- Use DUXIPENT exactly as prescribed by your healthcare provider.
- Your healthcare provider will tell you how much DUXIPENT to inject and how often to inject it.
- DUXIPENT comes as a single-dose pre-filled syringe with needle shield or as a pre-filled pen.
 - The DUXIPENT pre-filled pen is only for use in adults and children 2 years of age and older.
 - The DUXIPENT pre-filled syringe is for use in adults and children 6 months of age and older.
- DUXIPENT 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 DUXIPENT, you or your caregiver should receive training on the right way to prepare and inject DUXIPENT. **Do not** try to inject DUXIPENT until you have been shown the right way by your healthcare provider. In children 12 years of age and older, it is recommended that DUXIPENT be given by or under supervision of an adult. In children 6 months to less than 12 years of age, DUXIPENT should be given by a caregiver.
- **If your dose schedule is every other week and you miss a dose of DUXIPENT:** Give the DUXIPENT 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 DUXIPENT injection.
- **If your dose schedule is every 4 weeks and you miss a dose of DUXIPENT:** Give the DUXIPENT 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 DUXIPENT injection.

- If you inject too much DUXIPENT, call your healthcare provider or Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away.
- Your healthcare provider may prescribe other medicines to use with DUXIPENT. Use the other prescribed medicines exactly as your healthcare provider tells you to.

What are the possible side effects of DUXIPENT?

DUXIPENT can cause serious side effects, including:

- **Allergic reactions. DUXIPENT can cause allergic reactions that can sometimes be severe.** Stop using DUXIPENT 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 DUXIPENT. 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 DUXIPENT if you develop joint symptoms.

The most common side effects of DUXIPENT in patients with eczema

include: injection site reactions, eye and eyelid inflammation, including redness, swelling, and itching, sometimes with blurred vision, dry eye, 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 DUXIPENT: 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 DUXIPENT. 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 DUXIPENT?

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

Keep DUXIPENT and all medicines out of the reach of children.

General information about the safe and effective use of DUXIPENT.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use DUXIPENT for a condition for which it was not prescribed. Do not give DUXIPENT 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 DUXIPENT 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 DUXIPENT that is written for healthcare professionals.

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

What are the ingredients in DUXIPENT?

Active ingredient: dupilumab


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

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DUPIXENT® 
(dupilumab) Injection
200mg • 300mg

FOR MODERATE-TO-SEVERE ECZEMA
DUPIXENT HELPS YOUR CHILD

**FEEL
THE HEAL**

AND SEE THE DIFFERENCE

When topical Rx's aren't enough, DUXIPENT helps your child get ahead of their eczema with noticeably less itch and clearer skin.

DUPIXENT IS:

- ▶ FDA-approved for ages 6 months and up
- ▶ **NOT** a cream, steroid, or immunosuppressant
- ▶ The #1 prescribed biologic for eczema by dermatologists and allergists

**SOPHIA
AGE 14
ACTUAL PATIENT**
Individual results
may vary

TALK TO YOUR CHILD'S ECZEMA
SPECIALIST OR SCAN CODE TO LEARN MORE



**HELP
HEAL
YOUR
SKIN
FROM
WITHIN™**

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Joint aches and pain. Some people who use DUXIPENT 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 DUXIPENT if you develop joint symptoms.

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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 DUXIPENT. 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.

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Please see Brief Summary on previous page.

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RESEARCH REVIEW

Common Causes of Contact Dermatitis

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

If you've broken out in an itchy rash at the same location where you wore a ring, belt buckle or a piece of clothing, you've likely had contact dermatitis. Contact dermatitis is a type of eczema — it's different from atopic dermatitis (AD), the most common type of eczema. But it's possible to have both contact dermatitis and AD. Contact dermatitis is caused by an allergic reaction after an allergen or irritant touches your skin. Contact dermatitis affects about 15% of the global population¹ and over 14 million Americans each year.²

In your everyday life, you likely run into ingredients that could cause contact dermatitis. For example, chemicals at work, personal care products at home, diapers and toys in childcare settings, gloves and masks in healthcare settings or plants like poison ivy while gardening or hiking.²⁻¹¹ So, what are the common allergens and irritants that cause contact dermatitis? How is it diagnosed and what are the treatment options?

“The most important thing for patients to understand is that contact dermatitis is treatable,” said Dr. Margo Reeder, an associate professor of dermatology and practicing dermatologist at the University of Wisconsin. “The first step is identifying the culprit. If we can identify the problem, then we can teach you how to avoid it and the skin can become clear of symptoms.”

What is contact dermatitis?

Contact dermatitis is an itchy, inflammatory skin disease. It is caused by an inflammatory response to contact between the skin and an ingredient or object that a person is either allergic to or that is irritating to the skin.¹⁰ You can develop contact dermatitis anywhere on the body that comes in contact with allergens, including hands, feet, scalp, face, arms, legs, chest, abdomen and genitals.¹²

There are two main types of contact dermatitis: allergic contact dermatitis and irritant contact dermatitis. Allergic contact dermatitis arises from an allergic immune reaction, meaning your immune system has a reaction. It can be a delayed reaction that appears as a rash a day or two after skin is exposed to an allergen, such as poison ivy. Irritant contact dermatitis is more closely related to direct chemical injury to the epidermis. It happens when skin cells are damaged by exposure to irritating substances, like soaps or hair dye. The immune system is activated, whether the ingredient causes an allergy or is related to the skin barrier.^{1,13}

You can even develop contact dermatitis from things you’ve been in contact with for years or your entire life. “Patients often say, ‘How can I be allergic to this? I’ve been using it for years!’” explained Dr. Jonathan Silverberg, one of the world’s leading experts on contact dermatitis and a dermatologist at George Washington University. “Contact dermatitis can develop slowly and it is not always an immediate reaction after exposure. In particular, with things like personal care products, applying them to inflamed skin with a reduced barrier can actually lead to the immune system mounting the reaction that leads to contact dermatitis. It doesn’t happen all at once.”

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~ Dr. Jonathan Silverberg

When it comes to who gets contact dermatitis, very little is currently known about whether there are differences in the reactive agents that cause it or the severity of reactions in people from different racial and ethnic backgrounds.¹⁴ One U.S. study found that Asian and Hispanic children saw more providers prior to undergoing patch testing, meaning it took longer for them to figure out the culprits and be able to avoid them. Further, Black children were tested with fewer potential allergens during patch testing compared to white children, meaning important items of contact may have been missed.¹⁴ More studies that specifically include patients from different racial and ethnic groups are needed to understand and reduce disparities in underrepresented populations.¹⁴

How is contact dermatitis diagnosed?

Contact dermatitis can be diagnosed by physicians through medical history and patch testing. To take your medical history, your healthcare provider will ask you lots of questions about your daily life and products you come into contact with regularly. “We have to do a lot of sleuthing to figure out where patients are getting exposed to the things causing their contact dermatitis symptoms,” said Dr. Silverberg.

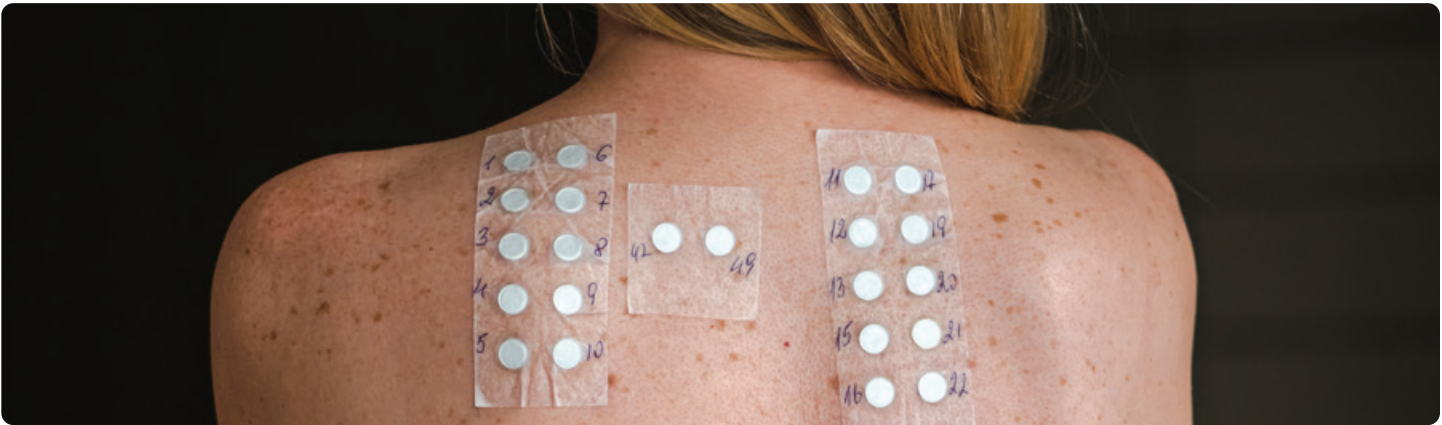
To rule out or confirm what could be causing contact dermatitis, healthcare providers may ask about a patient’s job, hobbies, medications, topical cosmetics or other things applied to the skin and fabrics worn. It is very important that a physician take a thorough history of what an individual may be exposed to so that patch testing can contain the right allergens and irritants to be as helpful as possible.⁵

Patch testing is a process where patches containing small amounts of suspected allergens or irritants are applied to a patient’s back. The patches are usually left on for one or two days. Then they are “read” by an experienced patch testing dermatologist to determine which ingredients cause the strongest reactions. A list of ingredients and products to avoid can then be created, helping the patient prevent a contact dermatitis rash.

Most patch test kits include common culprits, but providers can often add specific ingredients to test for a suspected allergen. For example, if you suspect a specific makeup brand’s ingredient is causing the issue, they can add it as one of the patches.

Patch testing is approved by the Food and Drug Administration (FDA) for adults and children.¹⁵ While adults can get basic patch testing with a few dozen allergens, they can also have more complex and expanded testing with hundreds of potential reactionary allergens and irritants placed on their backs. Small children may have as few as 30 to 38 allergens applied since they likely haven’t come into contact with as many ingredients and components in their lives.¹⁵ Plus, their backs are small so only a few patches can be applied at one time.¹⁵

“In general, we don’t patch test kids as frequently as adults and may therefore be missing kids that have contact dermatitis,” said



Dr. Reeder. “Kids may be misdiagnosed with AD when, if they got patch testing, they may be able to avoid an irritant and experience clearing of their symptoms. Patch testing can be really valuable to families.”

Although patch testing is a standard diagnosis tool for contact dermatitis, it is not always available to all patients due to insurance coverage or needing a specialized clinic that is only available in certain parts of the country or world. “In a perfect world we would be able to patch test everyone, but in reality, this is not easy to do,” said Dr. Silverberg. “Some patients need really complex, expanded patch testing due to their potential contacts and there are very few places in the U.S. that do complex patch testing.”

Patch testing can get more complicated if the patient also has AD. “They may have AD lesions on their back, which is where the allergens and irritants are applied via patches for patch testing,” Dr. Silverberg explained. “We can’t patch test on an already inflamed region. Ideally, before patch testing, a patient should be clear of back wounds, off topical therapies for at least a week or two and off biologic therapies — this is often not feasible at all for patients.”

If patch testing is not available, healthcare providers can take a very thorough patient history, asking lots of questions about things each patient comes into contact with to help narrow down culprits.

What are some of the most common allergens that cause contact dermatitis?

There are two major organizations of healthcare professionals and medical researchers, the North American Contact Dermatitis Group and the American Contact Dermatitis Society, who work to identify and understand the expanding list of ingredients and objects that can lead to contact dermatitis. These organizations aim to raise awareness of the causes of contact dermatitis, while also performing research and keeping an eye out for new culprits as they arise.

Allergens and irritants that cause contact dermatitis are constantly in flux, changing with trends in industry, occupations and consumer habits.⁸ Every year, new agents that cause contact dermatitis

are reported after being found in cosmetics and personal care products.⁸ For the last few decades, both the North American Contact Dermatitis Group and the American Contact Dermatitis Society have named an “allergen of the year.” This helps both healthcare providers and the general public understand what products contain the featured ingredients and how to avoid them. These “allergens of the year” can help healthcare providers know what emerging irritants to include in patch testing, but there are tens of thousands of possible ingredients that can cause contact dermatitis.

So which ingredients have made the allergen of the year list? Here are some of the most common allergens that lead to contact dermatitis:

- Metals, such as nickel, gold and cobalt¹⁰
- Medicines like neomycin and glucocorticoids^{8,10}
- Fragrance mixes such as myroxylon pereirae (balsam of Peru), fragrance mix I and fragrance mix II⁸
- Rubber products, such as gloves¹⁰
- Preservatives like formaldehyde and parabens¹⁰
- Personal care products containing a chemical called methylchloroisothiazolinone or methylisothiazolinone¹⁶
- Borax, which can be used to make a “slime” toy for children¹⁶
- Latex, like in balloons¹⁶
- Lanolin from sheep, which can be found in lotions and clothing⁸
- Plants like henna or poison ivy⁵
- Hair dyes⁵

“Many people are looking toward more natural products to try to cut down on exposure to allergens, but natural and botanical ingredients are some of the biggest culprits for contact dermatitis,” Dr. Silverberg said. “Sometimes the best products are those that have very few ingredients. But patients should be aware that natural does not mean allergen free — poison ivy is natural.”

Even the term hypoallergenic is not regulated by any clinical or market standards, so people should be careful before using these products.⁷

What types of products have these allergens?

Adults typically encounter allergens and irritants in products like hairspray, colognes, perfumes and other cosmetics. “Adults have often been using their products for a long time and tend to have a rash locally where the skin contact occurs,” Dr. Silverberg said. “In contrast, children are more likely to develop what is called an ‘id’ reaction, which means that they may be exposed to a product on one part of their body but then get an expanded, more generalized skin rash all over.”

A systematic review of scientific literature on toys that cause contact dermatitis identified several common offenders. For example, toys such as electronics (like video game controllers), toy cars, costume jewelry, bicycles, slime and children's clay were mentioned.¹⁶

The most common ingredient causing contact dermatitis in children is nickel.¹⁶ Nickel can be an allergen for both children and adults and is often found in toys and electronic devices like cell phones, iPads and computers.¹⁶

Personal care products like shampoo, conditioner, hairspray, shaving cream, sunscreen, mascara and even baby lotion and baby shampoo can contain a chemical called methylchloroisothiazolinone or methylisothiazolinone.¹⁶ These chemical names represent ingredients that a person with contact dermatitis, or their caregivers, need to recognize if they are causing the disease symptoms.

Other studies have shown that nickel, cobalt, neomycin, myroxylon pereirae (balsam of Peru), fragrance mix I, fragrance mix II, formaldehyde and lanolin are the most common causes of contact dermatitis in children. Essential oils, lotions and shampoos can contain some of these ingredients and some can even be found in textiles used in furniture and clothing.² Unfortunately, there are a lot of ingredients to watch out for and this is why patch testing can be so crucial. It’s one way to rule out products that have the ingredients that are causing the allergy or irritant reaction.

How do contact dermatitis and atopic dermatitis overlap?

There is evidence that AD and contact dermatitis can coexist and that patients with AD may even be more sensitive to allergens and irritants that cause contact dermatitis.¹⁷ The current thought among researchers is that active AD — with inflamed skin and a compromised skin barrier — can result in an increased possibility that allergens and irritants will trigger even more inflammation.¹⁸ However, it can be challenging to separate one type of dermatitis from another in order to do clear research.¹⁸

Dr. Reeder mentioned three things to look for that may indicate a person has contact dermatitis, in addition to or instead of AD. They are:

- AD is not responding to standard topical treatments.
- A skin rash appears on the body where it has never been before.
- The skin rash flares repeatedly after exposure to a specific ingredient or object.

If these things occur, a patient should talk to their healthcare provider about doing thorough analysis to find possible culprits underlying contact dermatitis.¹⁸

It is very important to note that if AD and contact dermatitis coexist, AD treatments can be less effective because the patient may continuously be exposed to factors that cause rashes associated with contact dermatitis.¹⁷ “It can be important to rule out contact dermatitis in patients before moving from topical to systemic therapies to treat AD,” Dr. Silverberg said. “It may not be beneficial to start taking systemic AD therapies if avoiding exposure to something could clear up some of the symptoms instead.”

How do I prevent, avoid and treat contact dermatitis?

The number one goal for preventing and treating contact dermatitis symptoms is to avoid contact with the culprit agent (or irritant).¹⁹ After determining what those agents or ingredients are, it’s crucial to determine which products or objects may be causing the contact dermatitis symptoms. One way to figure out products that might have these ingredients is through the American Contact Dermatitis Society. They maintain and regularly update a large database of products in their Contact Allergen Management Program (CAMP). Healthcare providers who are members of the American Contact Dermatitis Society can access this database, which is currently being expanded to contain over 100,000 products, and give patients access to their personal “avoid” list from this database.

“Once a patient has undergone patch testing or found out their culprits, it is very important to become familiar with the names (sometimes very long, complex names) of the ingredients causing contact dermatitis,” Dr. Reeder said. “Read labels on products to be sure the product does not contain that ingredient.”

“Once a patient has undergone patch testing or found out their culprits, it is very important to become familiar with the names (sometimes very long, complex names) of the ingredients causing contact dermatitis.”

~ Dr. Margo Reeder

Sometimes avoidance of the culprit chemical is as easy as switching shampoos or soaps. However, other times it is nearly impossible to avoid the problem. For example, if the irritating fragrance is in the environment, or the allergen is an ingredient in a necessary medical device like an insulin monitor. Another difficult situation is when the

irritant is something the person comes into contact with every day at work.¹⁹ In these cases, further treatment may be required like topical or systemic steroid therapy.¹⁹ When it’s not possible to avoid the product, some of the same systemic therapies being used to treat AD can also be employed for treating contact dermatitis.¹⁹ This can be problematic as the immune reaction is ongoing every time a person comes in contact with the agent, so the treatment may have to be very long-term, which can lead to unwanted side effects.¹⁹

A few research groups are also working to develop topical hydrogels for contact dermatitis. These hydrogels are designed to be applied prior to exposure to an ingredient, or even put into products like cosmetics, to help reduce the allergic reaction.^{12,20} These research groups have found that certain ingredients like lysine and N-acetyl cysteine can form barriers between an allergen and the skin.²⁰ These hydrogels must still be tested broadly in humans to make sure that they themselves do not lead to immune reactions.¹²

If a large number of people are having an allergic reaction to an individual product or ingredient, the FDA might be notified. Even if the FDA isn’t aware, manufacturers might notice there is an issue when customers stop buying their product. For example, wet wipes used to have ingredients like methylisothiazolinone that caused contact dermatitis. This ingredient has now been removed. “Sometimes enough people react to a product and stop buying it, which leads manufacturers to make changes so their products can be sold again,” said Dr. Reeder. Consumers can impact companies to change products or ingredients.

Key takeaways:

- Contact dermatitis is caused by exposure to ingredients and objects that cause an inflammatory response that leads to itchy, painful skin rashes.
- One of the best ways to narrow down the cause of contact dermatitis is patch testing. This helps the provider and patient identify the irritant or allergen.
- Knowing what ingredients and substances are causing the reaction can help patients know what to avoid to help improve symptoms.
- Researchers are continually working to identify new problem ingredients to help reduce contact dermatitis.
- Groups like the North American Contact Dermatitis Group and the American Contact Dermatitis Society regularly monitor for new irritants and allergens. They name an “allergen of the year” to help people identify the most common ingredients driving contact dermatitis.
- It can be very challenging to avoid triggers of contact dermatitis, but knowledge is power. Avoiding known allergens and irritants can even lead to complete clearing of the condition.

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Should You Try Phototherapy for Your Eczema?

By Jamie Wilson

Although there's no cure for eczema, there are many treatments available to help minimize flares and treat discomfort. From over-the-counter options like pain relievers and antihistamines to topical steroids and oral medications, there are treatments for various types of eczema that can be tailored to each individual. However, when those treatments don't work, phototherapy is another treatment option typically used to address more severe eczema.

"In dermatology, phototherapy usually refers to the localized and targeted delivery of ultraviolet (UV) light to the skin, using nonlaser or laser devices, typically for the treatment of inflammatory skin conditions like eczema," said Dr. Raj Chovatiya, dermatologist and founder of the Center for Medical Dermatology + Immunology Research in Chicago.

How does phototherapy help eczema? Does phototherapy work for all types of eczema, or just certain types?

As far as how UV light can help eczema, Dr. Chovatiya explained that phototherapy works by suppressing the activity of overactive immune cells. "The primary chromophore in skin, DNA, absorbs UVB light and this leads to the formation of very specific damage to the nucleotides found in DNA," he said. "This is helpful when there are a lot of overactive immune cells in the skin such as T cells, which drive a lot of the inflammation seen in eczema."

One of the benefits of phototherapy is that it can work for all types of eczema. However, Dr. Chovatiya noted that phototherapy is a treatment

that doctors tend to reserve "for individuals with moderate to severe disease that hasn't adequately responded to topical therapies."

What types of light are used in phototherapy?

While it's clear that phototherapy uses light, not just any light will do the trick. The main types of light used are UVA and UVB. "The UVB phototherapy most commonly used now is called narrowband UVB because it emits a very narrow range of wavelengths of light within the UVB spectrum," said Dr. Joy Wan, dermatologist and assistant professor of dermatology at the Johns Hopkins University School of Medicine. "UVA phototherapy also comes in a couple of different forms, including one form that is combined with an oral or topical medication that sensitizes the skin to the UVA light (called PUVA phototherapy)."

When should you try phototherapy for eczema?

Both Dr. Wan and Dr. Chovatiya agree that it might be a good idea to consider phototherapy if your eczema is on the moderate to severe scale and isn't responding to topical therapies. It can be prescribed by a medical professional like a dermatologist.

"Your dermatologist is the expert when it comes to phototherapy, and thus they would be the one prescribing it for the treatment of eczema," said Dr. Chovatiya. "Not every dermatologist has phototherapy available in their office however, so they can help you identify where it might be most convenient for you to receive your treatment."

While the dermatologist is likely the one prescribing the treatments, actual phototherapy sessions can be administered by the dermatologist, or by a nurse or medical assistant following that treatment protocol outlined by that dermatologist.

What can you expect if you go in for phototherapy treatment?

Dr. Wan outlined what a typical phototherapy session can look like. Here are some of the general steps:



Before each treatment, you will be asked about your response to the last phototherapy treatment and any side effects.



The provider will have you undress so that the areas to be treated are exposed.



You may be asked to keep some sensitive areas covered or shielded during the treatment (e.g., goggles for the eyes or underwear for the genital area).



You will then step into the phototherapy booth and the door will be closed.



The nurse or provider will start the phototherapy machine and the lamps within the machine will emit light based on the dosing entered by the provider.



You may be in the booth for as little as a few minutes. After the lights turn off, the provider will open the door and you can step out of the booth.

"There are also other types of phototherapy machines in addition to the full-body booths so the above procedures may vary slightly," she said. "Also, in the case of PUVA phototherapy, you will be asked to take an oral medication or apply a medicated cream to the skin prior to the phototherapy treatment."

How often do you have to go for phototherapy?

In short, there isn't a one-size-fits-all routine since phototherapy is tailored to the specific needs of each patient and the severity of their eczema. However, Dr. Chovatiya believes that a low dose — about three times a week — is a good starting point, and that dose can be increased over weeks or months. If the patient responds well after several months on a stable dose, sometimes the frequency of treatment can be reduced to about once or twice a week to maintain results.

"Most dermatologists would agree that a good trial of phototherapy would be three to six months — if we were not seeing much of a response at that point, we would want to consider other treatment options," he said.

What are the risks and benefits of phototherapy for eczema patients?

When considering a new treatment, it's best to think about the benefits as well as potential risks, and like all treatments phototherapy has both pros and cons. The overall benefit of phototherapy is the improvement in eczema symptoms especially in moderate to severe cases when other options haven't been as successful.

"While there are some potential side effects with phototherapy, it remains a relatively safe treatment," said Dr. Wan. "Since phototherapy targets only the skin, it does not carry some of the potential side effects that oral and injectable systemic medications for eczema may carry."

However, risks can include sunburn, premature skin aging and increased risk of skin cancer. "Potential long-term side effects include theoretical risks of photoaging and skin cancer, though based on studies to date, the risk of these appears quite small with targeted phototherapy (as opposed to nontargeted phototherapy approaches)," said Dr. Chovatiya.

Dr. Wan noted that they try to prevent issues like sunburn by using an appropriate dosing of light treatment and reiterated that these risks are "still relatively low when phototherapy is done in a safe and appropriate manner."

If someone is undergoing PUVA phototherapy treatment (mentioned above), the oral medication that is given may have side effects like "nausea or vomiting, headaches, increased sun sensitivity and cataracts, making sun protection extremely important when getting PUVA treatment," according to Dr. Wan.

So while there are risks that may present themselves with this treatment it's still a very viable and safe option that poses many benefits. "Phototherapy is one of the safer options that we have for eczema patients, as it is a completely external treatment and avoids many of the potential adverse events we associate with systemic therapies (i.e., pills and injections)," said Dr. Chovatiya.



Podcast on phototherapy

In this Eczema Out Loud podcast, Dr. Raj Chovatiya speaks at length about this treatment option for eczema. Listen now to learn more about phototherapy.



MY ECZ-PERIENCE

How a Young Actress Learned to Navigate Her Eczema

By Erin Laviola

Jennifer (Jenn) Etienne, 26, has achieved a successful career as an actress, singer and model. But as a teenager in Miami, she worried her worsening eczema symptoms meant her aspirations were hopeless.

"I read a comment online that said you can't be an actress with eczema because directors won't wait for flare-ups to clear," Etienne said. "I was very depressed because I thought my dream was dead."

From mild to severe

A primary care doctor diagnosed Etienne with atopic dermatitis, the most common type of eczema, when she was 8. He prescribed a topical steroid cream and Etienne experienced mild symptoms for several years.

However, that all changed during high school. Etienne's eczema symptoms, which included itchiness, dryness and inflammation, became much more severe. She remembers feeling embarrassed and self-conscious about the hyperpigmentation and redness on her skin, and always wore long sleeves and pants to avoid potential questions from classmates.



Photo courtesy of Jennifer Etienne

To treat the worsening symptoms, Etienne's primary care doctor gave her a stronger prescription. When it failed to bring relief, she quit using topical steroids entirely. She then experienced topical steroid withdrawal (TSW), although she didn't know what it was at the time. "My eczema was spreading everywhere, and it was burning and I had so much trouble sleeping," Etienne recalled.

The hunt for answers

During her junior year of high school, Etienne visited a dermatologist for the first time. Unfortunately, she said the visit wasn't helpful.

"When I showed him my skin, he just said I had eczema," she said. "Obviously, I already knew that. I wanted to know why my skin went from mild to severe but he didn't have an answer."

That appointment spurred her to search for explanations on her own, and she soon found the National Eczema Association (NEA). By connecting with others with eczema on social media, and reading NEA's online resources, Etienne discovered her symptoms were consistent with TSW.

She also learned her flares were likely caused by environmental factors. She now believes the carpet in her family's home, which they had moved into when she was a freshman in high school, could have been one of the reasons her eczema intensified when it did. She thinks the carpets and rugs likely collected a lot of dust, which triggered her symptoms.

Pursuing her dream

Since Etienne didn't want to use topical steroids again, she decided on a more natural approach. She applied moisturizer often, she still indulged in hot showers and did her best to avoid things that could trigger a reaction. After four years of severe symptoms, Etienne said her skin finally calmed when she left home to attend college.

It was also during this pivotal time that she found the courage to pursue her childhood dream of becoming an actress. After a friend inspired her to take an acting class, Etienne joined the theater program. She went on to graduate from Florida A&M University in 2021 with a bachelor's degree in theater and a minor in music.

"When I was cast in my first short film, they didn't care that I had eczema. All that mattered was whether I could act," Etienne explained. "That person online was wrong."

Today, Etienne primarily focuses on theatrical productions. She also teaches dance and drama in an after-school program.

Patiently navigating flares

After a few years of improved symptoms, Etienne said her eczema intensified again after moving back to Miami after college. However, she said it no longer has the power to damage her confidence, or hold her back from pursuing her acting.

"I hated my eczema for a long time, but now I realize it's a part of me," Etienne said. "There's a reason my skin is flaring. It's my body trying to tell me that something's going on." To get her eczema back to a milder state, she is focused on identifying and avoiding triggers.

"I hated my eczema for a long time, but now I realize it's a part of me. There's a reason my skin is flaring. It's my body trying to tell me that something's going on."

"But the biggest thing for me has been realizing that my skin needs time to heal," Etienne explained. "I think of my eczema like a child having a tantrum. I'm more patient and understanding than I used to be."



Share your eczema story

Sharing personal experiences is one of our most powerful tools for healing and making connections. If you have an eczema story to share with the community, we'd love to hear it.

Jennifer (Jenn) Etienne is a NEA Ambassador. If you're an adult living with eczema or a caregiver of someone with eczema, join NEA Ambassadors. Visit NationalEczema.org/ambassadors to learn more.

Should Your Eczema Care Products Be Paraben-free?

By Mollie Barnes



Recently, there has been some concern in the media that parabens are endocrine disruptors, and some people have been skeptical about using products containing these preservatives for fear of irritating their skin. However, experts say they're actually considered pretty safe to use and have been for over 70 years.

To clarify this confusion, the National Eczema Association (NEA) spoke to Dr. Margo Reeder, a dermatologist and paraben researcher at the University of Wisconsin School of Medicine and Public Health. She co-authored the paper "Parabens" in the journal *Dermatitis*, where she discussed parabens as the "(non) allergen of the year" in 2019.

Here, she explains some of that research on what parabens are and the impacts of using them in personal care products for eczema or general use.

MEET THE ECZ-PERT



Dr. Margo Reeder is a dermatologist and paraben researcher at the University of Wisconsin School of Medicine and Public Health.

What are parabens?

"Parabens are a type of preservative that have been around for a long time," Dr. Reeder said. "They're commonly found in all sorts of personal care products, such as soaps or lotions."

They naturally occur in some types of food, such as sweet potatoes, she explained. They can also be added to foods and some types of drugs to act as preservatives.¹

Parabens are a family of chemicals, known as esters, derived from p-hydroxybenzoic acid. The most common types include methylparaben, propylparaben, butylparaben and ethylparaben.¹

Why are parabens in skincare products?

These chemicals are added to skincare and cosmetic products to prevent harmful bacteria and mold from growing, which helps extend the products' shelf life and protect users from getting sick.¹

"They are an essential part added to prevent microbial growth," Dr. Reeder said. "We need preservatives. They are really important because you don't want to open your shampoo bottle or lotion and have there be mold or bacteria in it."

Should people — specifically those with eczema — be concerned about parabens?

"In general, I don't recommend avoiding parabens in personal care products because the concentration is very, very low," Dr. Reeder said. "These are all evaluated for safety and toxicology data. And parabens are recognized as a safe ingredient. In patch test studies, parabens show very low rates of allergic contact dermatitis — only around 1%."

She's more concerned about fragrances in personal care products and preservatives companies might add to products to replace parabens.

"The unsubstantiated public perception of paraben safety has led to its replacement in many products with preservatives having far greater allergenic potential,"¹ wrote the authors of the journal article "Parabens" published in *Dermatitis*.

A lot of unfounded claims by the media have led to fear among consumers, and therefore a shift in the market where companies are making products using other preservatives, explained Dr. Reeder.

"There's been a lot of concern in the media about parabens being endocrine disruptors, but there are not good studies in human subjects showing that this is the case," Dr. Reeder said. "Unfortunately, instead, when [companies] remove parabens, they have to put in a different preservative. And many companies put in preservatives from the isothiazolinone family, and that's caused an epidemic of allergic contact dermatitis."

Oftentimes, the paraben alternatives companies use as a preservative in their products can end up causing allergic reactions. In one study, researchers found that 79% to 89% of

"There's been a lot of concern in the media about parabens being endocrine disruptors, but there are not good studies in human subjects showing that this is the case."

~ Dr. Margo Reeder

the 186 "paraben-free" products they reviewed contained one proven contact allergen and more than 50% of the tested products contained two or more.¹

Can people with eczema have a paraben allergy?

Paraben allergy is not common, Dr. Reeder said, but she does see it occasionally.

"When patients have allergic contact dermatitis to parabens, that is a situation where I recommend avoiding them," Dr. Reeder said. "But the only way to diagnose allergic contact dermatitis to parabens is through patch testing. For most eczema patients who don't have allergic contact dermatitis, it's not necessary to avoid [parabens]."

Where does the idea that parabens are unsafe come from?

Over the past 15 years, concerns around parabens have included endocrine disruption, carcinogenicity (specifically breast cancer), neonatal and perinatal exposure risks, fertility, spermatogenesis disturbance, emotional disorders and environmental impact.¹

But the problem with these claims is that all of the claims have been refuted by scientists¹ and there's been no population study of people, which shows that parabens increase rates of certain types of cancer, Dr. Reeder explained.

"The public can generally be reassured that the exposure that they get to parabens through personal care products is overall low and safe," she said.

¹. Fransway AF, Fransway PJ, Belsito DV, et al. Parabens. *Dermatitis*. 2019;30(1):3-31. doi:10.1097/DER.0000000000000429. <https://pubmed.ncbi.nlm.nih.gov/30570578/>

Learn more



Podcast on parabens

Learn more about parabens in this Eczema Answered podcast with Dr. Peter Lio, clinical assistant professor of dermatology and pediatrics at Northwestern University.



Browse eczema-friendly products

Find dermatologist reviewed products in the National Eczema Association's Seal of Acceptance™ Product Directory.

UNDER THE MICROSCOPE

Bacteria and Eczema

The National Eczema Association funds Dr. Cassandra Quave's research on *Staphylococcus aureus* and eczema.

By Hope Hamashige

The National Eczema Association (NEA) is the largest private nonprofit funder of research for adult and pediatric eczema, investing more than \$4 million to date. Ever wonder what exactly our research grant recipients are working on? Under the Microscope is where we provide an inside look at research from one of our latest grant recipients, including what they are studying and its potential impact on the eczema community.

Battling bacteria

Human skin hosts many types of bacteria, including *Staphylococcus aureus* (or staph), which are generally a neutral presence in the skin microbiome. But scientists have long known that staph is anything but benign for people with atopic dermatitis, the most common type of eczema.

Staph is found in higher concentrations in eczema lesions than in unaffected skin, and when it becomes densely populated, it releases toxins that exacerbate itch, inflammation and the breakdown of the skin barrier.

Dr. Cassandra Quave, associate professor of dermatology and human health at Emory University's School of Medicine and curator of the Emory University Herbarium, explained that her research found that the staph bacteria in lesions of people with severe eczema were more prolific at producing toxins than in milder cases of eczema.

Through her work, Dr. Quave became an expert at understanding how staph bacteria become harmful and which toxins they release in eczema outbreaks. Her goal was to figure out a way to hinder

"What is exciting about this research is that we are identifying a new way to reduce toxin load, which we know is a driver of disease severity, and that could eventually help patients."

~Dr. Cassandra Quave

Dr. Cassandra Quave, recipient of an Eczema Champion Research Grant from NEA. Image courtesy of Emory Photo/Video

its ability to produce toxins. And now, with the help of an Eczema Champion Research Grant from the National Eczema Association, Dr. Quave is furthering her tests of several substances that have been proven in the lab to stop staph from producing toxins.

"What is exciting about this research is that we are identifying a new way to reduce toxin load, which we know is a driver of disease severity, and that could eventually help patients," said Dr. Quave.

Molecules from plants may lead to a new treatment option

One thing that sets Dr. Quave apart from other medical researchers is that she searches for solutions in nature. A biologist and medical ethnobotanist, Dr. Quave has collected more than 750 plants from around the world that have been used to treat skin disease. From those plants, she has extracted more than 2,500 molecules which she has tested against staph bacteria to examine whether any can alter its ability to make toxins.

"There are more than 400,000 species of plants on earth and between 34,000 and 35,000 plants have been used in medicine in some way," said Dr. Quave, who wrote about her research on medicinal plants in a book entitled *The Plant Hunter*.

She eventually focused her attention on a few molecules extracted from two types of trees that have been used as traditional medicines for centuries. She is determining if these molecules can reduce the toxin load on the skin and if that reduction diminishes the severity of eczema outbreaks. She also plans to evaluate whether these molecules work equally well for severe, moderate and mild cases of eczema.

Dr. Quave's research is ongoing, and while it is too soon for her to reach any conclusions, she said the work in her laboratory is promising. "We have identified at least one molecule that works really well in turning off that toxin production pathway," said Dr. Quave.

A potential first-in-class treatment

Dr. Quave's ultimate goal is to develop a new, first-in-class type of treatment for eczema that would differ from existing treatments in several meaningful ways. For one, this type of treatment would target bacteria, not the person with eczema's immune system or inflammatory reaction.

It is also a departure from other ways of dealing with harmful bacteria, which has traditionally been to kill it. Killing bacteria can lead to drug resistance, but since these molecules change the behavior of bacteria without killing it, Dr. Quave believes her approach is less likely to promote drug resistance.

She also noted that producing a treatment derived from plants is appealing to many people, especially since eczema is so prevalent among children.

"Nature offers us so many incredible options and opportunities to discover new medicines," said Dr. Quave. "I believe this highly innovative approach is unlikely to promote antibiotic resistance and I think it offers numerous safety advantages, especially for children, over immune-modulating therapies or topical steroids."

NEA grants and their impact



NEA is dedicated to increasing the number of scientists, research projects and research dollars devoted to eczema, in pursuit of better therapies, better care, better outcomes — and one day, potentially, a cure. Scan the QR code to learn more about our eczema research grants, their impact and how you can get involved.

Armpit Rash? It Might Be Contact Dermatitis from Deodorant

By Melissa Tanoko

If your armpit is itchy, red, flaking or bumpy, you may be having an allergic reaction to your deodorant. The various ingredients in deodorant, which help it mask the odor of sweat, can be a common cause of contact dermatitis.

Contact dermatitis, a type of eczema, happens when the skin becomes irritated or inflamed after coming in contact with a substance that triggers an allergic reaction.

Common allergens in deodorant

“There are many allergens that can be found in deodorants,” said Dr. Ari Zelig, an allergist and immunologist with Charleston ENT and Allergy in Charleston, South Carolina.

Fragrances are the most prevalent allergen in deodorant.¹ One Danish study found that deodorants were the leading cause of fragrance allergy, especially for men.²

Fragrances can be particularly ubiquitous in cosmetic products like deodorant. In a scientific review of studies, researchers found that fragrance was a prominent ingredient in cosmetic products.³ In addition, the fragrance in these products had a combination of three to four allergens in the same product, which makes it difficult to avoid exposure.³

Although fragrance is a common allergen in deodorant, there are other ingredients that can also cause problems. “Propylene glycol is an ingredient that’s commonly in deodorant, and some people are sensitive to it, which may lead to contact dermatitis to it,” said Dr. Michael Nevid, a pediatric allergist and immunologist at National

Look for the Seal

To find eczema-friendly skincare products, including deodorant, moisturizer and sunscreen, visit the National Eczema Association’s Seal of Acceptance™ Product Directory.



Jewish Health in Denver, Colorado. Propylene glycol is typically used in deodorant to help give it a firm texture and help it roll on to the skin.

Dr. Nevid also pointed out that essential oils, lanolin and parabens are other common allergens found in deodorant. These ingredients are also known to cause contact reactions.

Finding products without any of these ingredients can be a real challenge. A 2008 study assessed all of the deodorants available at Walgreens pharmacies in Chicago, Illinois. Of the 107 available products, only eight were free of fragrances or other commonly allergenic ingredients.¹

Is your deodorant causing contact dermatitis?

There are two main types of contact dermatitis: irritant and allergic. Irritant contact dermatitis is the most common type of contact dermatitis. It occurs when a substance damages or inflames the skin. It typically develops at the first sign of contact between the skin and irritating substance. Irritant contact dermatitis can be easier to identify because symptoms usually arise immediately, causing stinging or discomfort.

Allergic contact dermatitis is a delayed allergic reaction that appears as a rash a day or two after skin is exposed to the allergen. It is caused by the body mounting an inflammatory response to a specific ingredient. With repeated use, your immune system recognizes the substance as an allergen, and it causes an itchy skin response.

There are a few things to consider when determining whether deodorant is causing contact dermatitis. First, think about when the symptoms appeared. Irritant contact reactions are characterized by stinging or discomfort when applying your deodorant to skin. If this happens to you, it could be time to look for a new product.

Since allergic contact reactions are delayed, they can be more difficult to pinpoint. But there are indicators. Dr. Zelig explained that contact dermatitis “presents as a scaly, itchy rash in the armpits where the deodorant is applied.”

Taking a break from deodorant is another way to tell if it’s causing a reaction. “We tell [patients] to stop using deodorant for a few weeks and see if it improves,” said Dr. Nevid.

Diagnosing contact dermatitis from deodorant

“The ultimate test for contact dermatitis is patch testing,” said Dr. Nevid. In a patch test, a potential allergen is placed on a patient’s back and then covered with an adhesive patch. Dr. Nevid explained that the patches are removed after 48 hours. Then, patients are asked to return to the clinic 72–96 hours later to assess whether or not an allergic reaction occurred.

“There’s an opportunity to take your own skincare products and test them with a patch as well,” said Dr. Nevid.

Bringing your own products to your doctor for testing is recommended.³ Since thousands of chemicals are used in fragrances, it isn’t possible to try them all in a single patch test. As a result, an allergy could be missed if your doctor doesn’t stock the specific ingredients used in your products.

How to assess an armpit rash when you have atopic dermatitis

If you have atopic dermatitis, you tend to be very sensitive to skincare products with fragrances. If you have a rash in your armpit, it can be difficult to know if the reaction is from your deodorant or something else.

Dr. Nevid explained that for people with atopic dermatitis, a rash in the armpit could be the result of other types of rashes or infections, not just deodorant. “It could be that the patient’s atopic dermatitis just happens to be at that location without the deodorant,” he said.

Sweat could also be to blame. Many people with atopic dermatitis experience irritation when the salts in sweat come into contact with their skin.

One step to help decipher if you’re having contact dermatitis from deodorant or if you’re having a flare from atopic dermatitis is to stop using the deodorant for a few weeks to see if it goes away.

How to treat contact dermatitis from deodorant

The best way to treat contact dermatitis from deodorant is to stop using the deodorant that is causing the allergic reaction. Once you identify the ingredient(s) that are causing the reaction, the most important step is to avoid using it going forward.

“The overall message with contact dermatitis is to try to avoid triggers,” Dr. Nevid said. “It’s the ultimate treatment.”

Identifying triggers isn’t always easy. And cutting out deodorant altogether may not be possible. In these instances, there are other treatments available.

“If it’s not avoidable or you’re having trouble figuring out what that trigger is, you can use topical corticosteroids or topical calcineurin inhibitors similar to how we treat atopic dermatitis,” said Dr. Nevid. “But ultimately, the hope is to be finding those triggers and removing them.”

Choosing the right deodorant when you have eczema

Whether you have atopic dermatitis or are prone to contact dermatitis, finding the right deodorant is key to preventing eczema flares from happening.

“In general, patients with eczema should be using hypoallergenic, unscented skincare products, and that includes deodorants,” said Dr. Zelig.

When looking for a deodorant, read labels carefully to avoid your triggers. Even products marked “unscented” can have masking fragrances, so it’s essential to examine all the listed ingredients carefully.

“Discussing the option of patch testing with your allergist or dermatologist is also highly recommended to help identify and avoid your triggers,” said Dr. Zelig.

Dr. Zelig explained that once allergens have been identified, “your allergist or dermatologist can help you assemble a safe product list.”

The good news is that although they can take some time to diagnose, flares caused by deodorant are relatively easy to treat. Once you find a product that works for you, uncomfortable underarm rashes could be a thing of the past.

1. Zirwas MJ, Moenich J. Antiperspirant and deodorant allergy: diagnosis and management. *J Clin Aesthet Dermatol*. 2008;1(3):38-43. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3013594/>.
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3. Johansen JD. Fragrance contact allergy: a clinical review. *Am J Clin Dermatol*. 2003;4(11):789-98. <https://pubmed.ncbi.nlm.nih.gov/14572300/>.

GET THE FACTS

Marine Algae and Eczema

By Celia Shatzman

Mother Nature has always been an important source of skincare ingredients. Despite all of the recent discoveries in skincare, natural ingredients have been a go-to for thousands of years. But it's not just ingredients sourced from the earth that are potent — so are aquatic ones. Algae is famously a power player in the skincare world, but is it safe for people with eczema? We went straight to the experts to find out.

How does marine algae work on your skin?

"Marine algae is seaweed, and the algae extract is commonly used in skincare products that are composed of various ingredients including carbohydrates, lipids, proteins, amino acids, minerals and flavonoids," said Dr. Paul Yamauchi, medical director at the Dermatology Institute & Skin Care Center in Santa Monica, CA, and clinical assistant professor at the UCLA School of Medicine. "Marine algae has recently gained very high popularity as a natural ingredient to replenish and revitalize your skin."

Marine algae exhibits several benefits for your skin. Known as rich sources of bioactive compounds, one study published in the journal *Mar Drugs* found that skincare products with marine algae increase skin hydration and firming effects.¹

Dr. Yamauchi explained that marine algae contains antioxidants, which reverse the damage from the ultraviolet rays of the sun to decrease fine lines and wrinkles and to restore collagen in your skin. "It can lighten age spots and even out your skin tone," he added. "Marine algae has humectant properties that moisturize and hydrate the skin. It exhibits anti-inflammatory properties that can soothe dry, irritated skin."

Is marine algae a good option for people with eczema?

"Yes, it can be due to its soothing properties," said Dr. Marisa Garshick, a board-certified dermatologist at MDCS Dermatology: Medical Dermatology and Cosmetic Surgery in New York City



and New Jersey. "It works by helping to improve skin texture and strengthen the skin barrier. It can also help reduce redness and inflammation, two common symptoms of eczema. It's important to remember that individual reactions may vary."

Additionally, marine algae can ease discomfort caused by eczema. "Because marine algae contains lipids, it can relieve the itch and inflammation of eczema," Dr. Yamauchi said. "The hydrating and moisturizing properties of marine algae manages the dryness and itch associated with eczema, which will allow you to scratch less."

How do you know if marine algae is good for your eczema?

"It's always best to test on a small patch of skin first as everyone's skin can respond differently," Dr. Garshick said. "Also, consult with your dermatologist who can provide personalized advice."

Are there any risks associated with marine algae if you have eczema?

"There are minimal risks associated with marine algae for eczema-prone skin, but as with any skincare ingredient, an allergic reaction is possible," Dr. Garshick said.

It's also crucial to consider the whole formula of the skincare product. Dr. Yamauchi recommends avoiding ingredients that you are allergic to, such as preservatives and fragrances.

What's the best way to add marine algae to your eczema skincare routine?

"If you want to incorporate marine algae into your eczema skincare routine, it's best to use it in hydrating serums or creams applied after cleansing, when your skin can absorb moisture most effectively," Dr. Garshick said. "Look for products with algae specifically labeled as soothing or suitable for sensitive skin, as well as products containing types of algae known for their gentle, hydrating properties, like brown algae or red algae."

1. Kim JH, Lee JE, Kim KH, Kang NJ. Beneficial Effects of Marine Algae-Derived Carbohydrates for Skin Health. *Mar Drugs*. 2018;16(11):459. Published 2018 Nov 21. doi:10.3390/md16110459

YEAR IN REVIEW

2024 Treatment Roundup

By Amber Whiteside



We've had an exciting year for eczema medications. Since our last treatment roundup in December 2023, the Food and Drug Administration (FDA) approved two new treatments for eczema in 2024. There are also many promising new therapies rounding the corner to FDA review in 2025.

New eczema treatments in 2024

- **A new topical cream.** Approved by the FDA in July 2024, Zoryve (roflumilast cream 0.15%) is a PDE4 inhibitor topical cream developed by Arcutis Biotherapeutics for the treatment of mild to moderate atopic dermatitis in adults and children ages 6 years and older. Zoryve was previously approved as a foam (0.3%) for the treatment of seborrheic dermatitis in patients 9 years of age and older.
- **A new biologic.** Approved by the FDA in September 2024, Ebglyss (lebrikizumab-lbkz) is a IL-13 inhibitor biologic from manufacturer Eli Lilly and Company for the treatment of moderate-to-severe atopic dermatitis in adults and children 12 years of age and older who weigh at least 88 pounds (40 kg).

- **A new biologic.** The FDA has accepted a filing for nemolizumab (Nemluvio), an IL-31 inhibitor biologic developed by Galderma for the treatment of moderate to severe atopic dermatitis in adolescents and adults. Nemluvio was approved in August 2024 for the treatment of prurigo nodularis in adults.
- **A new nonsteroidal topical.** The FDA is reviewing VTAMA (tapinarof 1%) from manufacturer Dermavant Sciences. VTAMA is an aryl hydrocarbon receptor agonist and nonsteroidal topical cream currently available for the treatment of plaque psoriasis in adults. It is pending FDA approval for the treatment of atopic dermatitis in adults and children 2 years of age and older.

What to expect in 2025

- **The first prescription treatment for chronic hand eczema.** The FDA has accepted a filing for delgocitinib cream 20 mg/g (2%) by LEO Pharma Inc. for the treatment of moderate to severe chronic hand eczema (CHE) in adults who have had an inadequate response to, or for whom topical corticosteroids are not advisable. Delgocitinib is a topical pan-JAK inhibitor.

Stay in the know

Stay up to date on the latest eczema therapies by visiting [NationalEczema.org/new-treatments](https://www.nationaleczema.org/new-treatments).



ECZEMA AND HORMONES

How Does Menopause Affect Your Eczema?

By Jamie Wilson

Despite what most think, menopause isn't a years-long process. It's actually just the one day that marks a full 12 months since a person's last menstruation. Everything prior to that is perimenopause and every day after is postmenopause. However, the full cycle from the beginning of perimenopause to crossing into postmenopause is often filled with immense changes to the body, including severe hormonal fluctuations and symptoms like brain fog, hot flashes, mood swings and dry skin. And with all of these changes happening to the body, especially with the impact that hormonal changes have on the skin, it is common for eczema flares to occur too.

How does menopause impact atopic dermatitis?

Going through menopause is a process that differs for each person in terms of symptoms, and the same goes for how it might impact someone who already has a form of eczema like atopic dermatitis (AD). AD often shows up as dry patches of skin and common symptoms include roughness, scaling and itching among others.

Regardless of whether you have eczema or not, one of the most notable hormonal fluctuations during menopause is the drop in estrogen. This causes people to experience lower collagen levels, skin dryness and the appearance of wrinkles.^{1,2} "Dry, itchy skin is a common problem during menopause," said Dr. Zelma Chiesa Fuxench, assistant professor of dermatology at the Hospital of the University of Pennsylvania.

While a lack of hydration can develop in people who are experiencing menopause, it doesn't always mean that AD will be impacted, but it certainly can be. When the skin is more dry, the eczema flares that you might normally get might feel more irritated because of this.

"When females undergo menopause, hormonal shifts, such as changes in estrogen production, can result in alterations in skin pH and collagen production, which can impact skin hydration," said Dr. Chiesa Fuxench. As a result, there is a loss of skin elasticity and strength.¹ She explained that this change in the composition of skin could lead to more itch, a worsening of AD and a harmful itch-scratch cycle.

"When females undergo menopause, hormonal shifts, such as changes in estrogen production, can result in alterations in skin pH and collagen production, which can impact skin hydration,"

~ Dr. Zelma Chiesa Fuxench

Do dermatologists see a change in their menopausal patients who have already been diagnosed with AD?

"Research exploring how menopause impacts AD is limited to a small number of studies and much remains to be learned about the association between the two," said Dr. Chiesa Fuxench. "It is unclear if females who undergo menopause may be at higher risk for developing AD or experience worsening of their AD during this time."

When discussing menopause and its relation to AD, it's important to remember that experiences, symptoms and skin reactions are very nuanced and often fall into a gray area. So when it comes to whether or not dermatologists see a change in their menopausal patients who already have AD, the answer is both "yes and no," according to Dr. Daniel Butler, dermatologist and director of the Inflammatory and Aging Skin Research Program at the University of Arizona College of Medicine.

"The reason why I want to say this is that I don't want people to think that menopause is something that is ultimately going to flare their eczema," Dr. Butler said. "That should not be the perception."

However, he notes that there are a few things when it comes to the skin that people should be aware of. "When someone goes through menopause, hormone changes impact the skin because the hormones that are fluctuating have a tendency to decrease the hydration of the skin," Dr. Butler said. "What we found is that this can impact the microbiome on the skin along with the hydration of the skin. Those are the two things that are impacted by menopause, but not every person who goes through menopause and experiences changes to their skin will have a worsening of eczema flares."

Does treatment for AD differ during the process of menopause?

"The standard treatments still apply for any forms of eczema, specifically AD," said Dr. Butler. "You want to make sure you're hydrating, using sensitive skin practices, staying away from fragrant soaps and products, and then, of course, using topical medications."

He also mentioned that anyone who is experiencing very drastic, debilitating menopausal symptoms can look into receiving hormone replacement therapy, either topically via a supplement or systemically. They can get help from an expert, like an ob-gyn, to better regulate hormones that can lead to skin dryness and manage other menopause symptoms. However, this isn't directly tied to eczema treatments overall. It falls under the broader umbrella of menopause treatments vs. skin treatments.

"It is important to emphasize that there is very limited data on the efficacy and safety of using hormonal systemic agents — such as hormone pills, patches or implants — for the management of skin-related symptoms and at this time are not part of our usual treatment for patients with AD or eczema," said Dr. Chiesa Fuxench.

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Patients Get Closer to Consensus on the Definition of an Eczema Flare

Researchers at the National Eczema Association publish a new paper in *JAMA Dermatology* on how patients define an atopic dermatitis flare.

By Angela Ballard, RN

What exactly is an eczema flare? Often, it depends on who you ask. “There has been no real agreement on what an eczema flare truly entails,” said Wendy Smith Begolka, chief strategy officer at the National Eczema Association (NEA). The word “flare” is often used in clinical trials and by healthcare providers because decreasing flare frequency and severity is a key goal of eczema treatment. “But if we don’t have a common understanding of what a flare is, and make sure that definition is in line with how people actually living with eczema think about their flares, there can be a serious disconnect,” she said.

To help develop a more patient-centered definition of an atopic dermatitis (AD; also known as eczema) flare, the NEA research team recently conducted patient focus groups and an online survey. Their study results are now published in a paper, “Consensus on a patient-centered definition of atopic dermatitis flare,” in the *Journal of the American Medical Association Dermatology (JAMA Dermatology)*. Included in the study is new data as well as previous NEA research on the key concepts for an AD flare definition that was published in the *British Journal of Dermatology* in January 2024.

Research methods

For this study, NEA researchers used an accepted consensus-building process, known as modified eDelphi, to bring people with eczema together into focus groups to discuss and eventually agree upon a set of flare-defining characteristics. Participants were adults diagnosed with eczema and living in the U.S. The focus groups included 28 members who, through a formal and organized process, agreed upon 15 statements as critical to the definition of an eczema flare.

The 15 statements were then posed to a larger group of people with eczema as part of an online survey. Survey respondents were recruited through NEA outlets like their website and social media. Through survey analysis, it became clear that the larger group agreed that 12 out of the 15 statements should be included in the definition of an AD flare.

Key takeaways

Through this study’s focus groups and online survey, participants agreed that the following 12 statements beginning with “An atopic dermatitis (AD) flare is…” are critical to a patient-centered definition of an AD flare:

- An acute worsening of symptoms of AD.
- A change in physical health associated with AD that interrupts my day to day.
- An “eruption” on some area of my body.
- A worsening of itching associated with AD.
- When my signs go from being background noise to being in the foreground.
- When my symptoms go from being background noise to being in the foreground.
- When I lose my sense of control over my disease management.
- When my symptoms take significantly more of my attention than normal.
- When I start thinking about my symptoms constantly.
- When symptoms impact my quality of life.
- When symptoms affect my daily activities.
- A worsening of physical symptoms associated with AD.

Data from this study also demonstrated that there is no common understanding of what an AD flare is, as **47% of survey respondents indicated that they do not agree with their healthcare providers about what an AD flare means.** Yet **78% reported they would use a patient-centered definition to better communicate with their healthcare provider about their disease and care,** underscoring the need for such a definition.

Why this research matters

When this research started, there were over 20 different proposed definitions of an AD flare yet very few of them included the patient perspective. “Moving forward, having agreement on statements that are important for a patient-centered definition of an eczema flare can really help to improve shared decision-making and dialogue between clinicians and their patients,” said Smith Begolka, the study’s principal investigator. “Our goal with this work is to ultimately improve clinical and patient-reported outcomes for AD, and having a way to align on the meaning of a flare is an important step toward that goal.”

Eczema Pop Quiz: Contact Dermatitis Edition

By Clare Maloney



Contact dermatitis is a type of eczema. Test your knowledge to see if you know these surprising facts about this complex condition:

- 1. What are the two main types of contact dermatitis?**

A. Irritant and allergic

B. Irritant and fragrant

C. Fragrant and allergic

D. Allergic and dandric
- 2. Which is the most common symptom of contact dermatitis?**

A. Itchy skin

B. Crusty or scaly skin

C. Lesions or vesicles in affected areas

D. All of the above
- 3. Which type of metal is most likely to trigger contact dermatitis?**

A. Bronze

B. Sterling silver

C. Nickel

D. Stainless steel
- 4. Which diagnostic test is commonly used to identify allergic contact dermatitis?**

A. Skin biopsy

B. Patch testing

C. Blood test

D. X-ray
- 5. What is the main difference between irritant and allergic contact dermatitis?**

A. Only allergic contact dermatitis can cause swelling

B. Irritant contact dermatitis occurs after repeated exposure to an irritant

C. Irritant contact dermatitis is genetic

D. Only allergic contact dermatitis can result from using sunscreen
- 6. How soon do symptoms of allergic contact dermatitis typically appear after exposure to the allergen?**

A. Immediately

B. 1–2 hours

C. 1–2 days

D. 1–2 weeks
- 7. Which of the following can aggravate irritant contact dermatitis?**

A. Cold weather

B. Sun exposure

C. Vitamin D

D. Friction and scrubbing
- 8. True or false: Contact dermatitis is the rarest type of eczema.**
- 9. What is the best way to avoid contact dermatitis?**

A. Wear plenty of sunscreen

B. Wear only 100% cotton clothing

C. Avoid coming in contact with known irritants or allergens

D. Avoid gluten or dairy in your diet
- 10. Which occupation is most likely to experience irritant contact dermatitis?**

A. Hairdresser

B. Office manager

C. Construction worker

D. Firefighter

Answers:

1) A. Irritant and allergic contact dermatitis are the two main types of contact dermatitis. 2) D. All of the above are common symptoms of contact dermatitis. 3) C. Nickel is one of the most common metals known to trigger contact dermatitis in many people. 4) B. Patch tests are often used to help identify what allergen may be causing contact dermatitis. 5) B. Irritant contact dermatitis occurs after repeated exposure to an irritant. 6) C. Symptoms of allergic contact dermatitis typically appear 1–2 days after exposure to the allergen. 7) D. Friction and scrubbing can aggravate irritant contact dermatitis symptoms. 8) False, atopic dermatitis is the most common of the seven types of eczema, but contact dermatitis is also very common. 9) C. Avoiding known irritants or allergens is the best way to avoid contact dermatitis. 10) A. Hairdressers would be most likely to come in contact with chemicals or other irritants that could cause contact dermatitis.

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