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

COULD CERAMIDES BE THE ANSWER?

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

A SKIN ANALYSIS MAY REVEAL MORE ABOUT FLARES

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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 20

Number of adults with atopic dermatitis worldwide.

SOURCE: Dermatology and Therapy

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

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SOURCE: JCI Insight

LIVING HEALTHY

Food triggers and atopic dermatitis

TREATMENT SMARTS

Find out what options might work best for you

FIRST PERSON

Lessons learned from living with eczema

CARING FOR YOU

Tips to help with your skin care routine

The latest research

Stats and facts

Learn the basics of atopic dermatitis

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

**Rapid & Significant**

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

**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 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.**
- **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 a current or past smoker.
- 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.

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**
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- 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.
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**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 should I do or tell my HCP AFTER 
Avoid food or drink containing grapefruit during treatment and ask your HCP or pharmacist.

including
• Rifampicin or phenytoin
• Live, have lived, or have traveled to parts of the country, Southwest, that increase your risk of getting certain kinds of fungal infections.

Pain or discomfort in 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.

These are not all the possible side effects of RINVOQ.

How should I take RINVOQ?

RINVOQ® (RIN-VOKE) is taken once a day with or without food. Do not crush, chew, or chew tablets. Take exactly as prescribed by your HCP. Missed doses: If you forget to take your dose at the usual time, take it as soon as you remember. Do not take a double dose.

I am having difficulty paying for my medicine, ask myAbbVieAssist to learn more.

If you are not sure if you are taking any of these medicines, talk to your HCP.

RINVOQ is a JAK inhibitor medicine. 5. Blood Clots (thrombosis). Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) are serious and can be life-threatening. 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) risk factor for a heart attack or stroke than in people with no risk factors. If your legs hurt or your skin changes color and comes back

• pain or tenderness in one or both legs
• swelling
• 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.

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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) risk factor and taking a medicine in the class of medicines called JAK inhibitors, especially if you are a current or past smoker.

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• Tell your HCP right away 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, especially if 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 fair or if you have a family history of skin cancer.

1. Serious Infections.

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 phosphokinese, allergic reactions, inflammation of hair follicles, stomach-area (abdominal) pain, increased weight, flu, tiredness, lower back pain, throat pain, stomach pain, muscle pain, rash, 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.

1. What is RINVOQ?

RINVOQ® (RIN-VOKE) is a prescription medicine that is a Janus kinase (JAK) inhibitor. RINVOQ is used:

• to treat adults with active psoriatic arthritis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, but did not work well or could not be tolerated.
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• 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 treatments, including biologics, or the use of other pills or injections is not recommended.

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• low neutrophil and lymphocyte counts.

Neutrophils and lymphocytes are types of white blood cells that help fight off infections.

• low red blood cell counts. Low red blood cells carry oxygen. Low red blood cells mean you may have anemia, which may make you feel weak and tired.

• elevated liver enzyme levels. Your healthcare provider should do blood tests to check your cholesterol levels approximately 12 weeks after you start taking RINVOQ and as needed.

•Tell your healthcare provider if you do not know if you have lived in parts of the country, Ohio and Mississippi River valleys, where these infections are more common.

• to treat adults and children 12 years of age and older who have at least 1 heart disease (cardiovascular risk factor) risk factor and taking a medicine in the class of medicines called JAK inhibitors, especially if you are a current or past smoker.

• Tell your healthcare provider if you have a fever or stomach-area pain that does not go away, and a change in your bowel habits.

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Females
• have unexplained stomach (abdominal) pain,
• have kidney problems.
• have had a heart attack, other heart problems,
• are a current or past smoker.
• See
including if you:
provider about all of your medical conditions,
Before taking RINVOQ, tell your healthcare
See the end of this Consumer Brief Summary for a
are allergic to
Do not take RINVOQ if you
• to treat adults with moderate to severe ulcerative
• Your healthcare provider will check whether
• 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.
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• RINVOQ is safer and effective in children 12 years of age and older weighing at least 56 pounds (25 kg) with atopic dermatitis. It is not known if RINVOQ is safer and effective in children with juvenile idiopathic arthritis. It is not known if RINVOQ is safer and effective in children with uncontrolled 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.
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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.”

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 itchinness 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.”

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
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 Vanchinathan, 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?

There are other triggers of atopic dermatitis that are likely than food:

• Stress
• Irritants, like chemicals and detergents
• Seasonal or environmental allergies
• Extreme cold, hot, or damp weather
• Stress

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

• 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.

BILOGICS

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 your 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.”

KNOw YOUR OPTIONS

FIND OUT WHAT MIGHT WORK BEST FOR YOU

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

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LESSTIONS 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.
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.”