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GETTY IMAGES

THE LATEST ON

ATOPIC DERMATITIS

PROBLEM PROTEINS

Your atopic dermatitis may seem to have come out of nowhere, but researchers are zeroing in on exactly how and why it starts. You might have noticed a thickening of your skin in the area of the first flare. Laboratory tests of skin samples have revealed that the fibroblasts—cells that help maintain skin's structure and quality—in this thicker skin contain abnormally high levels of two proteins that trigger inflammation. These proteins aren't active in other normal skin. The researchers believe this discovery could lead to dermatitis medications that target those inflammatory proteins and shut them down.

SOURCE: *Science Translational Medicine*

UP TO **1 in 20** Number of adults with atopic dermatitis worldwide.

SOURCE: *Dermatology and Therapy*

UP TO **1 in 10** Number of adults with atopic dermatitis in the U.S.

SOURCE: *British Journal of Dermatology*

COULD CERAMIDES BE THE ANSWER?

Researchers don't completely understand why people get atopic dermatitis. A new study helps shed a little more light. In an analysis of skin samples taken from normal skin and skin that has atopic dermatitis, they found a major difference in the ceramides. These are fatty substances that form chains that help hold skin together and create the skin's barrier that keeps out germs and irritants. In skin that had atopic dermatitis, these chains were shorter than in normal skin. This could help explain why it's more prone to irritation and inflammation and inspire the development of new treatments.

SOURCE: *Journal of Lipid Research*



KINGA KRZEMINSKA/VIA GETTY IMAGES

A SKIN ANALYSIS MAY REVEAL MORE ABOUT FLARES

Why does atopic dermatitis flare in one place and not another? Your skin is not uniform. It's thick and coarse on the bottom of your feet to support barefoot walking. Thinner, softer facial skin allows for chewing, talking, and smiling. Genetic analysis of skin from all over the body revealed that skin's "brick and mortar" is different in each area. Cells called keratinocytes form the bricks. Fat, cholesterol, and ceramides make the mortar. Thicker skin is more brick-heavy and thinner skin contains more mortar. Each of these areas is almost like a different organ, the researchers found, and comes with a different level of risk for skin diseases like atopic dermatitis.

SOURCE: *JCI Insight*



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.

DISRUPT

the itch & rash of eczema (atopic dermatitis) with a once-daily pill

In clinical trials, RINVOQ helped treat eczema symptoms to provide:

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

FAST

Itch Relief

- Many felt significantly less itch at 16 weeks
- Some as early as 2 days after first dose

[RINVOQ.com/eczema](https://rinvoq.com/eczema)



You deserve symptom relief.
Ask your eczema specialist about RINVOQ today.

USE & 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 biologic medicines, 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. 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
 - Diarrhea or stomach pain
 - Cough
 - Weight loss
 - Burning when urinating or urinating more often than normal
- Have TB or have been in close contact with someone with TB.
- Are a current or past smoker.
- Have had a heart attack, other heart problems, or stroke.
- 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.

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 if 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
- Rifampicin or phenytoin
- 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 avoid while taking RINVOQ?

Avoid food or drink containing grapefruit during treatment with RINVOQ as it may increase the risk of side effects.

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

- Tell your HCP right away if you have any symptoms of an infection. RINVOQ can make you more likely to get infections or make any infections you have worse.
- Get emergency help 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 for more than a few minutes or that goes away and comes back
 - Severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw
 - Pain or discomfort in your arms, back, neck, jaw, or stomach
 - Shortness of breath with or without chest discomfort
 - Breaking out in a cold sweat
 - Nausea or vomiting
 - Feeling lightheaded
 - Weakness in one part or on one side of your body
 - Slurred speech

- Tell your HCP right away if you have any signs or symptoms of blood clots during treatment with RINVOQ, including:
 - Swelling
 - Pain or tenderness in one or both legs
 - Sudden unexplained chest or upper back pain
 - Shortness of breath or difficulty breathing
- Tell your HCP right away if you have a fever or stomach-area pain that does not go away, and 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 (neutropenia, lymphopenia), 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 split, crush, or chew 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 to know about RINVOQ. For more information, 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 AbbVie.com/myAbbVieAssist 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

Patient Information

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

RINVOQ can cause serious side effects, including:

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.
 - Your healthcare provider should watch 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 okay. You may be at a higher risk of developing shingles (herpes zoster).
 - **Before starting RINVOQ, tell your healthcare provider if you:**
 - are being treated for an infection.
 - have had an infection that does not go away or that keeps coming back.
 - have diabetes, chronic lung disease, HIV, or a weak immune system.
 - have TB or have been in close contact with someone with TB.
 - have had shingles (herpes zoster).
 - have or have had hepatitis B or C.
 - live or have lived, or have traveled to certain parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where there is an increased chance for getting certain kinds of fungal infections. These infections may happen or become more severe if you use RINVOQ. Ask your healthcare provider if you do not know if you have lived in an area where these infections are common.
 - think you have an infection or have symptoms of an infection such as:
 - fever, sweats, or chills
 - shortness of breath
 - warm, red, or painful skin or sores on your body
 - muscle aches
 - feeling tired
 - blood in your phlegm
 - diarrhea or stomach pain
 - cough
 - weight loss
 - burning when you urinate or urinating more often than usual

After starting RINVOQ, call your healthcare provider right away if you have any symptoms of an infection. RINVOQ can make you more likely to get infections or make worse any infections that you have. If you get a serious infection, your healthcare provider may stop your treatment with RINVOQ until your infection is controlled.

2. Increased risk of death in people 50 years of age and older who have at least 1 heart disease (cardiovascular) risk factor and are taking a medicine in the class of medicines called Janus kinase (JAK) inhibitors. RINVOQ is a JAK inhibitor medicine.

Read the Medication Guide that comes with RINVOQ® before you start taking it and each time you get a refill. There may be new information. This brief summary is not comprehensive and does not take 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 1-800-2-RINVOQ (1-800-274-6867).

3. Cancer and immune system problems.

RINVOQ may increase your risk of certain cancers by changing the way your immune system works. Lymphoma and other cancers, including skin cancers can happen in people taking RINVOQ. People taking 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.

Tell your healthcare provider if you have ever had any type of cancer. Follow your healthcare provider's advice about having your skin checked for skin cancer during treatment with RINVOQ. Limit the amount of time you spend in sunlight. Avoid using tanning beds or sunlamps. Wear protective clothing when you are in the sun and use a sunscreen with a high protection factor (SPF 30 and above). This is especially important if your skin is very fair or if you have a family history of skin cancer.

4. Increased risk of major cardiovascular events such as heart attack, stroke or death in people 50 years of age and older who have at least 1 heart disease (cardiovascular) risk factor and taking a medicine in the class of medicines called JAK inhibitors, especially if you are a current or past smoker.

- Get emergency help 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 for more than a few minutes, or that goes away and comes back
 - severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw
 - pain or discomfort in your arms, back, neck, jaw, or stomach
 - shortness of breath with or without chest discomfort
 - breaking out in a cold sweat
 - nausea or vomiting
 - feeling lightheaded
 - weakness in one part or on one side of your body
 - slurred speech

5. Blood Clots (thrombosis).

Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) and arteries (arterial thrombosis) can happen in some 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 Janus kinase (JAK) inhibitors.

- Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.
- Get medical help right away if you have signs and symptoms of blood clots during treatment with RINVOQ, including:
 - swelling
 - pain or tenderness in one or both legs
 - sudden unexplained chest or upper back pain
 - shortness of breath or difficulty breathing

CONSUMER BRIEF SUMMARY

Consult Package Insert for full Prescribing Information

6. 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.

7. Tears (perforation) in the stomach or intestines.

- Tell your healthcare provider if you have had diverticulitis (inflammation in parts of the large intestine) or ulcers in your stomach or intestines. Some people taking RINVOQ can get tears in their stomach or intestines. This happens most often in people who take nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, or methotrexate.
- Get medical help right away if you get stomach-area pain, fever, chills, nausea, or vomiting.

8. Changes in certain laboratory test results.

Your healthcare provider should do blood tests before you start taking RINVOQ and while you take RINVOQ to check for the following:

- **low neutrophil and lymphocyte counts.** Neutrophils and lymphocytes are types of white blood cells that help the body fight off infections.
- **low red blood cell counts.** Red blood cells carry oxygen. Low red blood cells means you may have anemia, which may make you feel weak and tired.
- **increased cholesterol levels.** Your healthcare provider should do blood tests to check 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 your neutrophil count, lymphocyte count, or red blood cell count is too low or your liver tests are too high. Your healthcare provider may stop your RINVOQ treatment for a period of time if needed because of changes in these blood test results.

See **“What are the possible side effects of RINVOQ?”** for more information about side effects.

What is RINVOQ?

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

- to treat adults with moderate to severe 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.
- 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.

- to treat adults with moderate to severe ulcerative colitis 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 ankylosing spondylitis 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 non-radiographic axial spondyloarthritis 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 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 with juvenile idiopathic arthritis, with psoriatic arthritis, with ankylosing spondylitis, or with non-radiographic axial spondyloarthritis.

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

It is not known if RINVOQ is safe and effective in children with ulcerative colitis.

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

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.
- are 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.

Females who are able to become pregnant:

- Your healthcare provider will check whether or not you are pregnant before you start treatment with RINVOQ.
- You should use effective birth control (contraception) to avoid becoming pregnant during treatment with RINVOQ and for 4 weeks after your last dose of RINVOQ.
- Tell your healthcare provider if you think you are pregnant or become pregnant during treatment with RINVOQ.
- If you take RINVOQ during pregnancy, contact AbbVie Inc. at 1-800-633-9110, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch to provide information about the health of you and your 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?”**

The most common side effects of RINVOQ 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 are not all the possible side effects of RINVOQ. Call your doctor for medical advice about side effects. You may report side effects to FDA at 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.**

General information about the safe and effective use of RINVOQ.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use RINVOQ for a condition for which it was not prescribed.

Do not give RINVOQ to other people, even if they have the same symptoms that you have. It may harm them.

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

What are the ingredients in RINVOQ 15 mg tablets?

Active ingredient: upadacitinib

Inactive ingredients: colloidal silicon dioxide, ferrosoferric oxide, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.

What are the ingredients in RINVOQ 30 mg tablets?

Active ingredient: upadacitinib

Inactive ingredients: colloidal silicon dioxide, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.

What are the ingredients in RINVOQ 45 mg tablets?

Active ingredient: upadacitinib

Inactive ingredients: colloidal silicon dioxide, hypromellose, iron oxide yellow and iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.

Manufactured by: AbbVie Inc., North Chicago, IL 60064, USA

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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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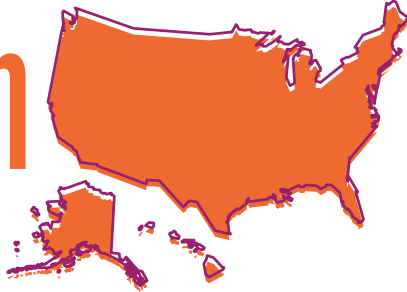
STATS & FACTS

By Sonya Collins

Reviewed by Stephanie Gardner, MD, WebMD Medical Reviewer

18 million

Number of people in the U.S. who have atopic dermatitis.



1 in 4

Number of adults with atopic dermatitis who developed it in adulthood.



> 9 in 10

Estimated number of people with atopic dermatitis who have chronic itch.

\$3,302



The average added annual cost of health care per person with atopic dermatitis compared to someone without it.

50 to 59

Most common age range for the development of adult-onset atopic dermatitis.



1 in 10

Number of U.S. adults who have atopic dermatitis.



UP TO 1 in 12



Estimated number of people with atopic dermatitis who have trouble sleeping.



14%

Your increase in risk for depression when you have atopic dermatitis compared to someone who does not.

SOURCES: Allergy & Asthma Network, *Frontiers in Medicine*, *Journal of Investigative Dermatology*, *Journal of Allergy and Clinical Immunology in Practice*, American Academy of Dermatology, *Dermatology and Therapy*

WHAT IS ATOPIC DERMATITIS?

LEARN THE BASICS OF YOUR SKIN CONDITION

By Rachel Reiff Ellis
Reviewed by Stephanie Gardner, MD, WebMD Medical Reviewer

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.”

COMMON ATOPIC DERMATITIS TRIGGERS

These substances can set off the itch-scratch cycle.

- Rough wool fabric
- Dry skin
- Skin infection
- Heat and sweat
- Stress
- Cleaning products
- Dust mites
- Pet dander
- Mold
- Pollen
- Tobacco smoke
- Cold, dry air
- Fragrances

WHO GETS IT?

Jacqueline Eghrari-Sabet, MD, lists risk factors for eczema.

- + **Age.** 10% to 20% of infants have it. (Half outgrow it.)
- + **Gender.** Women get it more often than men do.
- + **Race/ethnicity.** Affects all, but more common in African American people.

MIKROMANG/VIA GETTY IMAGES

KNOW YOUR OPTIONS

CHOICES FOR MANAGING SYMPTOMS

By Rachel Reiff Ellis

Reviewed by Stephanie Gardner, MD, WebMD Medical Reviewer

Relief from your atopic dermatitis (AD) itch is a team effort. At home, you can practice good self-care habits such as regular moisturizing and avoiding triggers. With your doctor, you can find a medical treatment to help keep the itch from returning.

BREAKING THE ITCH-SCRATCH CYCLE

The itch-scratch cycle is a phenomenon that starts when you feel an itch sensation and you scratch it out of instinct.

“When a person scratches the skin, they injure the skin cells, which in turn releases various chemicals that themselves cause itch,” says Jorge Aldo Hinojosa, MD, a dermatologist at U.S. Dermatology Partners in Plano, TX. “In turn, the person will scratch even more and repeat the vicious cycle or worsen the itch.”

The solution? Stop scratching. But that’s easier said than done. Hinojosa says using ice or over-the-counter anti-itch creams with a topical anesthetic or menthol can help in the moment, or antihistamines.

PRESCRIPTION RELIEF

When home remedies or over-the-counter options don’t work well enough for your itch management, your doctor can help you choose one of the growing number of prescription treatments, which Hinojosa says are effective for most people. “Overall, eczema is treatable,” he says.

Topical creams. Most people can control their AD with a medicated ointment, gel, or lotion that goes on the skin. These treatments help boost your skin barrier to keep out germs or other irritants as well as keep more moisture in so you have fewer cracks and fissures.



Oral steroids. These are medications you take by mouth that go through your bloodstream to control inflammation. You take oral steroids only on a short-term basis as a way to treat severe flares. Using them for a long time can cause serious side effects. Steroids are also available as over-the-counter topical creams. You can use these for less severe flares, but consult your doctor so that you don’t overuse them or apply them to areas you shouldn’t.

JAK inhibitors. Some of the newest options for AD treatment include Janus kinase (JAK) inhibitors. These prescription topical medications you spread on your skin help block chemical messengers in your blood and skin called cytokines. Cytokines increase itch and inflammation, so when JAK inhibitors keep them from delivering their message, your symptoms tone down.

Biologics. These targeted therapies use proteins from living tissues or cells and work by muting the body’s immune system. You get them as an injection into the skin. A calmer immune system means lower or less severe inflammation and fewer symptoms.

Light therapy. Also called phototherapy, doctors usually reserve this treatment until topical treatments haven’t worked. Your doctor may have you try sunlight on the parts of your skin with a rash, or you may need a form of ultraviolet light in a clinic along with medication that enhances its effects.

WESTENDG/VIA GETTY IMAGES



STOPPING THE ITCH-SCRATCH CYCLE

TOP TIPS TO GET YOUR ATOPIC DERMATITIS UNDER CONTROL

By Kendall K. Morgan

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

When you have atopic dermatitis (AD), also called eczema, you’re all too familiar with the awful, often incessant itch that goes with it. What’s worse, breaking down to scratch those itches—hoping for a moment of relief—only makes the itch and the AD worse.

“When you feel an itch, you scratch it,” says Tania Elliott, MD, an allergist in New York and spokesperson for the American College of Allergy, Asthma & Immunology. “This causes more inflammation and recruitment of immune system cells, including allergy cells, which releases histamine, which is responsible for itching, redness, and swelling. So it becomes a cycle where relieving the itch [in the short term by scratching] recruits more cells that cause more itch.”

WHICH COMES FIRST?

For many people, the itch is the most difficult part of having AD. You may find it hard to sleep or enjoy everyday activities because of it. While many conditions come with itchy rashes, AD is sometimes called the “itch that rashes.” The itch may seem to come first and then the rash, not the other way around.

The scratching gets in the way of healing, Elliott says. As your skin gets more damaged, the itching and scratching worsens AD and can lead to flares. When your skin barrier, already compromised in AD, breaks down further, it also leaves you more prone to skin infections.

TRY THESE TIPS

Getting your AD under control means finding some way to break the vicious cycle of itching and scratching. How? Elliott offers these tips to start with:

- Treat eczema flares early with a prescription steroid cream.
- Use a good skin care regimen including regular bathing and moisturizing.
- Take extra care to hydrate your skin in the winter.
- Avoid scratching your skin, especially during an active flare-up.

Elliott recommends soaking for 20 minutes in a warm bath. When you get out, apply a layer of petroleum jelly to your wet skin.

“This will lock in the moisture and recreate the skin barrier, which is what is broken down when you have eczema,” Elliott says. Cover the area with cotton from an old T-shirt, socks, or gloves. Taking an over-the-counter allergy pill to block histamines may also help break the cycle. Remember to check in with your dermatologist for any new treatment options and additional advice.

A COLD SOLUTION

But stopping the itch-scratch cycle is more easily said than done. The urge to scratch is powerful. You may find yourself scratching without even thinking about it. Scratching is an automatic reaction whenever any of us feels an itch. When the itch and urge to scratch gets to be too much, Elliott offers another trick: Try icing the area.

“The body can’t transmit both itch and cold signals at the same time,” she says, “and the signal for ‘cold’ wins out.”

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LIVING WITH ECZEMA

LESSONS I’VE LEARNED FROM A LIFETIME WITH THIS SKIN CONDITION

By Ashley Wall
Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

I was only 2 when doctors diagnosed me with eczema, so I’ve never known life without it. My mom brought me to the pediatrician for a little rash on my skin, and they told her it was baby eczema that I would grow out of eventually. But even with treatment it stuck around, and I still deal with it today at age 34.

In my younger years, my flares were pretty severe and constant. As I’ve aged, the condition has become more manageable, though it can be a bit of a roller coaster. Environmental factors set off my symptoms. Certain detergents and soaps will irritate my skin, and I have to

watch which fabrics I wear. My eczema also comes and goes with the weather, which makes traveling tricky.

WHAT’S WORKED AND WHAT HASN’T

I’ve always thought of myself as a guinea pig for eczema treatments, products, and concoctions. I’ve tried everything from steroids to specific soaps and lotions to salt baths to witch hazel. A lot of them did not work. Some of them worked temporarily, but eventually my symptoms would come back with a

vengeance.

One of the most helpful home remedies I use for soothing my skin is sea salt baths. I take a brief shower and then put some sea salt into the bathtub and dip right in. I soak for about 30 to 45 minutes, and it works wonders for me.

I also do my best to avoid triggers. For example, I’m careful about what I wear. Cotton, silk, and bamboo are the most comfortable fabrics for my skin. I always wash new clothes before I put them on because I’m extremely allergic to dust and other chemicals that could be on

new clothing. Someone wearing perfume could have tried on the clothing before you, and that’s enough to set off a reaction. I always wash to be sure.

CONNECTING WITH OTHERS

Around 10 years ago, I lost my job and was looking to fill my time. I remembered a college professor of mine once said that we should all start a personal blog because they were getting to be big. So I decided to write.

At the time, I was dealing with a horrible reaction to a prescription

steroid. I was having awful side effects; it was too harsh for my skin. So I just started sharing my journey with eczema on my blog, which I called Itchin Since ’87. I didn’t know of many people talking about it from a personal perspective like that.

It felt therapeutic to start writing about it. And a community developed. It’s been phenomenal meeting people from all different walks of life and hearing their stories about eczema. I didn’t know anyone else with eczema growing up, so to make these connections has been life-giving for me.



ASHLEY’S TIPS

- + **Monitor your triggers.** When a flare happens, trace your steps to see what the cause may be.
- + **Be open.** Everyone’s skin is different. You may have to try several things before you find your fix.
- + **Build community.** Connect with others for support and advice.



WATCH FOR THESE COMMON AD TRIGGERS

Allergens and irritants in the environment may trigger your atopic dermatitis when in contact with your skin. Common triggers include:

- Dust mites
- Pets
- Pollen
- Mold
- Irritants found in citrus, onions, garlic, or peppers
- Laundry detergents
- Perfumes
- Lanolin
- Propylene glycol

DIETARY TRIGGERS OF ATOPIC DERMATITIS?

HERE'S WHY FOOD ALLERGIES ARE NOT THE CAUSE OF YOUR CONDITION

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD, Chief Physician Editor, Medical Affairs

You may improve your general health and your skin by avoiding foods that will make inflammation worse. Healthy, anti-inflammatory diets are high in fruits, vegetables, and fish and lower in dairy, red meat, and processed foods. But if you're looking to avoid triggering your next skin flare-up, your diet likely isn't the best place to focus your attention first.

"Diet plays a very small role [in atopic dermatitis (AD)], but that's what patients see when they google," says Kelly Maples, MD, an allergist at Children's Hospital of The King's Daughters in Norfolk, VA, and chair of the American College of Allergy, Asthma, & Immunology's Dermatology Committee.

FOCUS ON FOOD ALLERGY

Maples says it's common to see people with AD—or whose kids have AD—who come in convinced that the source of their skin woes will be found in particular foods. And it's not uncommon for people with AD to also have food allergies.

"It's part of the atopic march," Maples says. "They [more often] get asthma and food allergies, that is true. But the food allergy isn't causing the eczema."

TO TEST OR NOT TO TEST

Maples cautions against testing for long lists of possible food allergies in search of triggers to your AD. That's in line with current guidelines. The reason, she says, is that false positives on such tests happen often. The more foods you test for, the more likely it is you'll get some hits whether you truly have a food allergy or not.

If you have moderate to severe AD and it isn't getting better with treatment, talk to your doctor about whether it makes sense to test for allergies to foods that sometimes may make AD worse. These include milk, eggs, and peanuts. You also could try removing these foods from your diet for a few

weeks one by one, to see if symptoms improve. If there's no change, be sure to put those foods back in.

WHERE TO LOOK

If your diet isn't triggering your AD flares, then what is? You're more likely to find AD triggers in products and allergens that touch the surface of your skin, not your tongue, Maples says. A healthy skin barrier keeps water in and allergens and infections out. That barrier is what breaks down in AD.

"When skin barrier function is not healthy, water evaporates too quickly and that causes dryness," Maples says. "Irritants and allergens on your skin lead to inflammation."