ATOPIC DERMATITIS

LIVING WITH

FALL 2022

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SCAN ME
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THE LATEST ON
ATOPIC DERMATITIS

A COMMON THREAD: NEW GENE VARIANTS

Experts have known of a handful of genes that raise the risk for atopic dermatitis (AD) and other types of eczema. But these genes do not nearly account for the full role they believe genetics plays in who develops these skin conditions. New research has uncovered several previously unknown genes that help fill in the gaps. In a study of 20,000 people with eczema and 380,433 without, genetic analysis revealed three new gene variants that are more common in people with eczema. Findings like these can lead to new medications that disable the disease-causing genes.

SOURCE: Nature Communications

6 in 10
Number of adults with moderate to severe AD who report itching that lasts at least 12 hours a day.

CAN VIRTUAL TALK THERAPY HELP WITH CARE?

Stress and anxiety can be triggers of atopic dermatitis. Medicines for AD can help relieve itchy, inflamed skin, but they don’t address stress. That’s why researchers in Sweden tested internet-based cognitive behavioral therapy (a type of talk therapy with a mental health professional) as a treatment for atopic dermatitis. When they added it to regular symptom care, they found that 12 weeks of virtual talk therapy significantly reduced the stress, insomnia, and depression associated with atopic dermatitis. In fact, it made people feel better overall than symptom care alone.

SOURCE: JAMA Dermatology

1 in 5
Number of adults with AD who also have asthma.

SOURCE: National Eczema Association

1 in 10
Number of adults with AD who got their first symptoms as adults.

SOURCE: National Eczema Association

DUST MITES DELIVER

New research finds that immunotherapy with dust mite extract could bring major benefits to people with atopic dermatitis. Dust mites are a common trigger of allergic reactions, so researchers tried to help people with AD build up immunity to the allergen. After 18 months of treatment with dust mite extract drops under the tongue every 3 days, people with atopic dermatitis had less itching and fewer or smaller skin lesions than those who got a placebo. For some people, the itching and the rash went away completely. The results of this study could lead to new immunotherapy treatments for atopic dermatitis.

SOURCE: Journal of Allergy and Clinical Immunology in Practice

16.5 MILLION
Number of adults in the U.S. who have atopic dermatitis—about 7% of U.S. adults.

SOURCE: National Eczema Association

1 in 10
Number of people in the U.S. who will develop atopic dermatitis (AD) or some other type of eczema in their lifetime.

1 in 4
Number of adults with moderate to severe AD who report itching that lasts at least 12 hours a day.

7 in 10
Number of adults with moderate to severe AD who reported severe, unbearable itch within the last 2 weeks.

SOURCE: National Eczema Association

No. 1
Itching’s rank as the most bothersome symptom of atopic dermatitis.

2 in 5
Adults whose atopic dermatitis is moderate or severe.

SOURCE: National Eczema Association

6 in 10
Number of adults with AD who report skin pain.

STATS & FACTS

By Sonya Collins
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs
RINVOQ may cause serious side effects, including:

• Increased risk of death in people 50 years and older who have at least 1 heart disease (cardiovascular) risk factor.

• Cancer and immune system problems. RINVOQ may increase your risk of certain cancers. Lymphoma and other cancers, including skin cancers, can happen. Current or past smokers are at higher risk of certain cancers, including lymphoma and lung cancer. Follow your HCP’s advice about having your skin checked for skin cancer during treatment with RINVOQ. Limit the amount of time you spend in sunlight. Wear protective clothing when you are in the sun and use sunscreen.

• Increased risk of major cardiovascular (CV) events, such as heart attack, stroke, or death, in people 50 years and older who have at least 1 heart disease (CV) risk factor, especially if you are a current or past smoker.

• Blood clots. Blood clots in the veins of the legs or lungs and arteries can happen with RINVOQ. This may be life-threatening and cause death. Blood clots in the veins of the legs and lungs have happened more often in people who are 50 years and older and with at least 1 heart disease (CV) risk factor.

• Allergic reactions. Symptoms such as rash (hives), trouble breathing, feeling faint or dizzy, or swelling of your lips, tongue, or throat, that may mean you are having an allergic reaction have been seen in people taking RINVOQ. Some of these reactions were serious. If any of these symptoms occur during treatment with RINVOQ, stop taking RINVOQ and get emergency medical help right away.

• Tears in the stomach or intestines and changes in certain laboratory tests. Your HCP should do blood tests before you start taking RINVOQ and while you take it. Your HCP may stop your RINVOQ treatment for a period of time if needed because of changes in these blood test results.

Do not take RINVOQ if:

• You are allergic to upadacitinib or any of the ingredients in RINVOQ.

Please see additional Important Safety Information on the following page of this advertisement. Please see Brief Summary of Full Prescribing Information on the following pages of this advertisement.
What should I do or tell my HCP AFTER INFORMATION (continued)

IMPORTANT SAFETY INFORMATION (continued from previous page)

• You have other medical conditions, including liver problems, low blood cell counts, diabetes, chronic lung disease, HIV, or a weak immune system.
• Live, have lived, or have traveled to parts of the country, such as the Ohio and Mississippi River valleys and the Southwest, that increase your risk of getting certain kinds of fungal infections. If you are unsure if you have been to these types of areas, ask your HCP.
• Have recently received or are scheduled to receive live vaccines. People who take RINVOQ should not receive live vaccines.
• Are pregnant or plan to become pregnant. Based on animal studies, RINVOQ may harm your unborn baby. Your HCP will check whether or not you are pregnant before you start RINVOQ. You should use effective birth control (contraception) to avoid becoming pregnant during treatment with RINVOQ and for 4 weeks after your last dose.
• Are breastfeeding or plan to breastfeed. RINVOQ may pass into your breast milk. Do not breastfeed during treatment with RINVOQ and for 6 days after your last dose.

Tell your HCP about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. RINVOQ and other medicines may affect each other, causing side effects. Especially tell your HCP if you take:

• Medicines for fungal or bacterial infections
• Rifampin or rifampicin
• Medicines that affect your immune system

If you are not sure if you are taking any of these medicines, ask your HCP or pharmacist.

What should I do or tell my HCP AFTER STARTING RINVOQ?

• Tell your HCP right away if you have any symptoms of a heart attack or stroke while taking RINVOQ, including:
  - Discomfort in the center of your chest that lasts more than a few minutes or that goes away and comes back
  - Severe tightness, pain, pressure, or a weak pulse in your chest, throat, neck, jaw, or stomach
  - Shortness of breath

• Tell your HCP right away if you have a fever or stomach-area pain that does not go away, and in a change in your bowel habits.

What are other possible side effects of RINVOQ?

Common side effects include upper respiratory tract infections (common cold, sinus infections), shingles (herpes zoster), herpes simplex virus infections (including cold sores), bronchitis, nausea, cough, fever, acne, headache, increased blood levels of creatine phosphokinase, allergic reactions, inflammation of hair follicles, stomach-area (abdominal) pain, increased weight, flu, tiredness, lower number of certain types of white blood cells (neutrophils, lymphocytes), muscle pain, flu-like illness, rash, increased blood cholesterol levels, and increased liver enzyme levels.

A separation or tear to the lining of the back part of the eye (retinal detachment) has happened in people with atopic dermatitis who are taking RINVOQ. Call your healthcare provider if you have any signs of retinal detachment.

These are not all the possible side effects of RINVOQ.

How should I take RINVOQ?

RINVOQ is taken once a day with or without food. Do not split, crush, or chew the tablet. Take RINVOQ exactly as your HCP tells you to use it. RINVOQ is available in 16 mg, 30 mg, and 45 mg extended-release tablets.

This is the most important information to know about RINVOQ. Talk to your HCP.

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.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit www.abbvie.com/AmyAbbieAssist to learn more.

Please see Brief Summary of Full Prescribing Information on the following pages of this advertisement.

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RINVOQ® (RIN-VOKE) (upadacitinib) extended-release tablets, for oral use

CONSUMER BRIEF SUMMARY
Consult Package Insert for Full Prescribing Information

RINVOQ is a prescription medicine that is a Janus kinase (JAK) inhibitor. RINVOQ is used:

• to treat adults with active rheumatoid arthritis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.
• to treat adults with active psoriatic arthritis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.

The most important information I should know about RINVOQ includes:

1. Serious Infections.

RINVOQ is a medicine that affects your immune system. RINVOQ can lower the ability of your immune system to fight infections. Some people have had serious infections while taking RINVOQ, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections:

• Your healthcare provider should test you for TB before starting treatment with RINVOQ.
• You should not start treatment with RINVOQ if you have had TB in the past.
• Be sure to take the full amount of medicine prescribed by your doctor for the TB treatment. You should talk to your TB provider about the correct treatment for your TB.
• Your healthcare provider should test you closely for signs and symptoms of TB during treatment with RINVOQ.
• You should not start taking RINVOQ if you have any kind of infection unless your healthcare provider tells you it is safe. You may be at a higher risk of developing shingles (herpes zoster). Be sure to tell your healthcare provider if you have a history of infections such as chickenpox or shingles.

2. Increased risk of death in people 50 years of age and older who have at least 1 cardiovascular (cardiovascular) risk factor and are taking a medicine in the class of medicines called JAK inhibitors, especially if you are a current or past smoker.

Get medical help right away if you get a fever or stomach-area pain, fever, chills, or nausea, or vomiting.

6. Change in certain laboratory test results.

Your healthcare provider should do blood tests before you start taking RINVOQ and while you take RINVOQ. These blood tests may include:

• low neutrophil and lymphocyte counts. Neutrophils and lymphocytes are types of white blood cells that help the body fight off infections.
• low red cell counts. First blood cells carry oxygen. Low red blood cells mean you may have anemia, which may make you feel weak and tired.
• increased cholesterol levels. Your healthcare provider may test your cholesterol levels approximately 12 weeks after you start taking RINVOQ, and as needed.
• elevated liver enzymes. Liver enzymes help to tell if your liver is functioning normally. Elevated liver enzymes may indicate that your healthcare provider needs to do additional tests on your liver.

You should not take RINVOQ if you have a neutrophil count, lymphocyte count, or red blood cell count that is too low. Your healthcare provider may stop your RINVOQ.

If you stop taking RINVOQ at any time or if you miss some doses of RINVOQ, it may take time for these changes in laboratory tests to return to normal.

What are the possible side effects of RINVOQ?

Table 1 below describes some of the common side effects of RINVOQ.

Please see Brief Summary of Full Prescribing Information on the following pages of this advertisement.

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• to treat adults with active psoriatic arthritis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.
• are pregnant or plan to become pregnant. Based on animal studies, RINVOQ may harm your unborn baby. Do not take RINVOQ if you are pregnant or plan to become pregnant.

• have low red or white blood cell counts.

• have liver problems.

• have had a heart attack, other heart problems, diabetes, or high blood pressure.

• have a history of diverticulitis or ulcers in your stomach or intestines.

• have a history of ulcerative colitis or Crohn’s disease.

• have any sudden changes in your vision during treatment with RINVOQ.

• have a certain genetic condition (as determined by a genetic test).

• have been told you are allergic to upadacitinib and any of its ingredients.

• have a history of bone, liver, or kidney problems.

• If you have any sudden changes in your vision during treatment with RINVOQ, call your healthcare provider right away.

• Take RINVOQ exactly as your healthcare provider tells you to use it.

• Take RINVOQ 1 time a day with or without food.

• Swallow RINVOQ tablets whole. Do not split, crush, or chew the tablets.

• do not drive or operate heavy machinery until you know how RINVOQ affects you.

• Store RINVOQ in the original bottle to protect it from light.

• Store RINVOQ at 36°F to 77°F (2°C to 25°C).

• Do not use RINVOQ for a condition for which it was not prescribed.

• If you take too much RINVOQ, call your healthcare provider or poison control center at 1-800-222-1222, or go to the nearest hospital emergency room right away.

• Tell your healthcare provider about all of the medicines you take, including prescription, non-prescription, and herbal or other medicines.

• If you have any sudden changes in your vision during treatment with RINVOQ, call your healthcare provider right away if you have any sudden changes in your vision during treatment with RINVOQ.

• Tell your healthcare provider about all of the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. RINVOQ and other medicines may affect each other causing serious side effects.

• Tell your healthcare provider if you take:
  • medicines for fungal infections (such as ketoconazole, itraconazole, posaconazole, or voriconazole) or clarithromycin (for bacterial infections) as these medicines may increase the amount of RINVOQ in your blood.
  • medicines for HIV (rifampin) or phenyl (for neurological disorders) as these medicines may decrease the effect of RINVOQ.
  • medicines that affect your immune system (such as azathioprine and cyclosporines) as these medicines may increase your risk of infection.

Ask your healthcare provider or pharmacist, if you are not sure if you are taking any of these medicines.

Know these medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take RINVOQ?

• Take RINVOQ exactly as your healthcare provider tells you to use it.

• Take RINVOQ 1 time a day with or without food.

• Swallow RINVOQ tablets whole. Do not split, crush, or chew the tablets.

• If you take too much RINVOQ, call your healthcare provider or poison control center at 1-800-222-1222, or go to the nearest hospital emergency room right away.

What are the possible side effects of RINVOQ?

RINVOQ may cause serious side effects, including:

• See “What is the most important information I should know about RINVOQ?”

Common side effects include upper respiratory tract infections (common cold, sinus infections), shingles (herpes zoster), herpes simplex virus infections (including cold sores), bladder (cystitis), cough, fever, acne, headache, increased blood pressure, allergic reactions, skin rash, and increased liver enzyme levels.

Separation or tear to the lining of the back part of the eye (the inner lining of your eye) has happened in people with atopic dermatitis treated with RINVOQ. Call your healthcare provider right away if you have any sudden changes in your visual acuity or put pressure on your eye.

What are the possible side effects of RINVOQ?

You can ask your pharmacist or healthcare provider for information about RINVOQ that is written for health professionals.

How much is in RINVOQ 15 mg tablets?

active ingredient: upadacitinib

inactive ingredients: colloidal silicon dioxide, ferric oxide, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyalkylene glycol, talc, tartaric acid and titanium dioxide.

What are the ingredients in RINVOQ 30 mg tablets?

active ingredient: upadacitinib

inactive ingredients: colloidal silicon dioxide, ferric oxide, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyalkylene glycol, talc, tartaric acid and titanium dioxide.

What are the ingredients in RINVOQ 45 mg tablets?

active ingredient: upadacitinib

inactive ingredients: colloidal silicon dioxide, ferric oxide, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyalkylene glycol, talc, tartaric acid and titanium dioxide.

active ingredient: upadacitinib

inactive ingredients: colloidal silicon dioxide, ferric oxide, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyalkylene glycol, t alc, tartaric acid and titanium dioxide.

active ingredient: upadacitinib

inactive ingredients: colloidal silicon dioxide, ferric oxide, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyalkylene glycol, talc, tartaric acid and titanium dioxide.

inactive ingredients: colloidal silicon dioxide, ferric oxide, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyalkylene glycol, talc, tartaric acid and titanium dioxide.

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MY JOURNEY WITH ATOPIC DERMATITIS

HOW FAITH, FOOD, AND COMMITTING TO THE PROCESS PUT ME ON A POSITIVE PATH TO HEALING

By Khiara Johnson
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

I was 5 years old when eczema popped up on my skin and into my life. I don’t think it’s a coincidence that my symptoms came on soon after a traumatic event in my life. I believe everything is holistic and connected. Because I didn’t have the opportunity to talk out my stress, it showed up on my skin. I started having dry, scaly, itchy spots on my neck, in the creases on my arm, and on the back of my leg. Even though I lived in hot, sunny Florida where everyone wore shorts, I stuck with pants. But hiding my legs only exacerbated the problem.

Fast forward 4 years. My family moved to Virginia, and I started using a prescription topical steroid, which to me seemed like a magic ointment. Literally within hours of trying it, my eczema was gone. Through my teenage years and into my early 20s, I got to live with my skin out. I felt free.

And then around 25—I don’t know if it was hormones or life stress—that magic ointment no longer worked. In fact, after I tried it, the eczema seemed to get more aggressive, and it started affecting new areas, like the tops of my hands and feet. I thought maybe I just needed a stronger prescription, but higher strength creams just made my rashes angrier and angrier.

Then the spots began to grow and connect. I was so frustrated because not only was the steroid not working, it was making things much worse. Eventually I learned that I had developed topical steroid withdrawal (TSW)—a rare adverse reaction that happens when you stop using topical steroids. My skin had become addicted. So I found an online group with other people dealing with the same thing and I learned I had to go through a long, grueling withdrawal. But I knew I had to do it to break free from my severe symptoms.

I wasn’t sugarcoating it—withdrawal was hell on Earth. About 98% of my body was covered with angry inflamed eczema-like rashes. If I had to describe it to somebody who never went through it, I would say it’s like a million fire ants crawling on your skin and stinging you. I couldn’t sleep. My body couldn’t maintain a steady temperature. My hair fell out in clumps, and I shed so much skin every day that I would have to sweep it up. I found some relief in the tub. I remember laying in the water and literally crying out to God, “Please, help me.” At my lowest, I wanted to die.

I’m a person of faith, and my faith was strong, but I also knew faith without works is dead, so I started making some life changes. I revamped my diet and bulked up on foods that wouldn’t disturb my gut: red, yellow, and orange peppers rich in vitamin C, blueberries, raw sunflower seeds. And once I could sweat without causing too much of a flare, I started to move a little bit. I worked on lowering my stress as best I could. Little by little, those changes—and time—got me to where I am now. I’m not completely healed, and still deal with lasting post-inflammatory hyperpigmentation that often plagues darker skin complexions like mine, but my eczema is nowhere near what it used to be. Looking back at pictures now, I can’t believe what I’ve lived through. But I believe my healing started in the mind first. I decided I was going to commit to the process, no matter how long it took, and now here I am, living skin out again.

KHIARA’S TIPS

+ Find the right skin care for you.
  I always use shea butter to moisturize. It’s chemical-free and helps repair skin and fade hyperpigmentation.

+ Be diet smart.
  Eat more foods that are healing for your gut and for your skin.

+ Don’t wait on life.
  Live while you heal. Find ways to enjoy your journey.

Read an article on How I Knew My Dry Skin Was Atopic Dermatitis at WebMD.com/diagnoseAD.
BEYOND FIRST-LINE TREATMENT

WHEN GO-TO THERAPIES DON’T WORK, WHAT’S NEXT?

By Rachel Reiff Ellis
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

The mainstay treatment for atopic dermatitis is topical steroids—medicated creams and ointments you rub onto your skin. But for many people with moderate to severe atopic dermatitis, topical steroids aren’t enough to keep symptoms under control.

“Topical steroids are the cornerstone of therapy, but they’re really a short-term solution to a long-term problem,” says Linda F. Stein Gold, MD, director of dermatology clinical research and division head of dermatology at Henry Ford Health System in Detroit.

When you need other solutions, your doctor may turn to:

NONSTERoidal TOPicals

Your doctor can combine these options with topical steroids. This adds to your treatment and also covers more skin, Stein Gold says.

“Because these treatments don’t have the same side effects as steroid creams, you can use them on more of your body, like the face and skin folds,” she says.

Types of nonsteroidal topicals include:

- Disease-modifying antirheumatic drugs (DMARDs) that block the pathways of inflammation seen in AD.
- JAK inhibitors that target specific pathways of inflammation.
- Topical PDE-4 inhibitors that regulate the production of proteins called cytokines that are involved in inflammation.
- Calcineurin inhibitors that block chemicals in your body that contribute to flares.

SYSTEMIC OPTIONS

Instead of treating your symptoms through the skin barrier, these treatments go through your bloodstream. “Systemic agents are reserved for more moderate or severe disease,” Stein Gold says.

Types of systemic options include:

- Oral conventional DMARDs.
- In January 2022, the FDA approved two new oral JAK inhibitors for atopic dermatitis. They have fewer side effects than traditional oral immunosuppressive medications that doctors have moved away from, as well as oral steroids.
- Oral steroids. These suppress your immune system to help control inflammation. They can have several serious side effects if you use them longer than a month.
- Injectable antibodies. There are two biologic treatments your doctor can prescribe in injection form. These targeted treatments are a type of drug called a monoclonal antibody. They home in on specific molecules to control inflammation.

PHOTOTHERAPY

Also called light therapy, this treatment uses UV light to help reduce your symptoms. Your doctor may recommend it if your symptoms are widespread or on your hands and feet and other treatments haven’t helped.

“Phototherapy can also sometimes be helpful if you don’t want to use a systemic option and don’t respond adequately enough to topical medication,” Stein Gold says.