

Let your care team know how eczema is impacting your life

PG. 17

Get moving—without irritating your skin!

PG. 23

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Living



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“I’m following my dreams again!”

Eczema

When Abby Cramond’s “little red patches” got in the way of her pageant goals, she partnered with her doctor to find a skin-clearing treatment

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SPECIAL THANKS TO OUR MEDICAL REVIEWER



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Cover photo by Zakk Shane Miller

THE BASICS



Feel good in your own skin!

With today’s treatments, you no longer need to worry about eczema keeping you sidelined.

stress or the new environment caused her eczema to go out of control, forming patches down her arms, hands, legs, back and even her face.

“I looked like a pink-spotted dalmatian,” she recalls.

Theresa went to her college’s health center, where she was referred to a dermatologist who diagnosed her with severe atopic dermatitis. She was put on steroids and given a topical, but they didn’t seem to make a dent.

“When I came back for my second follow-up I was desperate, and that’s when my doctor recommended I try a biologic,” Theresa says.

Theresa agreed right away, and after the second round of injections, “the patches started to melt away and the itching stopped. I couldn’t believe it! By the time I came home for the summer, my

T

heresa G. once thought beach days were a thing of the past. “I’d loved playing in the ocean and the sand when I was a kid,” the Rehoboth Beach, DE, resident recalls. “And the boardwalk was our hangout place when I was a teen.”

But long days spent in the sun and surf became less and less frequent as Theresa got older—all due to eczema that seemed to keep getting worse.

“My mom said I had eczema right after I was born, but while for most babies it goes away on its own, mine persisted,” Theresa recalls. “Still, it was mostly contained to my elbows and really only bothered me in the winter when my skin would get extra dry and itchy.”

Unfortunately, when Theresa started college out West, either the



SPECIAL THANKS TO OUR PARTNER:

The Dermatology Nurses’ Association
Association involvement does not constitute an endorsement of any products featured.

skin had cleared and I was ready for the beach again! That medication changed everything!”

If atopic dermatitis is taking over *your* life, it may be time to rethink your treatment. Take inspiration from Theresa, and seek out clearer, calmer, smoother skin by using the information in this guide to start a conversation with your dermatologist—so you can pursue your dreams with confidence!

What is atopic dermatitis?

Atopic dermatitis (AD) is the most common form of eczema, a chronic inflammatory skin disorder. “The hallmark of AD is itching,” says Timothy Berger, MD, professor of clinical dermatology at the University of California, San Francisco School of Medicine. “In most patients, dry skin is also a prominent feature. Inflammation in the skin contributes to or causes both.”

The inflammation also causes darkened, raised and, at times, flaky skin, usually on specific areas of the body. Eczema patches commonly appear in the creases of the elbows or knees, and on the neck and face (including eyelids).

“The hallmark of atopic dermatitis is itching,” says Timothy Berger, MD.

When an AD flare persists, it can cause patches of skin to thicken, become bumpy and grow lighter or darker in color.

Who gets AD?

According to the American Academy of Dermatology, about 28 million Americans of all ages and ethnicities have AD, with slightly more females than males affected. Research suggests that AD occurs more frequently in people living in cities and colder climates, those in higher socioeconomic brackets and those whose mothers were older at their birth.

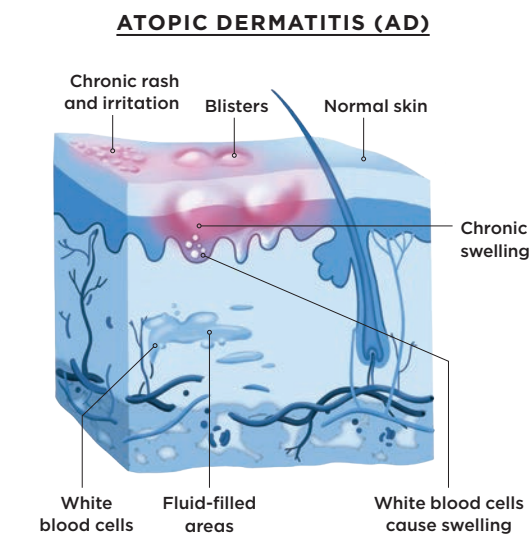
Note: AD is not contagious—you can’t catch it or spread it.

What causes AD?

“Atopic dermatitis is probably caused by numerous genetic differences,” explains Dr. Berger. “These genetic variations lead the immune system in a person with AD to ‘react’ in an allergic way. So, for example, a flare may be brought on by specific triggers, like irritating clothing, skin infections or dry winter air, or it can occur for no obvious reason. What’s more, each patient has their own set of triggers. Interestingly, food is seldom a trigger for AD.”

Regardless of how AD first appears, researchers have now identified the underlying problem: Flares occur when a specific pathway of the immune system is “out of control.” Fortunately, says Dr. Berger, that overactive pathway is now understood, and the latest treatments are effectively targeting it.

“This immune pathway also causes hay fever and asthma,



which is why patients with AD often have those conditions, too,” says Dr. Berger.

How is AD diagnosed?

Your doctor will take your medical history and perform a physical exam. Report if you or anyone in your family has AD, asthma or hay fever; talk about any triggers that seem to worsen your AD (although it’s important to understand that these triggers do not cause the condition).

Says Dr. Berger: “Your doctor will assess the severity of your disease when recommending a treatment. If your eczema covers more than 10% of your body surface or involves your hands, preventing you from working, it is considered moderate to severe. The intensity of your itch is also important. Does it interfere with sleep? Finally, how well is your current treatment controlling your AD? Your doctor will take all these factors into account.” ●



55% THE PERCENTAGE OF ADULTS WITH ATOPIC DERMATITIS WHO REPORT INADEQUATE DISEASE CONTROL, ACCORDING TO THE NATIONAL ECZEMA ASSOCIATION.

Your eczema healthcare team

Get the support and information you need from these professionals. They can help you gain confidence and the upperhand on atopic dermatitis!

Primary care provider (PCP):

This doctor can help coordinate your overall medical care, which includes referring you to specialists and prescribing medications.

Dermatologist:

This physician specializes in treating conditions affecting the skin, hair and nails.

Dermatology nurse:

This nurse has received additional training in dermatology and may work with your doctor on your care.

Physician assistant (PA)/Nurse practitioner (NP):

These healthcare professionals can help manage your AD and prescribe medications.

Psychiatrist, psychologist or social worker:

These healthcare professionals can help you work on coping strategies for the stress and emotional challenges that may accompany AD.





Find *your* path to clearer skin!

Today, there are many paths that can lead to clearer skin and less itching. The key? Partnering with your care provider to learn about different treatment options.

Living with out-of-control eczema flares can disrupt your whole life. You may be worried about the appearance of your skin, what to wear and what your friends think. Your overall confidence may take a hit and it can even affect your job performance. But you don't have to suffer needlessly! With the greater understanding experts now have of atopic dermatitis (AD, the most common type of eczema), there are more paths to relief than ever, so you're bound to find the treatment that works for you.

Taking on AD

Determining which approach may suit you best depends on a number of factors, including the severity of your AD, your treatment preferences, the treatments you have already tried, and any other health conditions you may have. Because the disease can evolve, your needs may change over time, so it's key to track how well your current medications are working. To get started, use the tools on pp. 11 and 17, then review with your doctor. And read on for the options that can tame AD.

1.

Moisturizers

"Moisturizing is a first-line treatment and critical in managing every person with AD," says Timothy Berger, MD, professor of clinical dermatology at the University of California, San Francisco School of Medicine. Fragrance-free moisturizers with minimal preservatives when used liberally—especially after bathing—can lock in moisture and help prevent flares. Your dermatologist can recommend effective products and also instruct you on when and how to apply moisturizers if you are also using prescription topical medications.

2.

Medications

- **Topical corticosteroids.** These medications, available as creams and ointments, both over-the-counter and by prescription, help to reduce inflammation and itch. "Regular use is frequently recommended by dermatologists and is safe," says Dr. Berger. One caveat: Your skin should be monitored regularly to make sure you are not having side effects.
- **Non-steroidal topical treatments.** Healthcare providers may prescribe topical calcineurin inhibitor medications (which include tacrolimus ointment or pimecrolimus cream) when topical corticosteroids fail to provide relief, as well as for people unable to use topical corticosteroids. These drugs suppress the immune system to decrease inflammation, reduce itch and prevent flares. The medication crisaborole helps control mild to moderate AD by blocking an eczema-linked enzyme.
- **Phototherapy.** Ultraviolet (UV) light therapy may be prescribed alone, in combination with topical steroids, or as maintenance therapy. "Phototherapy (using ultraviolet B or ultraviolet A light) blocks inflammation, reduces itch and helps repair the defective skin barrier that AD patients have," says Dr. Berger. Phototherapy involves exposing your skin in a walk-in box lined with lamps. Treatments occur

in your doctor's office, hospital or medical clinic, or in your home with a (prescription) home therapy unit. Typically, two or three sessions a week are prescribed. Important: Tanning beds should not be used in place of phototherapy.

- **Systemic immunomodulators.** These drugs (azathioprine, cyclosporine, methotrexate and mycophenolate) help suppress an overactive immune system to stave off eczema flares. They may be used when topical therapies and phototherapy do not provide relief.
- **Biologic medication.** These medications—prescribed when atopic dermatitis is considered moderate-to-severe—work by binding to proteins in the skin that cause inflammation, stopping them from developing rashes and itching. Biologics must be injected every few weeks. They can typically be self-injected at home, but you may also be able to schedule appointments for a healthcare provider to inject for you. Biologics may be used alone or together with topical corticosteroids. Some have also been approved to treat atopic dermatitis in minors.
- **Antibiotics.** Systemic antibiotics may be prescribed if a bacterial infection develops.

3.

Lifestyle changes

In addition to medications and moisturizers, simple everyday adjustments, such as avoiding hot baths and showers, wearing clothes that don't irritate your skin, exercising in a cool, dry environment and steering clear of your personal triggers, can help you manage your eczema. "Ask your dermatologist about other lifestyle changes that might help your AD," suggests Dr. Berger. "Do not avoid foods unless you have a documented allergy to those foods as confirmed by allergy testing, since in most adults, foods are not a trigger for AD." See p. 20 for more tips, and keep reading this guide to learn how patients like you are coming out on top of eczema! ●



WHY YOU SHOULDN'T SETTLE FOR "GOOD ENOUGH"!

Feeling satisfied because your AD is better than it was—but not perfect? Do you find your current treatment to be a real bother? Is embarrassment over your skin causing you to miss out on plans? Those are all signs that your treatment isn't all it could be. Thankfully, you don't have to settle! Newer options mean there is more hope than ever for putting the itching, flaking and discomfort behind you.

NOTE: IT'S IMPORTANT TO HELP YOUR DOCTOR UNDERSTAND HOW MUCH AD IS AFFECTING YOU, SO FILL OUT THE TOOLS ON PP. 11 AND 17 AND REVIEW WITH THEM.

“I’M STAYING TRUE TO MYSELF!”

When Abby Cramond’s “little red patches” got in the way of her pageant dreams, she partnered with her doctor to find a skin-clearing treatment.

—BY JOANA MANGUNE



“It’s amazing to feel confident in my skin again—and to be winning more crowns!” says Abby.

Photos by Zakk Shane Miller

Scroll through 21-year-old Abby Cramond’s Instagram ([@abbycramond](#)) and you’ll see a confident young woman full of passion and a bold sense of style.

Whether wearing a high-cut bikini or a crisp white button-down over black athleisurewear pants, the Louisiana State University incoming senior is not one to shy away from the spotlight. “I’m one of those people who started competing in pageants at a very young age,” shares Abby. “I was drawn to them because the main goal is to be able to fully express yourself.” Believe it or not, there was a time when Abby wasn’t so outgoing. It took years of growth and introspection to finally own her story of self-love that goes beyond her appearance. And surprisingly, it was her eczema diagnosis that provided the spark.

In 2019, Abby started her freshman year at Louisiana State University and had a job as a part-time server. While working at the restaurant, the “little red patches” that she initially thought were just allergies became more visible around her face, eyes and lips. Her eyes appeared so puffy and the patches so severe that her boss took her to the side and told her he can’t have her serving people looking so inflamed. “I was like...that’s kind of harsh! But I know he was coming from a good place, so I went home and my mom looked at me and said the same thing as my boss. She said, ‘Yeah Abs, it’s not looking normal.’ That’s when Abby decided to get her skin checked by a dermatologist. “As soon as my dermatologist saw my skin, he said, ‘Yup. You’ve got eczema.’”

“I felt gross in my own skin”

To help control inflammation, Abby’s doctor prescribed a corticosteroid topical cream. For two years, she applied the cream as per her doctor’s instructions. “It provided temporary relief for my eczema, but it didn’t clear my skin,” Abby recalls. And the worst part? Her skin was so itchy it kept her up all night! “I became an insomniac, and I did not feel comfortable. I couldn’t relax, and I felt so uneasy in my own skin. I thought, *I can’t do this.*”

It became more apparent to Abby that her treatment was no longer working when she competed in the Miss for America pageant as Miss Louisiana in Las Vegas last March 2021. Under the bright, hot lights, her eczema flared, and her skin was at its worst. “I had to tell my hair and makeup team, ‘I have terrible skin. Please bear with me and help me stay moisturized.’ They did a great job, but at the end of the day the makeup felt so gross on my skin! I had open wounds from my eczema, so taking off my makeup even with the gentlest micellar water felt like pouring acid over my face. It really stung!”

“I edited the eczema out of my photos”

“Whenever I got pictures taken, all I could see were my big, red eczema patches. And that took a toll on my confidence. I resorted to editing my photos to remove my patches before posting them on Instagram,” Abby admits. “I would post it and I was happy and content thinking I looked good. But deep down I knew I wasn’t really happy.”

Desperate to make a change, Abby, accompanied by her mom, Susan, saw her dermatologist to ask about other treatment options. “I told my doctor I couldn’t sleep or relax because of my itchy skin and that I was willing to try anything. So he told me about a biologic injection and even though I have a fear of needles, I said, ‘Yes! Let’s go! Give it to me!’”

But Susan urged Abby to put the brakes on the process and make a more informed decision. She made sure Abby understood the side effects, and



Regain *your* confidence, too!

Here, Abby shares what works best for her eczema. Ask your care team if her tips could work for you, too!

FIND YOUR INNER-STRENGTH.

“My mom, Susan, is always there for me. She goes to doctor’s appointments with me to make sure I weigh all the pros and cons, and she’s there for me with encouraging words like, ‘Look, you still got it. Doesn’t matter what you look like. You’re still going to go out there and crush it.’ And that means a lot to me! She’s also very thoughtful. Whenever she’s at the store, she would text me, *Do you think this lotion will work?* The thought of her wanting to help

gives me the boost I need whenever I’m feeling down.”

JOIN A SUPPORT GROUP.

“The Facebook eczema support group was where I learned more about the injectable biologic! It was the first place I saw stories from patients like me. There were people with different opinions about it, so I was able to form my own opinion once it was time for me to decide if I should give it a try or not!” Not on Facebook? You can also join a support group via the National Eczema

Association at nationaleczema.org.

SETTLE INTO A SLEEP ROUTINE.

“I have trouble sleeping, so I make sure I have a sleep routine. I like to take a cool shower at night so I can take off the day’s dirt. And I use an eczema-friendly soap that my mom found for me. For lotion, I use CeraVe on my body. If I have any little patches or flareups, I put a dab of whatever steroid I have. Then I put lavender essential oil in my diffuser and go to bed by 9 PM!”

after weighing the pros and cons, Susan ultimately supported Abby’s decision to go through with the new treatment.

Because of Abby’s needlephobia she opted to get her first shot at her dermatologist’s office. “The nurses were really encouraging! At first, I had to warn them that I might pass out. I was hesitant, but I pushed through it because I wanted to change,” she says.

“My skin and my mindset have come a long way”

After a couple of treatments, Abby knew she made the right decision. “After the initial shot, I didn’t really see much of a difference. But after the next two injections, I started seeing my hips, stomach and chest clearing! It’s almost like it started happening all at once,” Abby marvels. “I still get small patches but not like before. I don’t feel itchy at night anymore!”

And the best part? Abby started feeling more like herself again. Thanks to eczema, she finally found her story. “Earlier this year, I decided to make a six-second Instagram reel explaining my eczema story because I wanted everyone to know that nobody’s perfect. I decided to finally show my skin. This is my insecurity and yes, I used to Photoshop my eczema out of my pictures, but I’ve finally realized that I don’t have to pretend to be completely flawless all the time—that’s just unrealistic,” she says.

Her reel showcasing her vulnerability struck a chord and now has over 17 million views. “The biologic helped me in more ways than one. I went from Photoshopping my pictures to showing off my patches! I honestly don’t know if I would’ve been able to feel better emotionally if my skin didn’t clear up. Self-acceptance took a long time, but I’m finally being true to myself.” ●

How severe is your eczema?

Track your triggers and mark your flare-up spots with this tool. Take this sheet to your next appointment and share with your care team. This will help them create a treatment plan just for you.

1. Which areas of your body are affected?

Please indicate by circling or simply showing to your healthcare provider.

2. How bothered are you by symptoms?

Please rate how the following symptoms affect you on a scale from 1 (not very much) to 5 (always/almost always):

I can’t sleep well.	1	2	3	4	5
I have areas of dark skin .	1	2	3	4	5
I have areas of dry skin. . .	1	2	3	4	5
My skin is itchy	1	2	3	4	5
I have eczema flares.	1	2	3	4	5

3. Have you noticed any triggers?

Please write down any factors that seem to trigger a flare:

Activities: _____

Irritants: _____

Environments: _____

Temperatures: _____

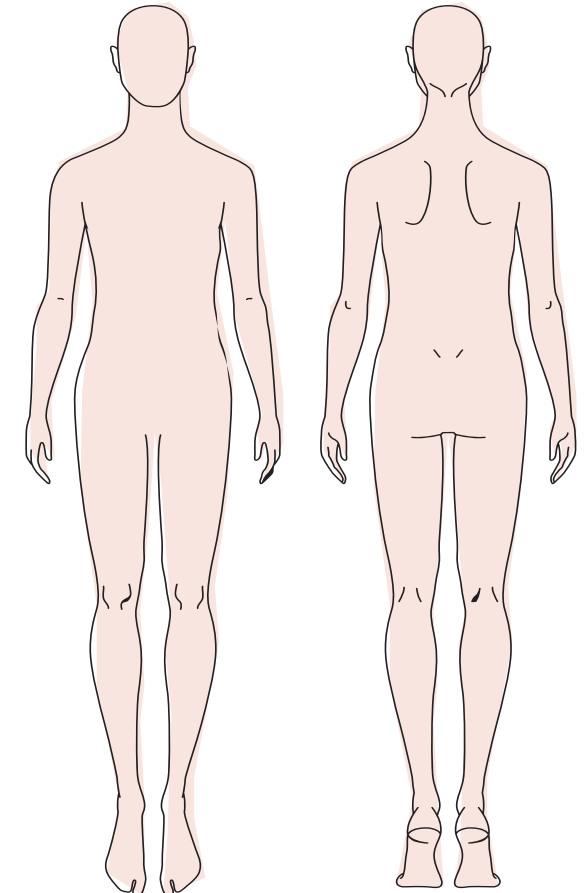
Infections and other illnesses: _____

Hormonal changes: _____

Emotions: _____

FRONT

BACK



Fill out and review with your healthcare provider during your exam.

GET AHEAD OF ECZEMA AND SHOW MORE SKIN

DUPIXENT is a biologic that specifically targets an underlying source of inflammation that can be a root cause of your uncontrolled moderate-to-severe eczema. By working inside your body, DUXIXENT can help you get ahead of your eczema. Learn more about biologics on the following pages of this ad.

Approved for ages 6 years and up.

DUPIXENT can help provide:

- ▶ Clearer skin
- ▶ Noticeably less itch

DUPIXENT is:

- ▶ Not an immunosuppressant
- ▶ Not a cream or steroid

ASK ABOUT DUXIXENT TODAY

DUPIXENT[®]
(dupilumab) Injection
200mg · 300mg



**HELP
HEAL
YOUR
SKIN
FROM
WITHIN™**

JOLIE, REAL PATIENT
Individual results may vary.

Today's a good day to find out if DUXIXENT, a biologic, could be right for you or your child.

INDICATION

DUPIXENT is a prescription medicine used to treat adults and children 6 years of age and older with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin (topical), or who cannot use topical therapies. DUXIXENT can be used with or without topical corticosteroids. It is not known if DUXIXENT is safe and effective

in children with atopic dermatitis under 6 years of age.

IMPORTANT SAFETY INFORMATION

Do not use if you are allergic to dupilumab or to any of the ingredients in DUXIXENT[®].

Before using DUXIXENT, tell your healthcare provider about all your medical conditions, including if you: have eye problems; have a parasitic (helminth) infection; are scheduled to receive any vaccinations. You should not receive a "live vaccine" right before and during treatment with

DUPIXENT; are pregnant or plan to become pregnant. It is not known whether DUXIXENT will harm your unborn baby. A pregnancy registry for women who take DUXIXENT during pregnancy collects information about the health of you and your baby. To enroll or get more information call 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupixent/>; are breastfeeding or plan to breastfeed. It is not known whether DUXIXENT passes into your breast milk.

Tell your healthcare provider

about all the medicines you take, including prescription and over-the-counter medicines, vitamins and herbal supplements.

Especially tell your healthcare provider if you are taking oral, topical or inhaled corticosteroid medicines or if you have atopic dermatitis and asthma and use an asthma medicine. **Do not** change or stop your corticosteroid medicine or other asthma medicine without talking to your healthcare provider. This may cause other symptoms that were controlled by the corticosteroid medicine or other

asthma medicine to come back.

DUPIXENT can cause serious side effects, including:

- **Allergic reactions. DUXIXENT can cause allergic reactions that can sometimes be severe.** Stop using DUXIXENT and tell your healthcare provider or get emergency help right away if you get any of the following signs or symptoms: breathing problems or wheezing, swelling of the face, lips, mouth, tongue, or throat, fainting, dizziness, feeling lightheaded, fast pulse, fever, hives, joint pain, general ill

feeling, itching, skin rash, swollen lymph nodes, nausea or vomiting, or cramps in your stomach-area.

- **Eye problems.** Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision, such as blurred vision. Your healthcare provider may send you to an ophthalmologist for an eye exam if needed.

Please see additional Important Safety Information and Brief Summary on the following pages.

HELP
HEAL
YOUR
SKIN
FROM
WITHIN™

TAKE YOUR SHOT AGAINST ECZEMA

When topical prescriptions are not enough and your moderate-to-severe eczema symptoms keep coming back, it's time to ask about DUPIXENT—a biologic approved for ages 6 years and up. It can help you get ahead of your eczema.



SEAN, REAL PATIENT
Individual results may vary.

DUPIXENT®
(dupilumab) Injection
200mg • 300mg

FREQUENTLY ASKED QUESTIONS ABOUT BIOLOGICS

WHAT EXACTLY IS A BIOLOGIC?

➤ Biologics are a type of medicine that's processed in the body differently than oral medication (pills). Most biologics are liquid and must be injected to be effective.

WHAT ARE BIOLOGICS USED FOR?

➤ Today, different biologics are used to treat many conditions you may be familiar with. DUPIXENT is used to treat uncontrolled moderate-to-severe eczema.

HOW DOES DUPIXENT, A BIOLOGIC, WORK?

➤ DUPIXENT specifically targets an underlying source of inflammation that can be a root cause of your eczema.

ARE BIOLOGICS IMMUNOSUPPRESSANTS?

➤ Some biologics can be immunosuppressants. DUPIXENT is not. It's also not a steroid.

HOW DO I KNOW IF DUPIXENT, A BIOLOGIC, IS RIGHT FOR ME OR MY CHILD?

It's all about the conversation with your eczema specialist. You're partners in health so ask about DUPIXENT today.

Today's a good day to find out if DUPIXENT, a biologic, could be right for you or your child.

IMPORTANT SAFETY INFORMATION (CONTINUED)
DUPIXENT can cause serious side effects, including: (continued)

- **Joint aches and pain.** Some people who use DUPIXENT have had

trouble walking or moving due to their joint symptoms, and in some cases needed to be hospitalized. Tell your healthcare provider about any new or worsening joint symptoms. Your healthcare provider may stop DUPIXENT if you develop joint symptoms.

The most common side effects in patients with atopic dermatitis include injection site reactions, eye

and eyelid inflammation, including redness, swelling, and itching, sometimes with blurred vision, and cold sores in your mouth or on your lips.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of DUPIXENT. Call your doctor for medical advice about side effects.

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. Use DUPIXENT exactly as prescribed by your healthcare provider. It's an injection given under the skin (subcutaneous injection). Your healthcare provider will decide if you or your caregiver can inject DUPIXENT. **Do not** try to prepare

and inject DUPIXENT until you or your caregiver have been trained by your healthcare provider. In children 12 years of age and older, it's recommended DUPIXENT be administered by or under supervision of an adult. In children under 12 years of age, DUPIXENT should be given by a caregiver.

Please see Brief Summary on next page.

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What is DUPIXENT?

- DUPIXENT is a prescription medicine used:
 - to treat adults and children 6 years of age and older with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin (topical), or who cannot use topical therapies. DUPIXENT can be used with or without topical corticosteroids.
- DUPIXENT works by blocking two proteins that contribute to a type of inflammation that plays a major role in atopic dermatitis.
- It is not known if DUPIXENT is safe and effective in children with atopic dermatitis under 6 years of age.

Who should not use DUPIXENT?
Do not use DUPIXENT if you are allergic to dupilumab or to any of the ingredients in DUPIXENT. See the end of this summary of information for a complete list of ingredients in DUPIXENT.

What should I tell my healthcare provider before using DUPIXENT? Before using DUPIXENT, tell your healthcare provider about all your medical conditions, including if you:

- have eye problems
- have a parasitic (helminth) infection
- are scheduled to receive any vaccinations. You should not receive a “live vaccine” right before and during treatment with DUPIXENT.
- are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby.
 - **Pregnancy Exposure Registry.** There is a pregnancy exposure registry for women who take DUPIXENT during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Your healthcare provider can enroll you in this registry. You may also enroll yourself or get more information about the registry by calling 1 877 311-8972 or going to <https://mothertobaby.org/ongoing-study/dupixent/>.
- are breastfeeding or plan to breastfeed. It is not known whether DUPIXENT passes into your breast milk.

Tell your healthcare provider about all of the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Especially tell your healthcare provider if you:

- are taking oral, topical, or inhaled corticosteroid medicines
- have atopic dermatitis and asthma and use an asthma medicine

Do not change or stop your corticosteroid medicine or other asthma medicine without talking to your healthcare provider. This may cause other symptoms that were controlled by the corticosteroid medicine or other asthma medicine to come back.

How should I use DUPIXENT?

- **See the detailed “Instructions for Use” that comes with DUPIXENT for information on how to prepare and inject DUPIXENT and how to properly store and throw away (dispose of) used DUPIXENT pre-filled syringes and pre-filled pens.**
- Use DUPIXENT exactly as prescribed by your healthcare provider.
- Your healthcare provider will tell you how much DUPIXENT to inject and how often to inject it.
- DUPIXENT comes as a single-dose pre-filled syringe with needle shield or as a pre-filled pen.
 - The DUPIXENT pre-filled pen is only for use in adults and children 12 years of age and older.
 - The DUPIXENT pre-filled syringe is for use in adults and children 6 years of age and older.
- DUPIXENT is given as an injection under the skin (subcutaneous injection).
- If your healthcare provider decides that you or a caregiver can give the injections of DUPIXENT, you or your caregiver should receive training on the right way to prepare and inject DUPIXENT. **Do not** try to inject DUPIXENT until you have been shown the right way by your healthcare provider. In children 12 years of age and older, it is recommended that DUPIXENT be given by or under supervision of an adult. In children younger than 12 years of age, DUPIXENT should be given by a caregiver.
- **If your dose schedule is every other week and you miss a dose of DUPIXENT:** Give the DUPIXENT injection within 7 days from the missed dose, then continue with your original schedule. If the missed dose is not given within

7 days, wait until the next scheduled dose to give your DUPIXENT injection.

- **If your dose schedule is every 4 weeks and you miss a dose of DUPIXENT:** Give the DUPIXENT injection within 7 days from the missed dose, then continue with your original schedule. If the missed dose is not given within 7 days, start a new every 4 week dose schedule from the time you remember to take your DUPIXENT injection.
- If you inject too much DUPIXENT (overdose), get medical help or contact a Poison Center expert right away at 1-800-222-1222.
- Your healthcare provider may prescribe other medicines to use with DUPIXENT. Use the other prescribed medicines exactly as your healthcare provider tells you to.

What are the possible side effects of DUPIXENT? DUPIXENT can cause serious side effects, including:

- **Allergic reactions. DUPIXENT can cause allergic reactions that can sometimes be severe.** Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following signs or symptoms: breathing problems or wheezing, swelling of the face, lips, mouth, tongue, or throat, fainting, dizziness, feeling lightheaded, fast pulse, fever, hives, joint pain, general ill feeling, itching, skin rash, swollen lymph nodes, nausea or vomiting, or cramps in your stomach-area.
- **Eye problems.** Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision, such as blurred vision. Your healthcare provider may send you to an ophthalmologist for an eye exam if needed.
- **Joint aches and pain.** Joint aches and pain can happen in people who use DUPIXENT. Some people have had trouble walking or moving due to their joint symptoms, and in some cases needed to be hospitalized. Tell your healthcare provider about any new or worsening joint symptoms. Your healthcare provider may stop DUPIXENT if you develop joint symptoms.

The most common side effects of DUPIXENT in patients with atopic dermatitis include: injection site reactions, eye and eyelid inflammation, including redness, swelling, and itching, sometimes with blurred vision, cold sores in your mouth or on your lips, and joint pain (arthralgia). The following additional side effects have been reported with DUPIXENT: facial rash or redness. Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all of the possible side effects of DUPIXENT. Call your doctor for medical advice about side effects. You may report side effects to FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

General information about the safe and effective use of DUPIXENT. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use DUPIXENT for a condition for which it was not prescribed. Do not give DUPIXENT to other people, even if they have the same symptoms that you have. It may harm them. This is a brief summary of the most important information about DUPIXENT for this use. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for more information about DUPIXENT that is written for healthcare professionals. For more information about DUPIXENT, go to www.DUPIXENT.com or call 1-844-DUPIXENT (1-844-387-4936)

What are the ingredients in DUPIXENT?
Active ingredient: dupilumab
Inactive ingredients: L-arginine hydrochloride, L-histidine, polysorbate 80, sodium acetate, sucrose, and water for injection

Manufactured by: Regeneron Pharmaceuticals, Inc., Tarrytown, NY 10591
 U.S. License # 1760; Marketed by sanofi-aventis U.S. LLC, (Bridgewater, NJ 08807) and Regeneron Pharmaceuticals, Inc. (Tarrytown, NY 10591)
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How eczema affects my day-to-day life

Fill out this questionnaire and take it with you to your exam. It will help your healthcare team understand how atopic dermatitis (the most common type of eczema) is affecting your daily routine, and if your treatment is as effective as it can be.

ECZEMA INTERFERES WITH MY ABILITY TO...	NOT AT ALL	A LITTLE	SOMEWHAT	A LOT	ALWAYS
Work					
Exercise and do other physical activities					
Get a good night’s sleep (including trouble falling asleep and staying asleep)					
Concentrate throughout the day because I’m tired or itching					
Engage in relationships with family and friends					
Eat properly					
Go out in public without feeling embarrassed					
Pick out and wear the clothing I like					
Use certain makeup					
Meet new people					
Be in a good mood/feel calm and confident					
Be myself around others					
Have a healthy sex life					

DO THESE STATEMENTS APPLY TO YOU?	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
I feel sad or blue.					
I feel nervous, edgy or anxious.					
I feel like everyone is looking at me.					
I say no to activities because I never know if I’ll have visible patches.					



Help me stop scratching! I try my best to ignore my itchy skin, but sometimes I can't help but scratch my skin raw. Will it cause an infection? What can I do to stop myself?

Q
A

Answers to your questions about eczema

A: Yes, you can get an infection by scratching your rash since you probably have bacteria under your fingernails that could cause skin infections. Instead, be prepared by always having an ice pack on hand in the freezer. Then, when severe itching comes on, apply the frozen pack to the spot to "cool it off." You can also use your medication or apply a moisturizer to itchy spots.

TIME FOR A NEW TREATMENT?

Q: I've been using the same topical cream since I was a kid, and it calmed my eczema for a while. Now, I've noticed that my flares have become

harder to control. Will I have to switch to a new treatment?

A: As we age, the immune system tends to get "activated" more easily, so life-long skin conditions can become worse and are harder to "bounce back" from. Another factor: Some people develop an allergy to the medications used to treat their eczema, something we're finding to be more common than we thought. Talk to your dermatologist about these issues and also ask them to look into whether you could have both atopic dermatitis and contact dermatitis, which could require a different treatment approach.

Finally, low vitamin D levels and skin infections with Staphylococcus can cause eczema treatments to be less effective. But whatever the cause, don't give up! Today's treatments can relieve even severe eczema. Talk with your dermatologist about treatments that will reduce the flares.

BOTHERED BY WHITE PATCHES

Q: When the eczema on my face disappears, it leaves a lighter patch of skin behind. Is there any way to prevent that?

A: Especially in persons with darker or olive complexion, mild eczema on the cheeks can appear as white spots. On the body, when a spot of eczema clears, the pigment may take a while (even months!) to fill back in. This is not a scar, and eventually it will blend back in with the surrounding skin, barring another eczema outbreak in the same area. ●

Our expert:

Timothy Berger, MD, Professor of Clinical Dermatology, School of Medicine, University of California, San Francisco



Keep him safe in your home. Dispose of unused opioids.

Keep your family safe.

- ✔ Don't share opioid pain medicines with others.
- ✔ Store opioids out of sight and out of reach of children or teens.
- ✔ Dispose of unused opioids safely when there is no longer a medical need for them.

www.FDA.gov/DrugDisposal



Remove the RISK



“We’re happy and healthy—inside and out!”

Finding the right treatment often takes trial and error, as Jeff and Brittany know all too well. Here, they share the strategies that have helped calm their itch and keep their skin clear. Ask your healthcare team if their tips can help you, too! —BY KATHLEEN ENGEL AND JOANA MANGUNE

“Find what works best for your skin”

JEFF TEN BROECK
INSTAGRAM
@JEFF10BROECK

Bathe, then follow your skincare routine.

“My skin is at its best when it’s cleaned and moisturized,” says Jeff Ten Broeck of Detroit. The 30-year-old CEO of JIO Marketing says he was diagnosed with eczema at eight months old and recalls that, while growing up, “Taking a bath felt like torture to me because it burned and hurt to submerge my body in water. But when I did, I felt that my skin was in better condition after cleaning up the dirt and allergens on my body. While my eczema never disappeared, a bathing-moisturizing regimen made

it more tolerable.” Today, Jeff finds relief in an AM/PM shower routine.

Moisturize regularly.

“Bathing and moisturizing go hand-in-hand for me,” says Jeff. “Keeping my skin hydrated helps it heal and stay healthy. It also curbs the embarrassment that can come from constantly shedding skin.” For Jeff, creams work better than lotions at staving off dryness. “Anytime I go out for an extended period of time, I always take a backpack with my cream in it. I look for products that have the National Eczema Association stamp of approval. I’m a big fan of CeraVe!” For severe eczema patches, he uses an ointment. “Usually, I save that for when I’m home for the evening or when I’m going to bed.”

Keep track of your triggers.

“I’m mindful of my allergens,” says Jeff. “Some people keep a notebook of their flares and what they were doing or eating so they can figure out their eczema triggers. I keep a mental log.” He recalls what happened when he moved home after college and into a basement room. “My eczema flared and my face kept breaking out. I figured it was my parents’ cats—I’m allergic to them.” But he identified

his actual trigger with an experiment: “I tried sleeping upstairs and my skin got clear. I realized it was the dust in the basement causing my flares. Being mindful can make your life better in the long run.”

Open up to your doctor.

“Talking about your eczema can be uncomfortable,” says Jeff. “But by being honest with your dermatologist, you can come up with a treatment plan that works best for you.” There are more treatment options now than when he was a child, he points out. And when he switched his care to a new dermatologist who was open to the therapy he proposed, he switched his treatment plan, too. “That was life-changing!” ▶

Lotions with the National Eczema Association Seal of Acceptance

- Vanicream Moisturizing Lotion
- Cortizone 10 Intensive Healing Eczema Lotion
- Curel Itch Defense Lotion
- CeraVe Moisturizing Lotion

For other recommendations, search their directory at: nationaleczema.org/eczema-products



“Take a holistic approach!”

BRITTANY STEPHENS
INSTAGRAM
@BRITT.ANYSTEPHENS

Seek a second opinion.

“Sometimes not everything is a right fit, so looking holistically can help get a better sense of why our skin is reacting. Don’t be afraid to seek a second opinion, ask about the medications you are using and understand how long you should be using them for. I’ve learned

that often medicated creams should not be used more than two weeks. If things are getting worse, notice if it is a reaction to the medication.”

Show your skin some love.

“Sometimes eczema isn’t always visible, but that doesn’t mean it isn’t impacting someone’s day-to-day life. I had the honor of doing a photoshoot when my eczema was pretty bad, it was a moment for myself to have compassion and show loving kindness to my own body for what it has gone through.”

Educate others with kindness.

“I have been very fortunate that no one has ever pointed out my skin directly to my face. I have always been more than happy to share what I am going through and I find that people can empathize with that. Educating and being kind to others leads to more aware-

ness and compassion of others with skin conditions. I think that is one of the key contributions I can make as someone who has eczema and knows others have struggled with difficult conversations with loved ones, at work and from strangers.”

Cool down the itch.

“For me personally, depending on the itch level, ice packs/cold packs calm my itch down. Tubular bandages are also great for nighttime itching or finding cooling fabrics like Tencel to keep my skin cool.”

Let your skin rest.

“I came off topical steroids when my body was the most inflamed. I had to take time off work and couldn’t socialize or move with comfort. I knew I needed to come off the steroid creams for my skin to heal naturally, and it did after a year. A lot has to do with resiliency and knowing when to rest and when to socialize. Having a support group can be incredibly helpful in some of the worst flares. Talking with people who understand what you are going through can be validating and comforting.” ●

Health m Monitor

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Photo by Shawn Moreton Photography

Get the most out of your workout!

Think exercise is out of the question if you have eczema? Not so! Although sweat and heat can trigger symptoms in some, there are strategies for keeping flares at bay so you can stay comfortable and get in a great workout. **Ask your healthcare provider if these tips will work for you!**

1.

BEFORE EXERCISE

- Drink 8 oz. of water 30 minutes before working out to stay well hydrated
- Toss on shorts and a T-shirt in breathable, loose fabrics like bamboo, linen or cotton
- Take an antihistamine at least 30 minutes before exercise
- Apply anti-chafing balm on skin not covered by fabric



2.

DURING EXERCISE

- Blot off excess sweat with a clean towel
- Mist face and body with a water spray bottle to wash away irritants
- Take regular breaks to cool off and rehydrate
- Mix in low-impact activities like walking to dial back intensity



3.

AFTER EXERCISE

- Wipe down with a cleansing towelette to remove sweat and soothe skin
- Take a short, lukewarm shower and use unscented, soothing bath products
- Pat down—don’t rub—skin with a soft towel
- Moisturize body with eczema-friendly creams or lotions



Yes, you can swim with eczema! Just be sure to apply moisturizing skin cream before you hit the pool to act as a barrier against chlorine and other irritants. Then follow the tips above!

Health Monitor Living

Questions to ask at today's exam



Scan this QR code for a free digital copy or home delivery

Do I have eczema?
What type do I have?
How do you know?



Do I need any further testing?



What can I do to relieve the itching or be more comfortable during a flare?



Are there any lifestyle strategies that could help me?



How well is my current treatment working?
Do you think I could get better results from a different treatment?



How severe is my eczema?



What treatment do you recommend and why?



How can I figure out my triggers?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.