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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 had 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

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

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?

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
**RINVOQ**

**upadacitinib**

**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 whose eczema is not well controlled with other pills or injections, including biologic medicines, or the use of other pills or injections is not recommended.

**For people 12+ years with moderate to severe eczema (atopic dermatitis) with a once-daily pill**

**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

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

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

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

RINVOQ may cause serious side effects, including:
- **Serious infections.** RINVOQ may 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.** 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
- 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.
What are the possible side effects of RINVOQ?

Common side effects include upper respiratory infections (common cold, sinus infections), shingles (herpes zoster), herpes simplex virus infections (including cold sores), rashes, bruises, rashes, cough, fever, acne, headache, increased blood levels of creatine phosphokinase, allergic reactions, inflammation of hair follicles, stomach–area (abdominal) pain, increased weight, flu, tiredness, lower number of certain types of white blood cells (neutrophils, lymphocytes), muscle pain, flu-like illness, rash, increased blood cholesterol levels, and increased liver enzyme levels. A separation or tear to the lining of the back part of the eye (retinal detachment) has happened in people with atopic dermatitis treated with RINVOQ. Call your RCP right away if you have any sudden changes in your vision during treatment with RINVOQ.

These are not all the possible side effects of RINVOQ.

How should I take RINVOQ?

RINVOQ is taken once a day with or without food. Do not crush, chew, or swallow the tablet. Take RINVOQ exactly as your healthcare provider tells you. If you miss a dose, take it as soon as you remember. Do not take two doses at one time.

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 if I miss my RCP AFTER starting RINVOQ?

Tell your RCP right away if you have any symptoms of an infection or that become worse. Your RCP may treat you with another medicine.

Tell your RCP right away if you have any signs or symptoms of blood clots during treatment with RINVOQ, including:

- Swelling
- Sudden unexplained chest pain
- Pain or tenderness in one or both legs
- Shortness of breath or difficulty breathing

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


RINVOQ may increase your risk of certain cancers by changing the way your immune system works. Lymphomas and other cancers, including skin cancer, 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 or have 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 even if you are in the sun and use a sunscreen that has a high protection factor (SPF 30 and above). This is especially important if you have a skin that is a very fair skin 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 goes away and comes back
- Severe tightness, pain, pressure, or heaviness in your chest, neck, jaw, or stomach
- Shortness of breath with or without chest discomfort
- Nausea or vomiting
- Feeling lightsidedness
- Weakness in one part of your body
- Speech problems

5. Blood Clots (Thrombosis).

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

Tell your healthcare provider if you have had blood clots in your veins or lungs in the past, or you or your family members have a history of blood clots.

Get medical help right away if you have any signs and symptoms of blood clots during treatment with RINVOQ, including:

- Feeling of a heart attack or stroke
- Pain or tenderness in one or both legs
- Shortness of breath or difficulty breathing

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 to RINVOQ. Allergic reactions have also been seen in people taking RINVOQ. Some of these reactions may be serious or even life-threatening. These symptoms occur during treatment with RINVOQ, stop taking RINVOQ right away and get medical help right away.

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

Tell your healthcare provider if you have had any perforations (ruptures in parts of the large intestines) 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 emergency help right away if you get stomach pain, fever, chills, nausea, or vomiting.

8. Changes in certain laboratory test results.

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

- Neutrophils and lymphocyte counts.
- Neutrophils and lymphocytes are types of white blood cells that help your body fight off infections.
- Red blood cell counts. Red blood cells carry oxygen to the rest of your body. Having too many red blood cells may cause you to be anemic, which may make you feel weak and tired.
- Liver function tests. 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 break down the food you are eating and the medicines you may be taking. High liver enzyme values may indicate that your healthcare provider needs to do follow-up blood tests on your liver.

If you take RINVOQ and neutrophil count, lymphocyte count, or red blood cell count falls below normal, you should call your healthcare provider right away.

Symptoms may be a sign of a medicine in the class of medicines called Janus kinase (JAK) inhibitors.
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.
- immunosuppressants (such as mycophenolate or 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.

How should I take Rinvoq?

- Take Rinvoq exactly as your healthcare provider tells you to use it.
- 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?

- 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 you 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, 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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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 itchy, 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.”

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 skin 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.

“One 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.”

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.

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
LIFESTYLE MODIFICATIONS FOR ATOPIC DERMATITIS

WAYS TO MANAGE THIS CHRONIC SKIN CONDITION
By Kendall K. Morgan
Reviewed by Debra Jaliman, MD, WebMD Medical Reviewer

Lifestyle factors can help in managing your atopic dermatitis (AD), says Jessica Hui, MD, an allergist and immunologist at National Jewish Health in Denver. Simple steps can make all the difference. For example, run a second rinse cycle to get rid of irritating detergent on your clothing. To avoid scratching, find ways to keep your hands busy. “Keeping your hands occupied with a fidget spinner or stress ball can help alleviate the urge to scratch the skin,” Hui says. “When the itch is unbearable, you can try applying moisturizer or patting the skin instead of scratching.”

AVOID TRIGGERS
Hui says there are few everyday activities that are off-limits. In most cases, you can work around any triggers. For example, Hui notes, swimming pools with chlorine may irritate your skin. But, she says, that can “often [be] prevented when bathing immediately after exercise with a gentle cleanser and rinsing cycle to get rid of irritating detergent from an old T-shirt, socks, or gloves.”

EAT HEALTHY
When it comes to AD, there’s no need to follow a special diet either. “It’s easy to blame foods, as AD can flare at any point of the day and food is consumed throughout the day,” Hui says. “(But) studies have shown that food is rarely the cause of AD flares.” Unless you have a food allergy, as many with AD do, maintaining a healthy, balanced diet without any specific restrictions is the best way to go.

AFTER EXERCISE
Exercise is good for your health, but sweat may also trigger your AD. Hui says that tends to be worst in certain spots—for instance, under skin guards if you play soccer.

She recommends showering immediately after exercise with a gentle cleanser before applying moisturizer and putting on a clean set of clothes. If you’re spending time outdoors, remember sunscreen, hats, and other skin coverings.

MIND YOUR MENTAL HEALTH
Mental health is an important consideration when you have AD. “More and more studies are highlighting the increased risk of anxiety and depression,” Hui says. “(But) studies have shown that food is rarely the cause of AD flares.”

Trouble sleeping and stress from AD also can negatively affect mental health, Hui says, and these stressors can in turn worsen AD flares. Ask your doctor for advice and resources to help you break the vicious cycle.

DO WHAT YOU LOVE
When in doubt about how to live the life you want with AD, ask your doctor for help. “AD is a chronic skin condition, so figuring out how to continue pursuing hobbies and every day activities is important,” Hui says.

GET RELIEF
Stress makes AD worse. To lower yours, try these methods:
• Take deep breaths.
• Practice meditation.
• Do yoga or tai chi.
• Spend time journaling.
• Take up knitting, coloring, or scrapbooking.
• Listen to gentle music or sounds.
• Go for a walk.

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 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.

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.”

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.”

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.
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 those 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.
YOUR DAILY ATOPIC DERMATITIS ROUTINE

TOP TIPS TO HELP YOU CARE FOR YOUR SKIN

By Kendall K. Morgan

Reviewed by Debra Jaliman, MD, WebMD Medical Reviewer

When you’ve got atopic dermatitis (AD), or eczema, finding the right skin care routine goes a long way. Using the wrong products or missing key steps can make matters worse.

“Most people with atopic dermatitis do best cleansing with a simple foaming cleanser with as few additional ingredients as possible,” says Amy Kassouf, MD, a dermatologist at Cleveland Clinic’s Twinsburg Family Health & Surgery Center in Twinsburg, OH. “Look for products that are fragrance free and intended for sensitive skin.”

EMBRACE THE FOAM

Foaming cleansers help to gently lift off pollutants, dirt, and irritants on your skin, she says.

If your skin is extra sensitive, try cutting back to cleanse every other day. At other times, simply rinse with water.

REMEMBER TO MOISTURIZE

While the right cleanser helps, the right moisturizer is even more essential.

“[Moisturizing] helps improve the barrier function of the skin and keeps other unwanted chemicals out,” Kassouf says.

Use simple emollients with few extra ingredients. Choose creams, ointments, or oils, Kassouf advises, which have more lipids (fats) and less water than lotions. They’ll do a better job of building a protective barrier on the surface of your skin.

BATH TIME

The best time to moisturize is right after you take a bath, when your skin is well hydrated. Your moisturizer will help to lock in the extra moisture. But don’t linger too long.

“Hot, long baths and showers can strip the skin of its natural oils,” Kassouf says. “Brief, lukewarm bathing is best with moisturizing right afterward.”

CHECK LABELS

Kassouf says you should always check skin care product labels. Ask your doctor which ingredients to stay away from.

If you know from experience or patch testing you’ve got certain sensitivities, keep a tailored list handy of chemicals to avoid so you can double-check at the store.

MORE TIPS

Don’t forget what happens at night and even when you’re asleep.

“Even our own sweat can be irritating and cause itching, so it is best to sleep cool at night to minimize itching,” she says.

You may need to make changes as seasons or other conditions change. For example, if your skin is dry in the winter, try a humidifier to put more moisture into the air.

PRACTICE PATIENCE

Along the way, have patience. It may take time and plenty of trial and error to get a good daily routine sorted out.

“Don’t get frustrated,” Kassouf says. “There are many options out there, and even consider that a change in the environment may make your skin respond differently. Hopefully, once you establish a pattern that works and your skin feels less itchy and inflamed, it helps incentivize you to keep it up.”