CONTENTS

03 NEWS
The latest research

09 BY THE NUMBERS
Stats and facts

10 FOCUS ON
Learn the basics of atopic dermatitis

12 LIVING HEALTHY
Food triggers and atopic dermatitis

13 TREATMENT SMARTS
Find out what options might work best for you

14 HEALTH SMARTS
Understanding fast-acting vs. preventive treatments

15 CARING FOR YOU
Sex and intimacy

16 FIRST PERSON
Lessons learned from living with eczema
THE LATEST ON

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

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

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

UP TO 1 in 10
Number of adults with atopic dermatitis in the U.S.
SOURCE: British Journal of Dermatology

UP TO 1 in 10
Number of adults with atopic dermatitis worldwide.
SOURCE: Dermatology and Therapy

Number of adults with atopic dermatitis
worldwide.
SOURCE: Journal of Lipid Research

FEBRUARY/MARCH/APRIL 2024 | WEBMD.COM
THIS CONTENT IS CREATED AND CONTROLLED BY WEBMD’S EDITORIAL STAFF
RINVOQ helps heal your painful skin in two ways—by significantly reducing the itch and clearing the rash of eczema

In clinical trials, RINVOQ helped provide:

**DRAMATIC & FAST**

*Itch Relief*

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

**RAPID & SIGNIFICANT**

*Skin Clearance*

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

---

**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. 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 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 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.

---

Watch real patient stories at RINVOQ.com/stories

"My worst eczema itch felt bone-deep."

–MADDY, a real RINVOQ patient

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.

RINVOQ helps heal your painful skin in two ways—by significantly reducing the itch and clearing the rash of eczema

In clinical trials, RINVOQ helped provide:

**DRAMATIC & FAST**

*Itch Relief*

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

**RAPID & SIGNIFICANT**

*Skin Clearance*

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

---

**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. 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 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 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.
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. Blood clots in your veins, lungs, and arteries.
2. Cancer and immune system problems.
3. High blood pressure.
4. Low red blood cell count.
5. Low white blood cell count.
7. Allergic reactions.
8. Familiarity and drug interactions.

What should I do if I am pregnant or plan to become pregnant?

Tell your healthcare provider if you are or plan to become pregnant because RINVOQ may cause harm to the unborn baby. A woman should not start taking RINVOQ during or within 4 weeks after breastfeeding. Your healthcare provider will determine if RINVOQ is right for you.

What are the possible side effects of RINVOQ?

Common side effects include:

• Nausea or vomiting
• Pain or discomfort in your arms, back, neck, jaw, or stomach
• Shortness of breath or chest discomfort
• Breaking out in a cold sweat
• Feeling light-headed
• Weakness in one part or on one side of your body
• Slurred speech
• Tell your HCP right away if you have any of the following symptoms of blood clots during treatment with RINVOQ, including:
  • Swelling
  • Pain or tenderness in one or both legs
  • Sudden unexplained shortness of breath 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 separation or tear to the lining of the back part of your 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.

Some people taking RINVOQ may have difficulty breathing or will develop an allergic reaction. This may be life-threatening. Ask your healthcare provider if you have had an allergic reaction in the past.

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 healthcare provider tells you. RINVOQ is taken once a day with or without food. Do not split, crush, or chew the tablet.

Tell your HCP about all the medicines you take, especially those with a risk of interferes with blood clots during treatment with RINVOQ. Your healthcare provider should tell you close to your eye.

If you have had any type of infection, your healthcare provider tells you to stay away from potential skin infections. Your healthcare provider may do blood tests to check your red blood cells and platelets.
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.
• 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 should I avoid while taking RINVOQ?
Avoid food or drink containing grapefruit during treatment with RINVOQ. Eating grapefruit or drinking grapefruit juice may increase the risk of side effects.

What are the ingredients in RINVOQ 30 mg tablets?
Active ingredient: upadacitinib
Inactive ingredients: colloidal silicon dioxide, ferrous fumarate, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polycarbophil, taurine, tartaric acid and titanium dioxide.

What are the ingredients in RINVOQ 45 mg tablets?
Active ingredient: upadacitinib
Inactive ingredients: colloidal silicon dioxide, ferrous fumarate, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polycarbophil, taurine, tartaric acid and titanium dioxide.

What are the 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, muscle pain. Other side effects include:
• Low number of red blood cells (anemia), and infection (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, muscle pain. Other side effects include:

How should I store RINVOQ?
• Store RINVOQ between 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, ferrous fumarate, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polycarbophil, taurine, tartaric acid and titanium dioxide.

What are the ingredients in RINVOQ 30 mg tablets?
Active ingredient: upadacitinib
Inactive ingredients: colloidal silicon dioxide, ferrous fumarate, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polycarbophil, taurine, tartaric acid and titanium dioxide.

What are the ingredients in RINVOQ 45 mg tablets?
Active ingredient: upadacitinib
Inactive ingredients: colloidal silicon dioxide, ferrous fumarate, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polycarbophil, taurine, tartaric acid and titanium dioxide.

What are the 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, muscle pain. Other side effects include:
• Low number of red blood cells (anemia), and infection (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, muscle pain. Other side effects include:

How should I store RINVOQ?
• Store RINVOQ between 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.
Stats & Facts

By Sonya Collins

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

---

**Number of people with moderate to severe eczema who spend more than 8 days a month in a flare. Are you one of them? This might mean your treatment isn’t working for you.**

1 in 2

---

**Number of people with moderate to severe eczema who go to the doctor three or more times a year for help with symptoms. How often do you go? Is it time to reevaluate your treatment plan?**

1 in 2

---

**Number of biologic drugs currently in development or recently approved for atopic dermatitis—increasing treatment options and expectations for symptom relief.**

25+

---

**Number of people with atopic dermatitis whose symptoms are moderate to severe. These symptoms might call for stronger medications.**

4 in 10

---

**Number of people with moderate to severe eczema who say their symptoms are only minimally or somewhat controlled. New medications offer better symptom control than ever before.**

6 in 10

---

**Itch’s rank as people’s top concern with eczema—more than skin lesions. Does your treatment relieve the itch? Ask your doctor if something else might work better.**

No. 1

---

**7 in 100 Number of U.S. adults who have atopic dermatitis, or eczema.**

---

**Sources: Dermatitis, National Eczema Association, Asthma and Allergy Foundation of America**
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
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

**COMMON ATOPIC DERMATITIS TRIGGERS**

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.”
When you live with an allergic condition like atopic dermatitis, also called eczema, that flares at seemingly random times, it’s normal to wonder, “Was it something I ate?”

The answer is not simple.

“Food allergy triggers of eczema are possible in adults, but they are a much less probable cause of flares,” says Veena Vanchinathan, MD, a dermatologist in San Jose, CA.

**FOOD ALLERGIES**

Peanuts, shellfish, eggs, and dairy are common food allergens. When you eat a food you are allergic to, your body releases antibodies to attack it as if the food were an invading virus. This causes inflammation, which can show up in the form of a rash, trouble swallowing, or a swollen face.

Inflammation from a food allergy could also trigger atopic dermatitis. But this tends to be far more common in babies and children than adults.

If a true food allergy is causing symptoms in your skin, you’ll probably have other reactions at the same time, like diarrhea, hives, or wheezing. When atopic dermatitis is the only symptom you’re linking to a certain food, that’s probably not the trigger.

**FOOD SENSITIVITIES**

Some people who don’t have a detectable food allergy may suspect they are sensitive to certain foods such as gluten, dairy, or sugar. People with atopic dermatitis often claim that giving up these ingredients did wonders for their skin.

Again, it’s not impossible, says Vanchinathan, but there’s not substantial research to support the idea that food sensitivities, without a real allergy, would trigger a skin flare.

That said, she adds, “If you are sensitive to something and you think it’s causing symptoms, I think it’s reasonable to see how you do off of it, provided it’s not going to impact the rest of your health.”

That is, don’t try a diet that’s so restrictive that you deprive yourself of essential nutrients.

**FOOD ALLERGY TESTING**

If you decide to pursue food allergy testing, it’s important to manage your expectations. First, keep in mind that cutting a certain food out of your diet completely won’t cure your atopic dermatitis.

“Perhaps there is some interplay between food allergies and eczema,” Vanchinathan says, “but even when we detect the allergy with testing and do a food avoidance challenge, it doesn’t have a significant impact on the long-term trajectory of the eczema.”

Don’t let suspicion of a food allergy distract you from other factors that might be triggering your condition, too.

**IF NOT FOOD, THEN WHAT?**

These triggers may be more likely than food:

- Your genes or family history
- Irritants, like chemicals and detergents
- Seasonal or environmental allergies
- Extreme cold, hot, or damp weather
- Stress
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.”
When it comes to sex and physical affection, skin can play a pretty big role. It may feel like your atopic dermatitis (eczema) gets in the way of your sex life because of the impact it has on your self-esteem or because the symptoms are affecting critical areas.

With careful management of your condition and open communication with your sexual partners, you can create smoother sailing during your sexual activities.

**FLARES DOWN THERE**

“Eczema can truly affect anywhere on the body,” says Michael Krathen, MD, dermatologist at Essential Dermatology in Natick, MA. That includes areas that are important during sex, like genital skin. In fact, around 45% of people—men and women both—with the condition report that they’ve had a flare in their genital area at some point.

It’s important to make sure that any inflammation or irritating symptoms you have around your genital areas is actually atopic dermatitis instead of other issues such as a sexually transmitted disease, fungal or yeast infection, or menopause.

What your doctor prescribes to put on your arms and legs may be different than what they’d give you to put on sensitive areas, so check with your dermatologist about whether you need special treatment for your genital flare-ups.

“Ultimately, good treatment and skin management is key to a healthy sex life,” Krathen says.

**LOVING THE SKIN YOU’RE IN**

In one large study of adults with eczema, 57% said they had problems with intimacy because of their skin condition. Sex and intimacy require a certain level of comfort and trust, and for many people, atopic dermatitis patches can feel embarrassing.

Krathen says you may find that a direct, up-front approach about your skin with sexual partners can clear the air and put you both at ease.

“You can start by telling them it’s not contagious and they can’t catch it from you,” Krathen says. You can keep it as short a conversation as you want, just be sure you’re honest about how you’re feeling. You may even be able to use your skin care routine to your advantage and make it part of your foreplay.

“Ask your partner to help apply your moisturizer as a warm-up to other types of affection,” Krathen says. It can be a win-win for all.
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.