

 COMPLIMENTARY COPY
TAKE ONE HOME

WebMD[®]

LIVING WITH

WINTER 2023/2024

NEWS:

THE LATEST RESEARCH

PAGE 3

QUIZ:

HOW MUCH DO YOU
KNOW ABOUT AD?

PAGE 9

HEALTH SMARTS:

UNDERSTANDING FAST-ACTING VS.
PREVENTIVE TREATMENTS

PAGE 14

 SCAN ME

Access this
content online. Use
your mobile phone
camera to activate
the QR code.



CONTENTS

03 NEWS
The latest research

09 QUIZ
Test your knowledge

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



12



14



16

14 HEALTHSMARTS
Understanding fast-acting vs. preventive treatments

15 FIRST PERSON
Lessons learned from living with eczema

16 CARING FOR YOU
Tips to help with your skin care routine

WebMD Living With is not responsible for advertising claims. WebMD Living With (ISSN 1553-9946) is published by WebMD LLC and may not be reproduced in whole or in part without written permission of WebMD LLC. All rights reserved. All editorial content is reviewed by our board-certified physicians, is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. WebMD does not endorse any specific product, service, or treatment. Always seek the advice of your health care provider with any questions regarding a medical condition and never disregard professional medical advice or delay seeking it because of something you have read in a WebMD publication. If you think you have a medical emergency, call your doctor or 911 immediately. 2023 WebMD LLC. All rights reserved.

THE LATEST ON

ATOPIC DERMATITIS

PROBLEM PROTEINS

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

SOURCE: *Science Translational Medicine*

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

SOURCE: *Dermatology and Therapy*

UP TO **1 in 10**

Number of adults with atopic dermatitis in the U.S.

SOURCE: *British Journal of Dermatology*

COULD CERAMIDES BE THE ANSWER?

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

SOURCE: *Journal of Lipid Research*

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*

**“My worst eczema
itch felt bone-deep.”**

—MADDY, a real RINVOQ patient

Watch real patient stories
at [RINVOQ.com/stories](https://rinvoq.com/stories)



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

**You deserve symptom relief.
Ask your doctor about RINVOQ.**



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 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	– Diarrhea or stomach pain
– Shortness of breath	– Cough
– Warm, red, or painful skin or sores on your body	– Weight loss
– Muscle aches	– Burning when urinating or urinating more often than normal
– 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.**

IMPORTANT SAFETY INFORMATION

(continued from previous page)

- Have other medical conditions, including liver problems, low blood cell counts, diabetes, chronic lung disease, HIV, or a weak immune system.
- Live, have lived, or have traveled to parts of the country, such as the Ohio and Mississippi River valleys and the Southwest, that increase your risk of getting certain kinds of fungal infections. If you are unsure if you've been to these types of areas, ask your HCP.
- Have recently received or are scheduled to receive a vaccine. People who take RINVOQ should not receive live vaccines.
- Are pregnant or plan to become pregnant. Based on animal studies, RINVOQ may harm your unborn baby. Your HCP will check whether or not you are pregnant before you start RINVOQ. You should use effective birth control (contraception) to avoid becoming pregnant during treatment with RINVOQ and for 4 weeks after your last dose.
- There is a pregnancy surveillance program for RINVOQ. The purpose of the program is to collect information about the health of you and your baby. If you become pregnant while taking RINVOQ, you are encouraged to report the pregnancy by calling 1-800-633-9110.
- Are breastfeeding or plan to breastfeed. RINVOQ may pass into your breast milk. Do not breastfeed during treatment with RINVOQ and for 6 days after your last dose.

Tell your HCP about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. RINVOQ and other medicines may affect each other, causing side effects.

Especially tell your HCP if you take:

- Medicines for fungal or bacterial infections
- Rifampicin or phenytoin
- Medicines that affect your immune system

If you are not sure if you are taking any of these medicines, ask your HCP or pharmacist.

What should I avoid while taking RINVOQ?

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

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

- Tell your HCP right away if you have any symptoms of an infection. RINVOQ can make you more likely to get infections or make any infections you have worse.
- Get emergency help right away if you have any symptoms of a heart attack or stroke while taking RINVOQ, including:
 - Discomfort in the center of your chest that lasts for more than a few minutes or that goes away and comes back
 - Severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw
 - Pain or discomfort in your arms, back, neck, jaw, or stomach
 - Shortness of breath with or without chest discomfort
 - Breaking out in a cold sweat
 - Nausea or vomiting
 - Feeling lightheaded

- Weakness in one part or on one side of your body
 - Slurred speech
- Tell your HCP right away if you have any signs or symptoms of blood clots during treatment with RINVOQ, including:
 - Swelling
 - Pain or tenderness in one or both legs
 - Sudden unexplained chest or upper back pain
 - Shortness of breath or difficulty breathing
 - Tell your HCP right away if you have a fever or stomach-area pain that does not go away, and a change in your bowel habits.

What are other possible side effects of RINVOQ?

Common side effects include upper respiratory tract infections (common cold, sinus infections), shingles (herpes zoster), herpes simplex virus infections (including cold sores), bronchitis, nausea, cough, fever, acne, headache, increased blood levels of creatine phosphokinase, allergic reactions, inflammation of hair follicles, stomach-area (abdominal) pain, increased weight, flu, tiredness, lower number of certain types of white blood cells (neutropenia, lymphopenia, leukopenia), muscle pain, flu-like illness, rash, increased blood cholesterol levels, increased liver enzyme levels, pneumonia, low number of red blood cells (anemia), and infection of the stomach and intestine (gastroenteritis).

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.

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 HCP tells you to use it. RINVOQ is available in 15 mg, 30 mg, and 45 mg extended-release tablets.

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

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

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

Please see Brief Summary of Full Prescribing Information on the following pages of this advertisement.

© 2023 AbbVie. All rights reserved. RINVOQ® and its design are registered trademarks of AbbVie Biotechnology Ltd. US-RNQD-230321 | July 2023



RINVOQ® (RIN-VOKE) (upadacitinib) extended-release tablets, for oral use

Patient Information

Read the Medication Guide that comes with RINVOQ® before you start taking it and each time you get a refill. There may be new information. This brief summary is not comprehensive and does not take the place of talking with your doctor about your medical condition or treatment. For a copy of the full Prescribing Information, visit www.RINVOQ.com or call 1-800-2-RINVOQ (1-800-274-6867).

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

RINVOQ can cause serious side effects, including:

1. Serious Infections.

RINVOQ is a medicine that affects your immune system. RINVOQ can lower the ability of your immune system to fight infections. Some people have had serious infections while taking RINVOQ, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

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

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

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

3. Cancer and immune system problems.

RINVOQ may increase your risk of certain cancers by changing the way your immune system works.

Lymphoma and other cancers, including skin cancers can happen in people taking RINVOQ. People taking a medicine in the class of medicines called Janus kinase (JAK) inhibitors have a higher risk of certain cancers including lymphoma and lung cancer, especially if you are a current or past smoker.

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

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

Get emergency help right away if you have any symptoms of a heart attack or stroke while taking RINVOQ, including:

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

5. Blood Clots (thrombosis).

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

- Tell your healthcare provider if you have had blood clots in the veins of your legs or lungs in the past.
- Get medical help right away if you have signs and symptoms of blood clots during treatment with RINVOQ, including:

- swelling
- pain or tenderness in one or both legs
- sudden unexplained chest or upper back pain
- shortness of breath or difficulty breathing

CONSUMER BRIEF SUMMARY

Consult Package Insert for full Prescribing Information

6. Allergic reactions. Symptoms such as rash (hives), trouble breathing, feeling faint or dizzy, or swelling of your lips, tongue, or throat, that may mean you are having an allergic reaction have been seen in people taking RINVOQ. Some of these reactions were serious. If any of these symptoms occur during treatment with RINVOQ, stop taking RINVOQ and get emergency medical help right away.

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

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

8. Changes in certain laboratory test results.

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

- **low neutrophil and lymphocyte counts.** Neutrophils and lymphocytes are types of white blood cells that help the body fight off infections.
- **low red blood cell counts.** Red blood cells carry oxygen. Low red blood cells means you may have anemia, which may make you feel weak and tired.
- **increased cholesterol levels.** Your healthcare provider should do blood tests to check your cholesterol levels approximately 12 weeks after you start taking RINVOQ, and as needed.
- **elevated liver enzymes.** Liver enzymes help to tell if your liver is functioning normally. Elevated liver enzymes may indicate that your healthcare provider needs to do additional tests on your liver.

You should not take RINVOQ if your neutrophil count, lymphocyte count, or red blood cell count is too low or your liver tests are too high. Your healthcare provider may stop your RINVOQ treatment for a period of time if needed because of changes in these blood test results.

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

What is RINVOQ?

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

- to treat adults with moderate to severe rheumatoid arthritis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.
- to treat adults with active psoriatic arthritis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.
- to treat adults and children 12 years of age and older with moderate to severe eczema (atopic dermatitis) that did not respond to previous treatment and their eczema is not well controlled with other pills or injections, including biologic medicines, or the use of other pills or injections is not recommended.
- to treat adults with moderate to severe ulcerative colitis when 1 or more medicines called tumor

<p>necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated.</p> <ul style="list-style-type: none"> to treat adults with moderate to severe Crohn's disease when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated. to treat adults with active ankylosing spondylitis when 1 or more medicines called tumor necrosis factor (TNF) blockers have been used, and did not work well or could not be tolerated. to treat adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation when a tumor necrosis factor (TNF) blocker medicine has been used, and did not work well or could not be tolerated. <p>RINVOQ is safe and effective in children 12 years of age and older weighing at least 88 pounds (40 kg) with atopic dermatitis.</p> <p>It is not known if RINVOQ is safe and effective in children with juvenile idiopathic arthritis, with psoriatic arthritis, with ankylosing spondylitis, or with non-radiographic axial spondyloarthritis.</p> <p>It is not known if RINVOQ is safe and effective in children under 12 years of age with atopic dermatitis.</p> <p>It is not known if RINVOQ is safe and effective in children with ulcerative colitis or with Crohn's disease.</p> <p>Do not take RINVOQ if you are allergic to upadacitinib or any of the ingredients in RINVOQ. See the end of this Consumer Brief Summary for a complete list of ingredients in RINVOQ.</p>	<p>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.</p> <p>Especially tell your healthcare provider if you take:</p> <ul style="list-style-type: none"> 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. <p>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.</p>	<p>General information about the safe and effective use of RINVOQ.</p> <p>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.</p>
<p>Before taking RINVOQ, tell your healthcare provider about all of your medical conditions, including if you:</p>	<p>How should I take RINVOQ?</p> <ul style="list-style-type: none"> Take RINVOQ exactly as your healthcare provider tells you to use it. Take RINVOQ 1 time a day with or without food. Swallow RINVOQ tablets whole. Do not split, crush, or chew the tablets. If you take too much RINVOQ, call your healthcare provider or poison control center at 1-800-222-1222, or go to the nearest hospital emergency room right away. 	<p>What are the ingredients in RINVOQ 15 mg tablets?</p> <p>Active ingredient: upadacitinib Inactive ingredients: colloidal silicon dioxide, ferrousferic oxide, hypromellose, iron oxide red, magnesium stearate, mannitol, microcrystalline cellulose, polyvinyl alcohol, polyethylene glycol, talc, tartaric acid and titanium dioxide.</p>
<ul style="list-style-type: none"> See "What is the most important information I should know about RINVOQ?" have an infection. are a current or past smoker. have had a heart attack, other heart problems, or stroke. have liver problems. have kidney problems. have unexplained stomach (abdominal) pain, have a history of diverticulitis or ulcers in your stomach or intestines, or are taking NSAIDs. have low red or white blood cell counts. have recently received or are scheduled to receive an immunization (vaccine). People who take RINVOQ should not receive live vaccines. are pregnant or plan to become pregnant. Based on animal studies, RINVOQ may harm your unborn baby. <p>Females who are able to become pregnant:</p> <ul style="list-style-type: none"> Your healthcare provider will check whether or not you are pregnant before you start treatment with RINVOQ. You should use effective birth control (contraception) to avoid becoming pregnant during treatment with RINVOQ and for 4 weeks after your last dose of RINVOQ. Tell your healthcare provider if you think you are pregnant or become pregnant during treatment with RINVOQ. If you take RINVOQ during pregnancy, contact AbbVie Inc. at 1-800-633-9110, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch to provide information about the health of you and your baby. <ul style="list-style-type: none"> are breastfeeding or plan to breastfeed. RINVOQ may pass into your breast milk. You and your healthcare provider should decide if you will take RINVOQ or breastfeed. Do not breastfeed during treatment with RINVOQ and for 6 days after your last dose of RINVOQ. 	<p>What should I avoid while taking RINVOQ?</p> <p>Avoid food or drink containing grapefruit during treatment with RINVOQ. Eating grapefruit or drinking grapefruit juice may increase the risk of side effects.</p> <p>What are other possible side effects of RINVOQ?</p> <p>Common side effects include upper respiratory tract infections (common cold, sinus infections), shingles (herpes zoster), herpes simplex virus infections (including cold sores), bronchitis, nausea, cough, fever, acne, headache, increased blood levels of creatine phosphokinase, allergic reactions, inflammation of hair follicles, stomach-area (abdominal) pain, increased weight, flu, tiredness, lower number of certain types of white blood cells (neutropenia, lymphopenia, leukopenia), muscle pain, flu-like illness, rash, increased blood cholesterol levels, increased liver enzyme levels, pneumonia, low number of red blood cells (anemia), and infection of the stomach and intestine (gastroenteritis).</p> <p>Separation or tear to the lining of the back part of the eye (retinal detachment) has happened in people with atopic dermatitis treated with RINVOQ. Call your healthcare provider right away if you have any sudden changes in your vision during treatment with RINVOQ.</p> <p>Some people taking RINVOQ may see medicine residue (a whole tablet or tablet pieces) in their stool. If this happens, call your healthcare provider.</p> <p>These are not all the possible side effects of RINVOQ. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>	<p>What are the ingredients in RINVOQ 30 mg tablets?</p> <p>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.</p>
	<p>How should I store RINVOQ?</p> <ul style="list-style-type: none"> 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. 	<p>What are the ingredients in RINVOQ 45 mg tablets?</p> <p>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.</p>
		<p>Manufactured by: AbbVie Inc., North Chicago, IL 60064, USA RINVOQ® is a registered trademark of AbbVie Biotechnology Ltd. ©2019-2023 AbbVie Inc.</p> <p>You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.</p> <p>If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit AbbVie.com/myAbbVieAssist to learn more.</p> <p>Ref: 20079343 Revised: May 2023</p>
		<p>LAB-9729 MASTER</p> <p style="text-align: right;">US-RNQD-230321</p> <p style="text-align: right;">abbvie</p>

HOW MUCH DO YOU REALLY KNOW?

TEST YOUR KNOWLEDGE ABOUT ATOPIC DERMATITIS

By Kendall K. Morgan

Reviewed by Neha Pathak, MD,

WebMD Lead Medical Editor



1. Your atopic dermatitis (AD) and its symptoms can put your mental health at risk.

- True False

2. Keeping your skin clean with soap and water will help with your atopic dermatitis.

- True False

3. Food allergies are a likely reason why you have AD.

- True False

4. You're more likely to get skin infections when you have AD.

- True False

5. You may need help getting good sleep when you have AD.

- True False

1. TRUE. A study found that people with AD were more likely to have new depression than people without AD. Anxiety is more likely when you have AD, too.

2. FALSE. Washing too much can make your AD worse. Use gentle, soap-free cleansers on your affected skin and lukewarm water instead of hot before patting your skin dry.

3. FALSE. Many people with AD also have allergies to food or other substances. But any allergies you have aren't the cause of your AD.

4. TRUE. When you have AD, your skin barrier doesn't work the way it should. The inflammation in your body also makes it harder for your immune system to fight infections in your skin. The itching and scratching make matters worse. Ask your doctor how to get the itch under control, improve your skin, and lower your infection risk.

5. TRUE. You should see a dermatologist to diagnose and treat your AD. But many adults with AD also have disturbed sleep that can cause fatigue during the day and increase the risk for other health problems. Talk to your dermatologist about managing symptoms to get restful sleep. A mental health specialist can offer CBT-I, a type of therapy that treats insomnia. A sleep specialist may be able to figure out what kind of sleep problems you're having and help you get your rest.

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

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.

allergens in your environment.

“When you contact a trigger, your immune system assumes that these small irritants are foreign invaders, like bacteria or viruses, that can harm your body,” Eghrari-Sabet says.

As a result, the triggers activate your body’s natural defense system: inflammation. Inflammation causes symptoms of eczema on your skin.

Genes. You’re more likely to have eczema if there’s a history of dermatitis, hay fever, or allergies in your family. You could also have a genetic mutation that causes your skin’s barrier function to not work as it should.

Environment. There’s a lot in your environment that can irritate your skin. Some examples include smoke, air pollutants, harsh soaps, fabrics such as wool, and some skin care products.

“Low humidity, or dry air, can cause your skin to become dry and itchy,” Eghrari-Sabet says. “Heat and high humidity can cause sweating, and that can make your itchiness even worse.”

SYMPTOMS

The hallmark of AD is a persistent itch. Once you scratch that itch, a rash starts to form.

“Doctors often call it ‘the itch that rashes,’” Damanpour says.

The most common places for AD rash to appear are in the creases of your skin, such as the neck, elbows, and knees, although you can get it anywhere on your body. Over time, these rashes can thicken and get discolored.

“On white skin it can look red and pink and on darker skin, purple, brown, or gray,” Eghrari-Sabet says. “But the cracked, dry, split skin—sometimes with blisters—is the same on all skin.”

Sometimes these patches ooze, seep fluid, and bleed, which makes them easy targets for infection. Controlling the itch is the best prevention.

Dermatologists recommend moisturizing immediately after bathing to seal in moisture, and sticking to fragrance-free skin care products, including laundry detergent, to help calm the itch that causes the rash. You can also talk to your doctor about over-the-counter and prescription ways to manage your condition.

“There are excellent resources and treatment options,” Damanpour says. “The best management is excellent skin care.”

COMMON ATOPIC DERMATITIS TRIGGERS

These substances can set off the itch-scratch cycle.

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

WAS IT SOMETHING I ATE?

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 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

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."



SCAN ME

Read this article on **Creating a Treatment Plan**. Use your mobile phone camera to activate the QR code.

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.



SCAN ME
 Want to read this
 guide on the go?
 Use your mobile
 phone camera to
 activate the QR code.

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."



LIVING WITH ECZEMA

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

By Ashley Wall

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

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

In my younger years, my flares were pretty severe and constant. As I've aged, the condition has become more manageable, though it can be a bit of a roller coaster. Environmental factors set off my symptoms. Certain detergents and soaps will irritate my skin, and I have to watch which fabrics I wear. My eczema also comes and goes with the weather, which makes traveling tricky.

WHAT'S WORKED AND WHAT HASN'T

I've always thought of myself as a guinea pig for eczema treatments, products,

and concoctions. I've tried everything from steroids to specific soaps and lotions to salt baths to witch hazel. A lot of them did not work. Some of them worked temporarily, but eventually my symptoms would come back with a vengeance.

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

I also do my best to avoid triggers. For example, I'm careful about what I wear. Cotton, silk, and bamboo are the most comfortable fabrics for my skin. I always wash new clothes before I put them on because I'm extremely allergic to dust and other chemicals that could be on new clothing. Someone wearing perfume could have tried on the clothing before you, and that's enough to set off a reaction. I always wash to be sure.

CONNECTING WITH OTHERS

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

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

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



ASHLEY'S TIPS

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

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."