

Learn about
the latest
treatment options

P. 7

Conquer these
5 common
eczema triggers

P. 22

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**“Now I can
say ‘yes’ to
everything
I love!”**

Eczema

For years, Sadie Cooper managed her eczema in ways that brought only short-term relief. Just when she was about to give up hope, she discovered her path to long-lasting clear and pain-free skin.

Health Monitor Living **Eczema**



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“Now I can say ‘yes’ to everything I love!”

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NAJ24

Cover photo by Laurelle Kamara



Find *your* path to clearer, healthier skin!

With the right treatment, eczema won’t hold you back from the things you love!



Allie C. doesn’t remember life before eczema. “Ever since grammar school I always seemed to have spots crop up on my elbows and knees,” says the 32-year-old sales associate.

Her pediatrician diagnosed the patches as atopic dermatitis—the most common form of eczema—and prescribed a topical cream that Allie admits she used “occasionally at best.”

It wasn’t until college that things took a turn for the worse, after Allie contracted a case of mononucleosis.

“As if the infection wasn’t bad enough, it seemed like as soon as I was getting over that, the eczema just started going crazy. First it spread down my shins, then across my torso and back, up my neck and I even had patches on my face!”

Allie made an appointment with a dermatologist, who suggested they tackle it from multiple angles and prescribed phototherapy, an oral steroid, and a new topical to help with the worst patches, which were so itchy and painful they were impacting Allie’s sleep and ability to focus at school.

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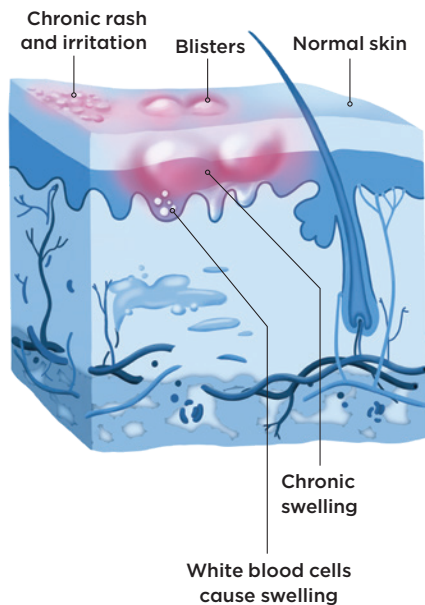


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ATOPIC DERMATITIS (AD)



To Allie's relief, the new treatments seemed to do the trick—and kept working for years, in fact, until after she gave birth to her son, Jo.

"It felt exactly like a repeat of what happened to me in college, only this time the old treatments weren't impacting it at all—and it didn't help that I was already stressed and exhausted dealing with a newborn."

Allie's doctor then suggested she try a biologic, which helps treat atopic dermatitis by normalizing elevated levels of a cytokine, IL-4, that causes inflammation.

Allie immediately agreed, and within just a few weeks, her patches finally began clearing up. And after several months, she's amazed to say they are

gone and staying that way.

"Hopefully, this is the treatment that will help me take control of this condition long-term—I look good, I feel good and I can't ask for much more than that!"

If atopic dermatitis is taking over *your* life, it may be time to rethink your treatment. Take inspiration from Allie, and use the information in this guide to start a conversation with your dermatologist.

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 Cal-

ifornia, 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).

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 women than men 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, although it can play a role in some people."

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 better 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; and mention 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. For example, does it interfere with sleep? Finally, how well is your current treatment controlling your AD? Your doctor will take all these factors into account." ●

IDENTIFYING ECZEMA IN PATIENTS OF COLOR

"Skin color and ethnicity are important in the cause, severity and appearance of eczema," says Timothy Berger, MD. "Black children are between 1.5 and 3 times more likely to develop eczema. In addition, a higher percentage of Black children have severe eczema." Below, Dr. Berger explains how eczema appears on...

BLACK PERSONS

Skin lesions can appear on dark skin as brown, purple or gray. "Lesions tend to become thicker and form nodules around the outsides of their arms," says Dr. Berger.

ASIAN PERSONS

Skin lesions tend to present as small red or purple bumps, which may be around a hair follicle. "In Asian patients, lesions can also appear as a mix of eczema and psoriasis with thick plaques with significant scale," notes Dr. Berger.

HISPANIC PERSONS

"Hispanic patients can be very fair to very darkly complected," says Dr. Berger. This means skin lesions can either appear as small red or purple bumps, or brown, purple or gray patches.

"In general, it is harder to see 'redness' on darker skin. For that reason, healthcare providers tend to underestimate the severity of eczema in skin of color," says Dr. Berger. "Better understanding of these differences may lead to more personalized treatment of eczema in patients of different backgrounds, so be sure to show your healthcare provider new and old eczema spots, and the skin changes that occur once the skin lesions resolve."



YOU & YOUR CARE TEAM

Your eczema healthcare team

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

Primary care provider (PCP):

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

Dermatologist:

They will be the main person treating your eczema.

Dermatology nurse:

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

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

These healthcare professionals can help manage your eczema 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 eczema.

THE BASICS

What's the best regimen for *your* skin?

Learn more about the treatment options that can help tame your eczema.

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, fill out the tool on p. 17 and review with your doctor. Then 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 can lock in moisture and help prevent flares.

Continued on next page ►





The percentage of adults with atopic dermatitis who report inadequate disease control, according to the National Eczema Association (nationaleczema.org).

NOTE: It's important to help your doctor understand how much AD is affecting your life, so fill out the tool on p. 17 and review with them.

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, pimecrolimus cream or ruxolitinib 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. Other creams, such as tapinarof and roflumilast, have shown great promise for eczema in clinical trials.

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 corticosteroids. These drugs (prednisone, prednisolone) help slow down your immune system and ease swelling and itchiness. "They are highly effective, and consequently are used for rapid short term relief. Recent guidelines, however, discourage long term use of systemic corticosteroids for eczema," says Mark Lebwohl, MD.

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.

JAK inhibitors. These drugs (abrocitinib, upadacitinib) block signals in the body that cause inflammation. "These are pills that are taken once daily," says Dr. Lebwohl.

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 long, hot baths and showers, using gentle soap substitutes, 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. 18 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 less

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.

"Now I can say 'yes' to everything I love!"

For years, Sadie Cooper managed her eczema in ways that brought only short-term relief. Just when she was about to give up hope, she discovered her path to long-lasting clear and pain-free skin.

—BY JOANA MANGUNE



A Christmas trip to Dublin with live music and dancing. Rugby League Magic Weekend with a group of friends. Date night in a pub and a few rounds of “very competitive mini golf.” These days, 26-year-old Sadie Cooper is saying yes to everything she used to say no to. “There were so many occasions I previously refused or was too self-conscious to attend,” the phys ed teacher from the United Kingdom recalls. “But since finding a working treatment for my eczema, I’m doing everything I’ve dreamed of without worrying about my skin.”

“My eczema was controlled, but...”

Like most people suffering from eczema, Sadie received her diagnosis at an early age. “I have had eczema in random patches across my body ever since I can remember, but it started to get worse when I turned 13—as if puberty weren’t bad enough,” she recalls. “My face was suddenly covered in patches, and I would actually bleed from scratching.” On top of the itch, Sadie was unable to exercise because sweat aggravated her skin.

To help control the condition, Sadie used hydrocortisone, a steroid cream that her dermatolo-

gist prescribed. “Through sixth form [the two final years of secondary school in Britain] and university, I had patches on my back, inner elbows and behind my knees. They didn’t get any worse, but they also never fully went away no matter how much steroid cream I used,” she says.

“I was willing to try anything”

Determined to find relief, Sadie also tried controversial approaches like “no-moisture therapy,” which is when people who have used topical steroids for an extended period stop using them cold-turkey, as well as stop

using any kind of moisturizer and take fewer showers in an effort to “reset” their skin. It’s a method that hasn’t been well-studied and isn’t recommended without the close guidance of a medical professional.

“I was curious if it would work for me, but it was so painful on my cracking skin that I had to give that up,” Sadie recalls.

She also looked into her nutrition and tried a “gut cleanse,” including gluten-free and dairy-free diets. “I read that I could ‘replenish my gut biome’ that way, and that that might stop the inflammation triggering the eczema, but that didn’t help either,” she says.

Finally, Sadie was prescribed immunosuppressants, which worked great...for about five months, followed by a major flare in January 2022 that resulted in her spending a week in the hospital pumped full of steroids and covered head-to-toe in steroid creams.

“It can only go up from here”

At that point, 96% of Sadie’s body was covered in patches. “It spread from my elbows up to my arms, across my shoulders and my back. The only place that was clear was the palm of my hands.”

Sadie spent four weeks not leaving the house because she was unable to walk. “I couldn’t eat anything but soft foods as my mouth was even affected,” she says. “I thought this would be me for life—bedridden and in pain.”

But Sadie wasn’t ready to give

up her dreams of living a full life, so she decided to get another opinion from another doctor.

“I found hope again when I met a new dermatologist who told me about a new treatment,” she says. “It was a biologic injection, and he explained how it could help my severe eczema, and that I was a good candidate since I’d already been on so many other treatments that had failed.”

Sadie received her first injection in April 2022. “From the first dose, I have not looked back since. The nurse who gave me that injection was so supportive and encouraging. She made me feel like, ‘Hey, it can only go up from here!’”

“I got my confidence back!”

And the results proved her right. Sadie felt the itching stop shortly after her first dose, and within three months, the redness went away. “After six months, I would say I have ‘normal skin.’ I still suffer with small patches on my inner elbow and behind my neck, but apart from that, this treatment has been life changing for someone so active like myself!”

These days, Sadie feels confident and comfortable, and is more active than ever. She spends her days enjoying the sunshine with her friends, whether it’s watching sports or trying out new pubs. “I don’t take anything for granted—I’m keeping the promise I made to myself when I was in the hospital and saying yes to everything I love now,” she says. ●

“This new treatment has been life changing for someone so active like myself!”



Photo by Laurelle Kamara

SADIE’S SKIN-SOOTHING STRATEGIES

Here, Sadie shares how she manages her flare-ups and itchy moments.

DEFINE YOUR NON-NEGOTIABLES

“Stress and illness make my skin flare. That’s why I try to know my limits and when to say no. I always have in my mind that I never want to end back up in hospital. If it’s between someone being annoyed because I said no and me being incapacitated again, I will take the annoyed person. My health is more important, so if they don’t understand, that’s their stress not mine!”

CREATE A NIGHTTIME ROUTINE

“First, I always try to keep cool whether it’s having icepacks or cool sheets. I sleep in cotton clothing only because it doesn’t stick to open patches. If I’m experiencing dry skin, I also use a wet wrap where I slather myself in a thick layer of moisturizer and then cover it in bandages to ensure it doesn’t come off. This also prevents me from scratching in my sleep. Finally, applying zinc oxide cream is my go-to for any open weeping skin. I find that it dries it up very quickly, enabling me to sleep without weeping onto my bed sheets.”

CALM ITCHY SKIN WITH A COOLING ROLLER

“I bought a Cosi Care Scratch Attack Roller, which is amazing! It’s a steel ball you keep in the fridge and roll across any itching skin. It instantly cools and soothes the area.”

CONNECT WITH OTHERS

“My eczema made me start my Instagram to support others across the world. My Instagram page, [@topical_steroid_withdrawal](#) reaches so many patients like me who are at a stage like I was when I lost hope. That’s why I aim to be the person to show them they can get better. I often post pictures of my worst compared to me now and the reception has been amazing. It makes me keep going knowing I am supporting people. I am visual proof you can heal!”

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

FDA-approved for ages 6 months and up
with uncontrolled moderate-to-severe eczema

CAMERON
AGE 2
ACTUAL PATIENT
Individual results may vary

SHOW OFF CLEARER SKIN AND LESS ITCH

DUPIXENT helps block a key source of inflammation inside the body that can cause eczema, so it can help heal your child's skin from within.

DUPIXENT is not an immunosuppressant, a cream, or a steroid.

HELP
HEAL
YOUR
SKIN
FROM
WITHIN[™]

DUPIXENT IS THE #1 PRESCRIBED BIOLOGIC
FOR ECZEMA BY DERMATOLOGISTS AND ALLERGISTS

ASK YOUR CHILD'S ECZEMA SPECIALIST ABOUT DUPIXENT TODAY

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

INDICATION

DUPIXENT is a prescription medicine used to treat adults and children 6 months of age and older with moderate-to-severe eczema (atopic dermatitis or AD) 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. It is not known if DUPIXENT is safe and effective

in children with atopic dermatitis under 6 months of age.

IMPORTANT SAFETY INFORMATION

Do not use if you are allergic to dupilumab or to any of the ingredients in 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. A pregnancy registry for women who take DUPIXENT 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 DUPIXENT 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.** 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.

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

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 months and up. It can help you get ahead of your eczema.

HELP
HEAL
YOUR
SKIN
FROM
WITHIN™

ANTHONY
ACTUAL PATIENT
Individual results
may vary

FREQUENTLY ASKED QUESTIONS ABOUT BIOLOGICS

WHAT EXACTLY IS A BIOLOGIC AND WHAT ARE THEY USED FOR?

- Biologics are medicines that target a part of the immune system involved in a disease. They are designed differently than oral medications (pills). Most biologics are liquid and must be injected to be effective.
- Biologics are used to treat many chronic inflammatory conditions, including 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?

- While some biologics are immunosuppressants, **DUPIXENT is NOT** an immunosuppressant.

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.

DUPIXENT 
(dupilumab) Injection
200mg · 300mg

Today's a good day to find out if DUPIXENT 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 eczema 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 high count of a certain white blood cell (eosinophilia).

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 6 months to less than 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 months of age and older with moderate-to-severe eczema (atopic dermatitis or AD) 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 months 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 2 years of age and older.
 - The DUPIXENT pre-filled syringe is for use in adults and children 6 months 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 6 months to less 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 eczema

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 high count of a certain white blood cell (eosinophilia).

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.

How should I store DUPIXENT?

- Store DUPIXENT in the refrigerator at 36°F to 46°F (2°C to 8°C).
- Store DUPIXENT in the original carton to protect from light.
- DUPIXENT can be stored at room temperature up to 77°F (25°C) up to 14 days. Throw away (dispose of) any DUPIXENT that has been left at room temperature for longer than 14 days.
- **Do not** heat or put DUPIXENT into direct sunlight.
- **Do not** freeze. **Do not** shake.

Keep DUPIXENT and all medicines out of the reach of children.

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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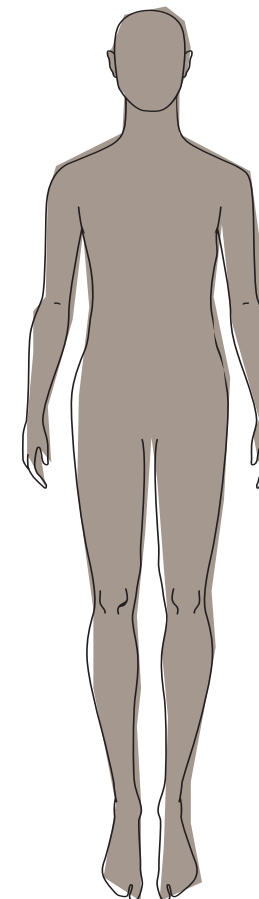
HOW SEVERE IS YOUR ECZEMA?

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.

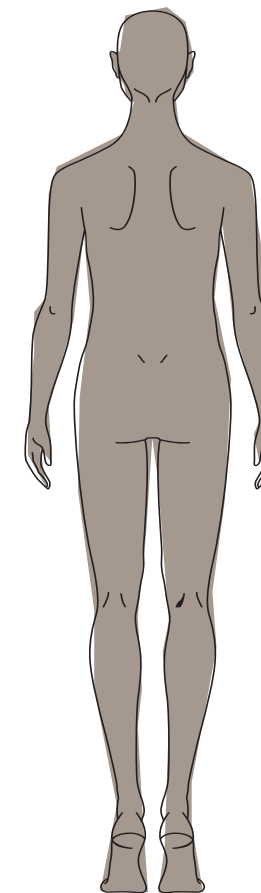
1. Which areas of your body are affected?

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

FRONT



BACK



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: _____



“We’re feeling— *and looking—* better than ever!”

From walking away stress to protecting the scalp, Dana and Turquoise share the strategies that have helped them boost their confidence and break the itch-scratch cycle. —BY JOANA MANGUNE

“Pamper your mind and body”

DANA SELLERS, 41
HARLEM, NY

Connect with a dermatologist who gets you.

“Eczema can look different in melanin-rich skin, so I think it’s important to do a lot of research when you’re looking for a dermatologist. To me, they don’t necessarily have to be a person of color, but it’s important that they’re knowledgeable and have experience in treating skin issues in people of color. I was lucky enough to participate in a dermatology panel back in 2019 where I met Dr. Michelle Henry, a Black female dermatologist. I was so impressed by her talk about really taking care of your skin and why it’s important to get screenings so you can stay on top of your skin health. I scheduled an appointment with her, and we really hit it off. Having that relationship is so important. You have so many questions you can Google by yourself and the information you get isn’t always accurate. Being able to ask someone who is thoughtful is necessary for you to make informed decisions.

“Another amazing dermatologist I met was Dr. Evan Rieder, MD, who also happens to be a psychiatrist. He helped

me learn about the link between eczema and mental health—basically if you’re stressed or anxious, you’re more at risk for a flare. When I meet with him we don’t just discuss my skin, he also asks, ‘How are you doing? What’s your mindset?’ He emphasizes my whole well-being, not just my eczema.”

Walk down stress.

“Since stress does trigger my eczema flare-ups, I’ve learned to manage it as best as I can. I live in Harlem, so my favorite thing to do is to go on walks by the West Side Highway with a girlfriend. We’re walking, talking, drinking water and people watching. It’s healthy, it helps quiet my stress and I get to catch up with my friend!”

Exfoliate your scalp.

“Hair is important to a lot of Black women, and that includes me. I make sure I exfoliate my scalp once a week so I don’t have to worry about buildup around my hair follicles, which can lead to inflammation and scalp eczema. I like to use Briogeo Exfoliating Scalp Scrub

shampoo because it’s gentle and not abrasive. Then I moisturize with the Briogeo Avocado mask.”

Turn on the humidifier!

“I live in an older New York apartment. Our heat is controlled by the building so once the temperature drops, my apartment gets so hot and dry—it’s a running joke among New Yorkers that we’re hotter in winter than summer! So even though it’s cold outside, I use a cool mist rather than warm mist humidifier, and I make sure I set it up before I go to bed, so it helps me sleep better.”

Find breathable fabrics.

“During cold weather season, I love wearing cashmere and merino wool because they’re lightweight and don’t cause friction against my skin. In warmer months, I switch to cotton.”

Share your story.

“My family and friends don’t deal with eczema, but they have supported and encouraged me to share my story and reach out to others through social media. So I started sharing my eczema journey on Instagram (@beautyincolor_official) and it’s cool because I’ve met

other people who were going through the same things, and we started sharing tips with each other. I love being able to help people make informed decisions. From there, I started writing more on my blog, *beautyincolor.com*, a website dedicated to skincare, beauty and wellness for sensitive skin and eczema. Now that I have a clearer understanding, I’m responding to questions about my skin with honesty and openness. I’m keen on helping raise awareness—many people have this skin condition, so I’m all about educating.”

Continued on next page ▶



Photo by Lens of Her



Photo by RoGina Montgomery Photography

“Do what’s best for your skin”

TURQUOISE PEART, 33
ILLINOIS

Get to the root of the problem.

“My eczema started out on my scalp—it was so itchy, and I scratched so much, that I lost a lot of my hair. Being a person of color, I have a drier scalp. When my eczema was at its worst, parts of my scalp turned gray around my hairline, which was very noticeable. My confidence took a hit. I didn’t know what to do until I finally connected with Afsa Akshar, MD, from the Cleveland Clinic and she officially diagnosed me with eczema. Together, we figured out my triggers, and she prescribed me ketoconazole shampoo for my scalp. Having that diagnosis and a product to help heal it made a huge difference.”

Protect your scalp.

“My dad is Jamaican, and my mom is Trinidadian, so my hair falls into the category of ‘kinky’ which means I have to straighten or relax it to a more manageable hair texture. My mom owned her own hair salon, so she tried everything to help me get my hair back on track. The problem was, whenever I would use relaxers, it burned horribly because of the irritation from the eczema patches. Eventually we learned to apply petroleum jelly on the edge of my hairline, my ears and scalp to form a protective barrier on my skin—that helped a lot and it stopped the burning.”

Get involved in a community.

“The National Eczema Association [NEA] has support groups and a great community. When my scalp felt like it was on fire, I was so grateful to see and hear other people’s stories through that group. Being a part of the NEA community gave me the hope I needed. As a way of giving back, I’m now a part of their advocacy and research team, which works directly with senators and different legislative officials in Capitol Hill to help pass legislation, funding and aids for people with eczema. In a way, this condition really helped me find my purpose.”

Scan labels for additives.

“I’ve learned that certain preservatives in food can be a trigger for me, so now

I make all my own meals. If it’s in a can or a bag that has a shelf-life that could outlive me, I stay away from it. I also say no to anything that has additives and dyes. My diet is now more plant-based and whole.”

Let people know about your needs.

“When I travel, I prioritize my skin needs and let my requests be known ahead of time. I stayed with my best friend in her apartment in Madrid over the summer, and she was very understanding and accommodating. I asked her if she can clean the sheets with unscented detergent and if she had any fans to help keep my skin cool. When it was time to turn in for the night, I put on my long sleeves and long pants just as an extra precaution. I’d rather look a little funny than risk an eczema flare. I just tell people that’s what I have to do and most of the time they understand.”

“When my scalp felt like it was on fire, I was so grateful to hear other people’s stories through my support group.”

Health Monitor

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The **top 5** eczema triggers

—and what to do about them



1. The weather

While scientists are still unsure why some people develop eczema and others don't, they have been able to pinpoint a few common triggers. Take a look at the culprits here and see if you can connect them to your flares (see the sidebar for help). Figuring out what's behind your itchy outbreaks can help you avoid them in the future.

—BY RIKKI ECCLES

Extreme temperatures can affect your eczema. In the winter, wind, cold air and low humidity can dry out your skin. What you can do:

- Make sure your home maintains humidity between 30% and 50%.
- Avoid cranking up the heat—the American Osteopathic College of Dermatology recommends keeping your thermostat between 68 to 75 degrees F.
- Stick to short (no more than 10-minute), once-a-day showers, and aim for a warm to lukewarm temperature.

In the summer, sweat can be a culprit—after it evaporates, it leaves a salty residue that dries and irritates skin. What you can do:

- Save outdoor activities for a cooler part of the day—before 10 AM and after 4 PM.
- Wear loose, soft layers of breathable fabrics, such as cotton or bamboo.
- Drink plenty of water.
- Use a towel to pat yourself dry immediately after working out.
- Keep lotions in the fridge.



2. Stress

When you're anxious, on edge or out of sorts, your body releases stress hormones like cortisol. Trouble is, cortisol tamps down the immune system and amps up inflammation throughout the body, including the skin, which can lead to a flare. Unfortunately, it also sets a vicious cycle in motion, since eczema outbreaks themselves cause stress. Not surprisingly, in a 2020 study by the National Eczema Society, people said stress was their biggest eczema trigger! If you're experiencing chronic stress, give some of these ideas a try:

- Meditate, practice yoga or do deep-breathing exercises.
- Sign up for a biofeedback session to learn when you are feeling stressed.
- Go for a walk.
- Write down worries, then let them go for the day.
- Listen to soothing music.
- Get plenty of sleep.
- Talk to a close friend or loved one.



3. Skincare products

Soaps, detergents and other skincare products may contain moisture-sapping ingredients that irritate skin. Play it safe by opting for fragrance-free products, and check labels before buying. If they contain any of the below ingredients, leave them on the shelf:

- Propylene glycol
- Sodium lauryl sulfate
- Sodium laureth sulfate
- Alcohols such as methanol, ethanol and isopropyl
- Fragrance or parfum—sometimes labeled as essential oils and/or benzyl alcohol



4. Fabrics

Some materials, like silk, trap heat near the skin, causing inflammation, while others, like wool, nylon and polyester blends, scratch and irritate. Cotton, bamboo and other natural fibers are best—look for soft, fine weaves and also...

- Skip overly tight or constricting clothing, or ones with irritating seams.
- Cut out tags.
- Wash new clothing before wearing in fragrance-free detergents to get rid of dyes, chemicals and factory dust. (And skip the fabric softeners and drying sheets.)



5. Allergens

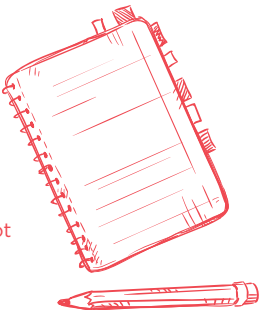
Anything from pet dander and certain foods to dust and mold can trigger a flare in certain people. What you can do:

- Ask your doctor for a patch test to look for common allergies.
- Clean your home and office space frequently with hypoallergenic products (look for the NEA Seal of Acceptance™ label).
- Use dust mite covers on sheets and pillows.
- Bathe pets regularly.
- Vacuum with HEPA filter minimum every week.
- Keep a food journal (see below for more info) ●

ID your culprits with a flare journal

No two cases of eczema are alike, and what triggers one person may not bother you. If you can't figure out which factors are behind your flares, try keeping a flare journal to look for patterns. Whenever you have an outbreak, write down:

- The date the flare started
- Where on your body it is located
- How severe it is, from 1-10 (with 10 being the most severe)
- What you wore that day
- What the weather was like
- What skincare products and cosmetics you used in the past 24 hours
- How stressed you felt, from 1-10 (with 10 being the most stressed)
- What your mood was like (happy, sad, content, anxious)
- What you ate and drank in the past 24 hours
- The date of your last period, if applicable
- Whether or not you worked out or sweat excessively
- Whether or not you were sick and/or were fighting an infection
- If you traveled anywhere new recently



Health Monitor Living

Questions to ask at today's exam



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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.