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ATOPIC DERMATITIS

THE LATEST ON

1 in 2
Number of people with atopic dermatitis who’ve had severe itch within the last week.
SOURCE: Dermatitis

BREAK THE ITCH-SCRATCH CYCLE
Researchers once believed that bacteria called Staphylococcus aureus (staph) caused inflammation that then caused itching. But after watching staph closely in a lab, they found it can send the itch signal directly to nerve cells by itself. It doesn’t use inflammation as a middleman. Staph activates a protein in nerves called PAR-1 that triggers the itch sensation. Interestingly, PAR-1 also plays a role in blood clotting. In lab experiments, anti-blood clotting medications blocked the activation of PAR-1 so it couldn’t trigger itch. This finding could pave the way for anti-clotting medications to help break the itch-scratch cycle.
SOURCE: Cell

AN ITCH-SQUELCHING VIRUS
Phages are a type of virus that interact with bacteria to either destroy them or make them multiply. Most of what researchers understand about these viruses comes from observing them in the gut. A new study discovered different types of phages in the skin of people with eczema. They could be helping itch-causing bacteria multiply. Armed with this knowledge, researchers could one day develop a treatment that contains phages specially designed to kill itchy microbes.
SOURCE: Science Advances

KILL THE MESSENGER
When you feel an itch, your skin has sent a message to your brain. In people with eczema, that message may be written in bold, all caps, and underscored. In a new study, researchers looked at amino acids called brain natriuretic peptide (BNP). It’s their job to send the itch signal from the skin to the brain. People with eczema seem to have a lot more BNP than other people. When scientists blocked BNP in mice with eczema, they found that the mice stopped itching and scratching and their skin cleared up. This discovery could lead to treatments that do the same for people with eczema.
SOURCE: Journal of Investigative Dermatology

UP TO 3 in 10
Number of people whose eczema is triggered by food—usually eggs, milk, peanuts, soy, or wheat.
SOURCE: National Library of Medicine

SOURCE:
National Library of Medicine

SCANNABLE QR CODE: Watch this video on how to Identify Your Triggers. Use your smartphone camera to activate the QR code.

NEWS

AUGUST/SEPTEMBER/OCTOBER 2024

WEBMD.COM

Www.webmd.com/dermatitis

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SOURCE: Journal of Investigative Dermatology
USE & IMPORTANT SAFETY INFORMATION

USE

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 biologic medicines, or the use of other pills or injections is not recommended. 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.

- 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. This happens most often in people who take nonsteroidal anti-inflammatory drugs (NSAIDs) or corticosteroids. Get medical help right away if you get stomach-area pain, fever, chills, nausea, or vomiting.

- 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. See the Medication Guide or Consumer Brief Summary for a complete list of ingredients.

What should I tell my HCP BEFORE starting RINVOQ?

Tell your HCP if you:

- Are being treated for an infection, have an infection that won't go away or keeps coming back, or have symptoms of an infection, such as:
  - Fever, sweating, or chills
  - Shortness of breath
  - Warm, red, or painful skin or sores on your body
  - Muscle aches
  - Feeling tired
  - Blood in phlegm

- Have TB or have had TB.

- Have or have had any type of cancer, hepatitis B or C, shingles (herpes zoster), blood clots in the veins of your legs or lungs, diverticulitis (inflammation in parts of the large intestine), or ulcers in your stomach or intestines.

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.
RINVOQ® (RIN-VOKE) (upadacitinib) extended-release tablets, for oral use
RINVOQ® LQ (RIN-VOKE EL-CUT) (upadacitinib) oral solution

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

RINVOQ/LQ can cause serious side effects, including:

1. Serious infections. RINVOQ/LQ is a medicine that affects your immune system. RINVOQ/LQ can lower the ability of your immune system to fight infections. Some people have had serious infections while taking RINVOQ/LQ, including infections caused by bacteria, fungi, or viruses that have happened in the skin, organs, and blood. Some people have died from these infections.

2. Blood clots during treatment with RINVOQ/LQ, including:
   - Discomfort in the center of your chest that lasts for more than a few minutes or that goes away and comes back.
   - Shortness of breath or upper back pain.
   - Sweating.
   - Feeling tired.
   - Nausea or vomiting.


4. Increased risk of serious infections caused by bacteria, fungi, or viruses. Infections caused by bacteria, fungi, or viruses can travel to parts of the body that are far from the area where the infection started, such as the hips, knees, or shoulder. In some people taking RINVOQ/LQ, these infections happened in the stomach or intestines. This happens more often in people who take nonsteroidal anti-inflammatory drugs (NSAIDs) or corticosteroids.

5. Cancer and immune system problems. Cancer and immune system problems can happen in people taking RINVOQ/LQ. This may be more likely to occur if you have had or are at a higher risk of developing shingles (herpes zoster). This may be more likely to occur if you have had blood clots during treatment with RINVOQ/LQ, including:
   - Discomfort in the center of your chest that lasts for more than a few minutes or that goes away and comes back.
   - Shortness of breath or upper back pain.
   - Sweating.
   - Feeling tired.
   - Nausea or vomiting.

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

7. Tears (perforation) in the stomach or intestines. Tears (perforation) in the stomach or intestines can happen in people taking RINVOQ/LQ. This may be more likely to occur if you have had blood clots during treatment with RINVOQ/LQ, including:
   - Discomfort in the center of your chest that lasts for more than a few minutes or that goes away and comes back.
   - Shortness of breath or upper back pain.
   - Sweating.
   - Feeling tired.
   - Nausea or vomiting.

8. Changes in certain laboratory test results. In people taking RINVOQ/LQ, some laboratory tests showed changes in the following areas:
   - low red blood cell counts.
   - low neutrophil and lymphocyte counts.
   - increased blood cholesterol levels.
   - increased liver enzyme levels.
   - increased blood levels of creatine phosphokinase.

9. Bone or cartilage changes. In some people taking RINVOQ/LQ, bone or cartilage changes occurred, such as:
   - increased bone density.
   - decreased bone density.

10. Changes in certain body functions. In people taking RINVOQ/LQ, some body functions changed, such as:
   - thickening of 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.

Some people taking RINVOQ/LQ may see medicine residue (a film) on your body. This can occur during treatment with RINVOQ/LQ, including:

1. Breastfeeding. RINVOQ/LQ passes into your breast milk. Call your healthcare provider before breastfeeding if you are taking RINVOQ/LQ.

2. Red blood cells carry oxygen. Red blood cells carry oxygen to all parts of your body. Your healthcare provider may stop your RINVOQ/LQ if you have low red blood cell counts. Call your healthcare provider right away if you have:
   - shortness of breath or upper back pain.
   - feeling tired.
   - nausea or vomiting.

3. Cancer and immune system problems. Cancer and immune system problems can happen in people taking RINVOQ/LQ. This may be more likely to occur if you have had blood clots during treatment with RINVOQ/LQ, including:
   - Discomfort in the center of your chest that lasts for more than a few minutes or that goes away and comes back.
   - Shortness of breath or upper back pain.
   - Sweating.
   - Feeling tired.
   - Nausea or vomiting.

What should I know about RINVOQ/LQ?

RINVOQ/LQ is taken once a day with or without food. Do not split, chew, or crush the tablet. Take RINVOQ/LQ exactly as your healthcare provider tells you. RINVOQ/LQ is available in 15 mg, 30 mg, and 45 mg extended-release tablets.

This is the most important information to know about RINVOQ/LQ. For more information, talk to your healthcare provider.

Information on the following pages of this advertisement. For a copy of the full Prescribing Information, visit www.RINVOQ.com or call 1-800-2-RETIRED (1-800-2-738843).

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US-RNQO-240161 | April 2024

Do not resell or otherwise use any RINVOQ/LQ product that has been returned to AbbVie.

ABBVIE.COM/ACCREDITATION

AbbVie may be able to help. Visit AbbVie.com/financialhelp or call 1-833-743-4326.
What is RINVOQ/RINVOQ LQ?

RINVOQ/RINVOQ LQ is a prescription medicine that is for people 18 years of age and older.

RINVOQ/RINVOQ LQ is used to treat adults with moderate to severe polyarticular juvenile idiopathic arthritis (JIA) in children 2 to less than 18 years of age who have active arthritis after 36 months of treatment with biologic medicine(s) that included a tumor necrosis factor (TNF) blocker have not worked well or could not be tolerated.

RINVOQ/RINVOQ LQ is used to treat adults with active polyarticular juvenile idiopathic arthritis (JIA) when 1 or more medicine(s) called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.

RINVOQ/RINVOQ LQ is used to treat adults with active polyarthritis when 1 or more medicine(s) called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.

RINVOQ/RINVOQ LQ is used to treat adults with moderate to severe spondylitis when 1 or more medicine(s) called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.

RINVOQ/RINVOQ LQ is used to treat adults with moderate to severe ankylosing spondylitis when 1 or more medicine(s) called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.

RINVOQ/RINVOQ LQ is used to treat adults with active non-radiographic axial spondyloarthropathy with objective signs of inflammation when a tumor necrosis factor (TNF) blocker medicine has been used, and did not work well or could not be tolerated.

RINVOQ/RINVOQ LQ is used to treat children 2 years of age and older with active polyarticular juvenile idiopathic arthritis (JIA) when 1 or more medicine(s) called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.

RINVOQ/RINVOQ LQ is used to treat children 2 to less than 18 years of age with active polyarticular juvenile idiopathic arthritis (JIA) when 1 or more medicine(s) called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.

It is not known if RINVOQ/RINVOQ LQ is safe and effective in children under 12 years of age with atopic dermatitis.

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Do not take RINVOQ/RINVOQ LQ if you are allergic to upadacitinib or any of the ingredients in RINVOQ/RINVOQ LQ. See the end of this Consumer Brief Summary for a complete list of ingredients in RINVOQ/RINVOQ LQ.

Before taking RINVOQ/RINVOQ LQ, tell your healthcare provider about all of your medical conditions, including if you:

- are pregnant or breastfeeding. RINVOQ RINVOQ LQ is not the same as RINVOQ tablets. RINVOQ tablets are not the same as RINVOQ LQ tablets. Do not switch between RINVOQ and RINVOQ LQ unless the change has been made by your healthcare provider.
- are taking a medicine that is a TNF blocker (such as etanercept, adalimumab, infliximab, golimumab, certolizumab). RINVOQ/RINVOQ LQ may increase the risk of serious infections.

How should I take RINVOQ/RINVOQ LQ?

RINVOQ/RINVOQ LQ should be eaten 30 minutes before eating, drinking, or taking other medicines. Other medicines can decrease the effectiveness of RINVOQ/RINVOQ LQ.

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

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

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

Tell your healthcare provider or Paladin Help Line at 1-800-222-1222, or go to the nearest hospital emergency room right away.

What should I avoid while taking RINVOQ/RINVOQ LQ?

Avoid food or drink containing grapefruit during treatment with RINVOQ/RINVOQ LQ. Eating grapefruit or drinking grapefruit juice may increase the risk of side effects.

What are the possible side effects of RINVOQ/RINVOQ LQ?

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, headaches, increased blood levels of creatine phosphokinase, allergic reactions, infections of hair follicles, stomach-area (abdominal) pain, increased weight, flu, tiredness, low blood counts, or could not be tolerated.

Some people taking RINVOQ may see medicine 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 AbbVie.com/myhelpfuls to learn more.

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LAB-1124 MASTER

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Manufactured by: AbbVie Inc., North Chicago, IL

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One in 10 Americans have atopic dermatitis (AD). Although it’s most common to get it in childhood, it affects skin of all ages. AD is the most common form of eczema, a skin condition caused by inflammation that starts on the inside layers of your skin.

“Certain cells start this inflammatory reaction, and that makes the outside of your skin—the part you can see—get itchiness, dry skin, rashes, scaly patches, blisters, and skin infections,” says Jacqueline Eghrari-Sabet, MD, an allergist/immunologist with the Allergy & Asthma Network in Gaithersburg, MD.

But even though it may look like it could spread to others, it’s not contagious. You don’t catch it from someone else. It’s a complex disease with many factors that cause it.

**CAUSES**

Many people with AD have a genetic link to the condition.

“The genes involved are those that affect the skin’s epidermal barrier,” says Shadi Damanpour, MD, a dermatologist with Texas Health Presbyterian Hospital in Dallas.

“Other causes include how your immune system works, where you live, and what you’re frequently exposed to.”

**Immune system.** Eczema makes your immune system overreact to small irritants or
allergens in your environment.

“When you contact a trigger, your immune system assumes that these small irritants are foreign invaders, like bacteria or viruses, that can harm your body,” Eghrari-Sabet says.

As a result, the triggers activate your body’s natural defense system: inflammation. Inflammation causes symptoms of eczema on your skin.

**Genes.** You’re more likely to have eczema if there’s a history of dermatitis, hay fever, or allergies in your family. You could also have a genetic mutation that causes your skin’s barrier function to not work as it should.

**Environment.** There’s a lot in your environment that can irritate your skin. Some examples include smoke, air pollutants, harsh soaps, fabrics such as wool, and some skin care products.

“Low humidity, or dry air, can cause your skin to become dry and itchy,” Eghrari-Sabet says. “Heat and high humidity can cause sweating, and that can make your itchiness even worse.”

**SYMPTOMS**
The hallmark of AD is a persistent itch. Once you scratch that itch, a rash starts to form.

“Doctors often call it ‘the itch that rashes,’” Damanpour says.

The most common places for AD rash to appear are in the creases of your skin, such as the neck, elbows, and knees, although you can get it anywhere on your body. Over time, these rashes can thicken and get discolored.

“On white skin it can look red and pink and on darker skin, purple, brown, or gray,” Eghrari-Sabet says. “But the cracked, dry, split skin—sometimes with blisters—is the same on all skin.”

Sometimes these patches ooze, seep fluid, and bleed, which makes them easy targets for infection. Controlling the itch is the best prevention.

Dermatologists recommend moisturizing immediately after bathing to seal in moisture, and sticking to fragrance-free skin care products, including laundry detergent, to help calm the itch that causes the rash. You can also talk to your doctor about over-the-counter and prescription ways to manage your condition.

“There are excellent resources and treatment options,” Damanpour says. “The best management is excellent skin care.”
CHOOSING THE RIGHT DOCTOR

ATOPIC DERMATITIS CAN MAKE A BIG IMPACT ON YOUR LIFE. GETTING THE RIGHT CARE MATTERS.

By Sonya Collins
Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Whether you’ve just gotten diagnosed with atopic dermatitis or you’re seeking a second opinion about your treatment plan, it’s important to find the right doctor to handle your care.

Here are some tips to guide you in your doctor search.

CHOOSE A BOARD-CERTIFIED DERMATOLOGIST

Dermatologists are trained to take care of people with skin conditions including atopic dermatitis. Do your homework to make sure you’re getting the real thing.

“There are doctors in completely different specialties, like gynecology, emergency medicine, or family medicine, who label themselves as having a dermatology clinic,” says Sonya Kenkare, MD, FAAD, a dermatologist at Illinois Dermatology Institute in Hinsdale. “Make the effort to seek out a board-certified dermatologist.”

Dermatologists may be board certified by the American Academy of Dermatology (AAD), the American Osteopathic Board of Dermatology, or the Royal College of Physicians and Surgeons of Canada. Those certified by the AAD will have FAAD, for Fellow of the American Academy of Dermatology, after their name.

To find FAADs in your area, go to Find a Dermatologist at AAD.org. Once you get the names of certified local dermatologists, cross-check them in your health plan’s provider network.

MAKE SURE THE FOCUS IS MEDICINE

While board-certified dermatologists have training in the diagnosis and treatment of skin diseases, not all of them spend their days seeing patients with these conditions. Many dermatologists specialize in cosmetic procedures.

“You’ll want a doctor who focuses on medical treatment. “A practice that’s solely focused on cosmetics would not be the best fit for eczema,” Kenkare says. “Looking at their website can give you an idea of the vibe of that practice.”

CONSIDER THEIR APPROACH TO TREATMENT

Many new treatment options for atopic dermatitis have hit the market in recent years. They’ve raised the bar on what you can expect from your medication. Even if you don’t need them at first, you’ll want to see a doctor who is comfortable prescribing these latest medicines.

“Eczema is an area of dermatology where there are a lot of cutting-edge advancements,” Kenkare says, “but not every doctor is an early adopter of new therapies.”

Consider asking potential doctors these questions:
• What are my treatment options?
• Why do you recommend this one?
• If this doesn’t work, what will we try next?

You’ll want to know you’re working with a doctor who’s ready to move on to newer or stronger treatments when you need them.
KNOW YOUR OPTIONS
FIND OUT WHAT MIGHT WORK BEST FOR YOU

By Sonya Collins
Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

If your treatment for atopic dermatitis, also called eczema, doesn’t bring you full relief, there’s almost always something else you can try.

“In the last decade, the FDA approved a number of drugs with different mechanisms for atopic dermatitis. Previously we had very limited tools to help manage patients,” says Anisha B. Patel, MD, associate professor of dermatology at The University of Texas MD Anderson Cancer Center in Houston.

Your doctor can find the best treatment for your needs and your preferences.

TOPICAL TREATMENTS
You might first try ointments, gels, or creams that you rub onto your skin. You’ll either use these daily for prevention or only during a flare.

“Since we have both topical steroids and immune modulators, we have many good options,” Patel says.

Topical steroids cut inflammation and symptoms, like redness and itch, on the skin’s surface. But they don’t treat the cause of the inflammation.

Topical JAK inhibitors, PDE4 inhibitors, and calcineurin inhibitors block immune system activity that creates inflammation. By interfering at this level, the medicines stop the cause of atopic dermatitis rather than just the symptoms of it.

LIGHT THERAPY
Phototherapy, also called light therapy, can help for atopic dermatitis that’s all over your body. You might also try it if you have flares in focused areas that don’t get better with topicals.

This treatment beams light at a specific wavelength onto your skin. “It’s a very narrow wavelength of light that has the best profile of anti-inflammatory properties balanced by the lowest skin cancer risk,” Patel says.

You may use a light booth at your doctor’s office or your insurance might cover a device for home use.

BIOLOGICS
Biologic therapy gets into the bloodstream to stop your immune system from triggering an atopic dermatitis flare. When your body is fighting an illness, it releases attack proteins called interleukins (ILs). The problem is that in atopic dermatitis, your system overreacts and releases ILs for no reason. They fire off and attack your skin. Biologics interfere with their activity.

You either inject this medicine just under your skin or into a vein. “People can be intimidated by injecting themselves, but these come in either prefilled syringes or in a little plastic injector pen that you just hold up to skin, click the button, and it injects at exactly the right depth,” Patel says.

OTHER TREATMENTS
In addition to prescribed care, you might use DIY home treatments to relieve redness and itch. Raw, irritated skin can also be infection-prone, which means you could need occasional antibiotics.

To choose a treatment, Patel says, “We balance the lifestyle of the patient, other health conditions, and the severity of the disease to work out the specific management plan that will work best for them.”
UNDERSTANDING FAST-ACTING VS. PREVENTIVE TREATMENTS

KNOW THE DIFFERENCE AND WHEN TO EXPECT RESULTS

By Kendall K. Morgan
Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

When you’ve got the dry, itchy skin that comes with atopic dermatitis (AD), or eczema, you’ll want fast relief that also lasts. You’ll have options including topical creams, oral medicines, and infusions or injectables. Treatment success depends on breaking the cycle of itching and scratching to give your skin a chance to heal while preventing future flare-ups.

HOW LONG WILL IT TAKE TO FIND RELIEF?

“It’s important to recognize and understand that everyone is different,” says Benjamin N. Ungar, MD, a dermatologist at Mount Sinai in New York City. “No one answer will be applicable for everyone when it comes to how quickly you’ll see improvement.”

For mild to moderate AD, he says topical steroids can help control the itch and other symptoms quickly. Other fast-acting options for more severe AD include topical medicines containing calcineurin or JAK inhibitors that target your immune system instead of steroids.

A ONCE-DAILY PILL VS. BIOLOGICS

When your AD symptoms are more severe, Ungar says you can now take a JAK inhibitor by mouth once a day. It works on your immune system in your whole body instead of just on your skin.

“In clinical trials and also in my personal experience, some [patients] experience improvement in the itch part of the condition [with these medicines] within 2 or 3 days,” Ungar says.

He says that the itch may not completely stop right away, but you’ll likely notice significant improvement. The redness and appearance of AD on your skin may take a couple of weeks to get better as you stop scratching and your skin heals. Ungar says that depending on the severity of your AD and its symptoms, you may continue to see improvement over a few months.

Biologics also work on your immune system to control AD. You take them as an infusion or injection you can give yourself. You won’t need to take them as often as a pill. Ungar says you may notice less itching within a couple of weeks.

PREVENT THE NEXT FLARE

Once you get your immediate symptoms under control, ongoing treatment can prevent flares. If your AD is mild, even a good moisturizer and daily routine may be enough to keep your skin barrier working better, Ungar says. For more severe AD, you may need ongoing treatment with oral medicines or biologics.

He notes that some of today’s treatments can be both fast-acting and effective for long-term prevention. He advises focusing less on how fast a treatment works and more on finding the one that works best for you.

“It’s important to remember that this is a chronic condition,” Ungar says. “The goal in the big picture is to improve eczema in the short term and [then] make sure it remains well controlled.”
Doctors don’t know exactly what causes atopic dermatitis, but they know some of the factors that influence the disease. Your immune system, your environment, and your genes all play a part.

Some research suggests hormones may also be involved in the process, but the relationship between the two is complicated, says Kevin Sharghi, MD, an assistant professor of dermatology at Johns Hopkins University School of Medicine in Baltimore, MD.

“It’s a complex topic with a lot of contradictory reports,” Sharghi says. “There is a lot that we still need to learn about hormones and atopic dermatitis, but fortunately there is more research being done in this space.”

SEX HORMONES
There’s some evidence that the sex hormones—progesterone, estrogen, and testosterone—can affect your skin. But research on how—or whether—they’re involved in atopic dermatitis is conflicting. Interestingly, more boys than girls have atopic dermatitis in childhood, but after puberty, that reverses.

“Some people who have menstrual cycles mention that their atopic dermatitis may flare the week before their period,” Sharghi says. “There is a rare rash called progesterone dermatitis, which is characterized by a cycle-like rash that develops in menstruating patients. It’s thought to be due to the higher levels of progesterone during the menstrual cycle.”

After menopause, estrogen levels drop, and as a result, skin is drier and the skin barrier breaks down some, leading to an increased risk of becoming inflamed and irritated.

STRESS HORMONES
Stress can cause inflammation throughout the body, including the skin. Cortisol is the hormone that floods your body during a “fight-or-flight” response. It changes the production of oils in your skin, which can cause irritation.

“It’s not the root cause of atopic dermatitis, but it can make it flare,” Sharghi says.

BOTTOM LINE
There’s no straightforward way to tell if your atopic dermatitis is due to hormones. Lab testing isn’t consistent and can’t accurately pinpoint a cause. You may need treatment specific to hormone imbalance, but that’s not common for atopic dermatitis care.

“For patients whose atopic dermatitis is strongly linked with their hormones or with progesterone dermatitis, hormone replacement therapy or oral contraceptives may be indicated, though those cases are rare,” Sharghi says.

For now, he says, the best course of action for all people with atopic dermatitis is to follow gentle skin care routines and use mainstay treatments such as topical steroidal and nonsteroidal creams, injectables, and oral medications.
You’re looking for a natural remedy for your atopic dermatitis, and you’ve heard that essential oils have benefits for the skin. But are they a good idea for your skin?

“There isn’t strong research to support using essential oils for atopic dermatitis,” says Steven Daveluy, MD, assistant professor at the Wayne State University School of Medicine’s Department of Dermatology in Detroit. “It’s best to avoid them due to the risk of irritation. Even when diluted appropriately, there’s a risk of developing an allergy.”

While essential oils may not be the right choice, you can safely explore other complementary and alternative therapies.

**ESSENTIAL OILS, PLANT ESSENCES**

Essential oils are concentrated plant extracts. You breathe in their scent for aromatherapy or dilute them and apply them to your skin. Common oils include lavender, frankincense, and tea tree.

**BENEFITS FOR SOME, NOT ALL**

Some research suggests essential oils can boost mood, kill germs, relieve pain, and cut inflammation. But they may not relieve the inflammation that comes from eczema. In fact, putting these potent plant extracts directly on irritated skin could make it worse.

**SMART ALTERNATIVES**

If your skin craves moisturizing oils, you’ve got options.

“Virgin olive oil, coconut oil, and sunflower seed oil have proven effectiveness in treating atopic dermatitis,” Daveluy says. “These are great natural options to moisturize and calm your skin.”

CBD oils may also have benefits for eczema. In a small study, twice daily CBD-infused skin cream reduced itching for some people within a week and completely relieved it within three.

“CBD is derived from cannabis but doesn’t affect the brain, so you don’t get high,” Daveluy says.

As for other alternative therapies, rice paper face masks can soothe facial eczema. Take the same rice paper you’d use to make fresh spring rolls and cut holes for your eyes, nose, and mouth. Then, wet the paper, press it onto your face, and wear it to bed.

For eczema on your eyes, black tea compresses may help. Steep the tea once and drink it or toss it. Then, steep it again. Soak a washcloth in that second cup and place it on your eyelids for 20 minutes, up to five times a day.

If you’re not sure about the safety or effectiveness of an alternative therapy for eczema, ask your doctor first.