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
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 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. 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

Watch real patient stories at RINVOQ.com/stories

**USE & IMPORTANT SAFETY INFORMATION**

**USE**

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

RINVOQ may cause serious side effects, including:

- **Serious infections.** RINVOQ can lower your ability to fight infections. Serious infections have happened while taking RINVOQ, including tuberculosis (TB) and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections. Your healthcare provider (HCP) should test you for TB before starting RINVOQ and check you closely for signs and symptoms of TB during treatment with RINVOQ. You should not start taking RINVOQ if you have any kind of infection unless your HCP tells you it is okay. If you get a serious infection, your HCP may stop your treatment until your infection is controlled. You may be at higher risk of developing shingles (herpes zoster).
- **Increased risk of death in people 50 years and older who have at least 1 heart disease (cardiovascular) risk factor.**
- **Cancer and immune system problems.** RINVOQ may increase your risk of certain cancers. Lymphoma and other cancers, including skin cancers, can happen. Current or past smokers are at higher risk of certain cancers, including lymphoma and lung cancer. Follow your HCP’s advice about having your skin checked for skin cancer during treatment with RINVOQ. Limit the amount of time you spend in sunlight. Wear protective clothing when you are in the sun and use sunscreen.
- **Increased risk of major cardiovascular (CV) events, such as heart attack, stroke, or death, in people 50 years and older who have at least 1 heart disease (CV) risk factor, especially if you are a current or past smoker.**
- **Blood clots.** Blood clots in the veins of the legs or lungs and arteries can happen with RINVOQ. This may be life-threatening and cause death. Blood clots in the veins of the legs and lungs have happened more often in people who are 50 years and older and with at least 1 heart disease (CV) risk factor.
- **Allergic reactions.** Symptoms such as rash (hives), trouble breathing, feeling faint or dizzy, or swelling of your lips, tongue, or throat, that may mean you are having an allergic reaction have been seen in people taking RINVOQ. Some of these reactions were serious. If any of these symptoms occur during treatment with RINVOQ, stop taking RINVOQ and get emergency medical help right away.
- **Tears in the stomach or intestines.** 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.
**What is the most important information I should know about RINVOQ?**

**RINVOQ can cause serious side effects, including:**

1. **Cancer and immune system problems.**
   - **RINVOQ** is a medicine that affects your immune system. **RINVOQ** can lower the ability of your immune system to fight off infections. People who have had certain types of infections (such as the Ohio and Mississippi River valleys and the Southwest) within the last 5 years have had serious infections while taking **RINVOQ**, including tuberculosis (TB), bacterial infections of the lungs (pneumonia), fungal, or viruses that can spread throughout the body. Some people have died from these infections.
   - Your healthcare provider should test you for TB before starting treatment with **RINVOQ**.
   - Your healthcare provider should watch closely for signs and symptoms of TB during treatment with **RINVOQ**.
   - You should not start taking **RINVOQ** if you have any kind of infection unless your healthcare provider tells you it is okay. You may be at a higher risk of developing infections (shingles, herpes zoster).
   - Before starting **RINVOQ**, tell your healthcare provider if you:
     - are allergic to an infection.
     - have had an infection that does not go away or keeps coming back.
     - have diabetes, chronic lung disease, HIV, or a weak immune system.
     - have had shingles (herpes zoster).
     - have had hepatitis B or C.
     - live or travel in parts of the country (such as the Ohio and Mississippi River valleys and the Southwest) where TB is common or you have had contact with someone who is infected with TB.
   - Some people taking **RINVOQ** may see medicine residue (a whole tablet or tablet pieces) in their stool. If this happens, call your healthcare provider.

   These are not all the possible side effects of **RINVOQ**.

**How should I take RINVOQ?**

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

This is the most important information to know about **RINVOQ**. For more information, talk to your HCP.

**If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/ myAbbVieAssist to learn more.**

Please see Brief Summary of Full Prescribing Information (chest, throat, neck, or jaw discomfort) in the following pages of this advertisement.
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.

• medicines for cancer (for lymphoma or plasma cell disorder) as these medicines may increase the effect of RINVOQ.

• medicines that affect your immune system (such as azathioprine and cyclosporine) as these medicines may increase your risk of infection. Ask your healthcare provider or pharmacist, if you are not sure if you are taking any of these medicines.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I take RINVOQ?

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

• Take RINVOQ once 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 should I avoid while taking RINVOQ?

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

What are other possible side effects of RINVOQ?

Common side effects include upper respiratory tract infections (common cold, sinus infections), shingles (herpes zoster), herpes simple virus infections (including cold sores), bronchitis, nausea, cough, fever, acne, headache, increased blood liver enzyme levels, increased liver enzyme levels, pneumonia, low number of certain types of white blood cells (infections), high blood cholesterol levels, low red or white blood cell counts, decreased amount of potassium in your blood, increased blood stress, heart rate, chest pain, or shortness of breath.

Females who are able to become pregnant:

• Your healthcare provider will check whether you are pregnant before you start treatment with RINVOQ.

• You should use effective birth control (contraception) to avoid becoming pregnant during treatment with RINVOQ and for 4 weeks after your last dose of RINVOQ.

• Tell your healthcare provider if you think you are pregnant or become pregnant during treatment with RINVOQ.

• If you take RINVOQ during pregnancy, contact AbbVie Inc. at 1-800-623-9110, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch to provide information about the health of you and your baby.

• Breastfeeding or plan to breastfeed. RINVOQ may pass into your breast milk. You and your healthcare provider should decide if you will take RINVOQ or breastfeed. Do not breastfeed during treatment with RINVOQ and for 6 days after your last dose of RINVOQ.

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

“Certain cells start this inflammatory reaction, and that makes the outside of your skin—the part you can see—get 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 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.

“One 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.
FOOD TRIGGERS AND ATOPIC DERMATITIS

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

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 allergies. When you eat a food you are allergic to, your body releases antibodies to attack it as if it 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 adetectable 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.”

Is it a symptom or a trigger? Sometimes you’re looking at a food’s effect on your skin, but 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.

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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

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 on your skin. You’ll either use these daily for prevention or only during a flare.

“If 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.

BILOGICS

Biologic therapy gets into the blood stream 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 plastic injectir 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 life 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.”
When you’ve got the dry, itchy skin that comes with atopic dermatitis (AD), or eczema, you’ll want fast relief that also lasts. 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. Ungar 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.

“I’m so grateful for the dermatologists and allergists that helped me get my eczema under control,” Ungar says. “The goal in the big picture is to improve eczema in the short term and [then] make sure it remains well controlled.”

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 daily 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 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 didn’t 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.

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.

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“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.”

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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.”