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

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

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

1 in 5
Number of adults with AD who also have asthma.
SOURCE: National Eczema Association

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

1 in 5
Number of adults with AD
who also have asthma.
SOURCE: National Eczema Association
STATS & FACTS

By Sonya Collins
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

16.5 MILLION

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

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 atopic dermatitis who got their first symptoms as adults.

7 in 10

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

No. 1

Itching's rank as the most bothersome symptom of atopic dermatitis.

2 in 5

Adults whose atopic dermatitis is moderate or severe.

6 in 10

Number of adults with AD who report skin pain.

SOURCE: National Eczema Association
USE AND IMPORTANT SAFETY INFORMATION

WHAT IS RINVOQ?

RINVOQ is a prescription medicine used to treat adults and children 12 years of age and older with moderate to severe eczema (atopic dermatitis) that did not respond to previous treatment and their eczema is not well controlled with other pills or injections, including biologics, or the use of other pills or injections is not recommended. RINVOQ is safe and effective in children 12 years of age and older weighing at least 88 pounds (40 kg) with atopic dermatitis. It is not known if RINVOQ is safe and effective in children under 12 years of age with atopic dermatitis.

What is the most important information I should know about RINVOQ?

RINVOQ may cause serious side effects, including:

- Serious infections. RINVOQ can lower your ability to fight infections. Serious infections have happened 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 (HCP) should test you for TB before starting RINVOQ and check 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 HCP tells you it is okay. If you get a serious infection, your HCP may stop your treatment until your infection is controlled. You may be at higher risk of developing shingles (herpes zoster).
- 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.

For people 12+ years with moderate to severe eczema (atopic dermatitis) that did not respond to previous treatment and their eczema is not well controlled using other pills or injections, including biologics, or the use of other pills or injections is not recommended.

Rapid & Significant Skin Clearance

- Many saw clear or almost-clear skin at 16 weeks
- Many saw 75% skin clearance at 16 weeks—some as early as 2 weeks
- Some even saw 100% skin clearance at 16 weeks

RINVOQ.com/eczema

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.
**IMPORTANT SAFETY INFORMATION (continued from previous page)**

- 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 you’ve been to these types of areas, ask your HCP.
- Have recently received or are scheduled to receive a vaccine. 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 phenytoin
- Medicines that affect your immune system
- Medicines for fungal or bacterial infections

Especially tell your HCP if you take:

- 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.

**What are the possible side effects of RINVOQ?**

These 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 creatinine phosphokinase, allergic reactions, inflammation of hair follicles, stomach-area (abdominal) pain, increased weight, flu, tredness, 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 treated with RINVOQ. Call your HCP right away if you have any sudden changes in your vision during treatment with RINVOQ.

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 crush, chew, or break the tablet. Take RINVOQ exactly as your HCP tells you to use it. RINVOQ is available in 15 mg, 30 mg, and 45 mg extended-release tablets.

This is the most important information you should know about RINVOQ.

**What is the most important information I should know about RINVOQ?**

RINVOQ can cause serious side effects, including:

1. Serious Infections.

RINVOQ can increase your risk of getting certain kinds of infections by changing the way your immune system works. Lyme, some other bacterial, fungal, and viral infections in people taking RINVOQ. Some of these infections are serious. If any of these symptoms occur during treatment with RINVOQ, stop taking RINVOQ and get medical help right away.

2. Periodontal disease.

People who take a medicine in the class of medicines called Janus kinase (JAK) inhibitors have a higher risk of certain cancers including lymphoma and lung cancer, especially if you are a current or past smoker.


RINVOQ may increase your risk of certain cancers by changing the way your immune system works.

4. Allergic reactions.

People who take a medicine in the class of medicines called Janus kinase (JAK) inhibitors have a higher risk of certain cancers including lymphoma and lung cancer, especially if you are a current or past smoker.


Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) and arteries (arterial thrombosis) can happen in people taking RINVOQ. This may be life-threatening and cause death. Blood clots in the veins of the legs (DVT and lungs) (PE) have happened more often in people who are 50 years of age and older and with at least 1 heart disease (cardiovascular) risk factor taking a medicine in the class of medicines called JAK inhibitors, especially if you are a current or past smoker.

6. Allergic reactions.

Some people taking RINVOQ can get tears in the place of talking with your doctor about your medical condition or treatment. For a copy of the full Prescribing Information, visit www.RINVOQ.com or call 1-800-586-5626.

**Please see Brief Summary of Full Prescribing Information on the following pages of the medication guide.**

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• have recently received or are scheduled to have low red or white blood cell counts.
• have unexplained stomach (abdominal) pain, including if you:
  • have an infection.
Before taking RINVOQ, tell your healthcare provider about all of your medical conditions, including if you:
  • See "What is the most important information I should know about RINVOQ?"
• have an infection.
• have a current or past smoker.
• have had a heart attack, other heart problems, or stroke.
• have liver problems.
• have kidney problems.
• have unexplained stomach (abdominal) pain, have a history of diverticulitis or ulcers in your stomach or intestines, or are taking NSAIDs.
• have low red or white blood cell counts.
• have recently received or are scheduled to receive an immunization (vaccine). 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.
• are breastfeeding or plan to breastfeed. RINVOQ may pass into your breast milk. You and your healthcare provider should decide if you will take RINVOQ or breastfeed. Do not breastfeed during treatment with RINVOQ and for 6 days after your last dose of RINVOQ.

Tell your healthcare provider 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 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.
• rifampicin (for bacterial infections) or phenytoin (for neurological disorders) as these medicines may decrease the effect of RINVOQ.
• medicines that affect your immune system (such as azathioprine and cyclosporine) 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 the 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), 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 (neutropenia, lymphopenia), muscle pain, flu-like illness, rash, increased blood cholesterol levels, and increased liver enzyme levels.

Separation or tear to the lining of the back part of the eye (retinal detachment) has happened in people with atopic dermatitis treated with RINVOQ. Call your healthcare provider right away if you have any sudden changes in your vision during treatment with RINVOQ.

These about side effects. You may report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

How should I store RINVOQ?
• Store RINVOQ at 36°F to 77°F (2°C to 25°C).
• Store RINVOQ in the original bottle to protect it from moisture.

Keep RINVOQ and all medicines out of the reach of children.
It might seem surprising that atopic dermatitis (AD), commonly known as eczema, would affect your mental health. But studies have shown this in people of all ages. Adults with AD are more likely to get a new diagnosis of depression or anxiety. The worse the AD is, the more likely this will happen. Many adults with AD had it early in life also, and it turns out that the depressive symptoms in AD often start early, too.

Katrina Abuabara, MD, a dermatologist at UCSF Health, says there are likely many factors at play. Just dealing with a chronic condition makes life more difficult. Having red and itchy skin can affect the way you see yourself and how other people see you.

“Eczema can affect interactions with peers and colleagues,” she says. The anxiety and stress that goes with this also can lead to flares, setting up a vicious cycle.

**EXERCISE**
Exercise is a good way to manage stress, anxiety, and depression. In fact, exercise works about as well as anti-depressant medicines for treating mild or moderate depression.

“A lot of people [with eczema] have exercise-induced itch,” Abuabara says. “It can affect the ability to exercise.”

**POOR SLEEP**
“Eczema also is associated with poor sleep, which certainly impacts mental health,” she says.

The itching and scratching of AD can make it hard to sleep enough. Studies also have shown that people with AD have worse sleep quality—even when the disease isn’t especially active.
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—my eczema came back. This time it was different—the 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 withdraw-
al. But I knew I had to do it to break free from my severe symptoms.

I won’t sugarcoat 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.
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.