

Explore
your treatment
options

P. 7

Simple steps to
calm your skin—
no matter
the weather!

P. 22

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Living



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“I have a
renewed
zest for
life!”

Eczema

When her eczema went from mild to severe, Amanda Campbell retreated from her active outdoor lifestyle. But with the support of her National Eczema Association community, her immunologist and a biologic treatment, she's back to hiking the mountains she loves!

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SPECIAL THANKS TO OUR MEDICAL REVIEWER



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NUJ25

Cover photo by Jeff Nelson

THE BASICS



Confidence starts here!

The right eczema treatment can recharge your healing journey!



Having an eczema diagnosis can sometimes feel like navigating a never-ending cycle of flare-ups, itching and sleepless nights. And at times it can be a bit of a balancing act—avoiding triggers while managing symptoms and making sure you’re keeping your skin mois-

turized. But despite the frustrations, there *are* ways to soothe your skin, find relief and get back to feeling good again.

Look to Amanda Campbell’s story on p. 14. A goat herder and avid backpacker, Amanda struggled with eczema at a young age. “I was totally overwhelmed by the state of my condition,” she says. Yet she never gave up and continued to seek different ways to care for her skin. Amanda tried everything—from us-

ing steroid creams to changing her diet and trying acupuncture treatments—but nothing seemed to give her long-term relief. “I was having such a rough time accepting this as my new reality,” Amanda admits.

But thanks to the support of her National Eczema Association community, Amanda got the encouragement and information she needed to feel comfortable trying a new biologic treatment that her allergist recommended. “My doctor explained it might not work immediately, but honestly it was super effective within the first few days!” she shares.

Or look to Jerry Rechtman and Krystal Wolf, who are sharing their own skin-soothing strategies on p. 18. Jerry, who’s been dealing with eczema for 35 years, persisted and worked with his healthcare provider to find the best treatment for him. For Krystal, keeping an open dialogue was also key to help bring down her inflammation and calm her itchy skin.

If your experience with eczema echoes Amanda, Jerry or Krystal’s, it may be time to review the information in this guide and ask your dermatologist about which new treatments can help you achieve clearer, itch-free skin.

What is atopic dermatitis?

Atopic dermatitis (AD) is the most common form of eczema, a chronic inflammatory skin

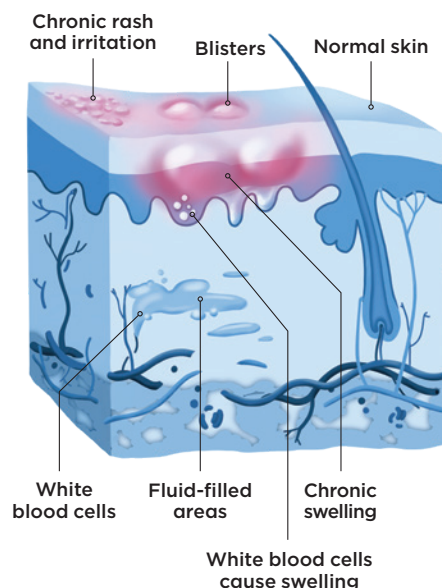


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ATOPIC DERMATITIS (AD)



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), although they can appear anywhere.

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 over-active 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 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): Your PCP may be your family doctor, an internist, a DO, NP or a PA. Your PCP typically coordinates your overall medical care, which can include referring you to specialists (such as a dermatologist) and prescribing medications.

Dermatologist: This specialist is typically 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.

Allergist/Immunologist: This physician helps identify and manage allergic triggers. They may conduct allergy testing and prescribe medications to reduce allergic skin reactions.

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 can disrupt your whole life. You may be worried about the appearance of your skin, what to wear and what your friends think. Your confidence may take a hit and it can even affect your job performance. The constant itching can also impact your sleep. 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, includ-

ing 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 care provider. 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. ►



55%

The percentage of adults with atopic dermatitis who report inadequate disease control, according to the National Eczema Association

Source:
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,” adds 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 unsatisfied 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! Today’s options mean there is more hope than ever for putting the itching, flaking and discomfort behind you.

DUPIXENT®
(dupilumab) Injection
200mg • 300mg

FOR MODERATE-TO-SEVERE ECZEMA
DUPIXENT HELPS YOUR CHILD

**FEEL
THE HEAL
AND SEE THE DIFFERENCE**

When topical Rx’s aren’t enough, DUPIXENT helps your child get ahead of their eczema with noticeably less itch and clearer skin.



TALK TO YOUR CHILD’S ECZEMA SPECIALIST
OR SCAN CODE TO LEARN MORE

Today’s a good day to find out if DUPIXENT, a biologic, could be right for 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 other medicines, including corticosteroid medicine or other asthma medicine, without talking to your healthcare provider. This may cause other symptoms that were controlled by those medicines 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.

Psoriasis. This can happen in people with atopic dermatitis who receive DUPIXENT. Tell your healthcare provider about any new skin symptoms. Your healthcare provider may send you to a dermatologist for an examination if needed.

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.

**HELP
HEAL
YOUR
SKIN
FROM
WITHIN™**

**CAMERON
AGE 3
ACTUAL PATIENT**
Individual results
may vary

DUPIXENT IS:

- ▶ FDA-approved for ages 6 months and up
- ▶ **NOT** a cream, steroid, or immunosuppressant
- ▶ The #1 prescribed biologic for eczema by dermatologists and allergists

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, dry eye, 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 following page.

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WHEN TOPICAL RX TREATMENTS AREN'T ENOUGH FOR YOUR MODERATE-TO-SEVERE ECZEMA

Ask about DUPIXENT, a biologic approved for ages 6 months and up, to get ahead of your eczema with less itch and clearer skin. DUPIXENT helps you feel the heal and see the difference.



DUPIXENT
(dupilumab) Injection
200mg • 300mg

RACHEL
ACTUAL PATIENT
Individual results
may vary

HELP
HEAL
YOUR
SKIN
FROM
WITHIN™

UNFAMILIAR WITH BIOLOGICS?

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

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

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?

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



STILL UNSURE ABOUT A BIOLOGIC?

Need more info? Scan to prep for a chat with your doctor.

Today's a good day to find out if DUPIXENT could be right for you.

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“I have a renewed zest for life!”

When her eczema went from mild to severe, Amanda Campbell retreated from her active outdoor lifestyle. But with the support of her National Eczema Association community, her immunologist and a biologic treatment, she's back to hiking the mountains she loves! —BY DIANE HERBST

Amanda Campbell loves spending her days outdoors as a goat herder on a cheese-making farm and hiking the breathtaking mountains that surround her home. She's also an avid backpacker, still basking in the glow of trekking the 486-mile Colorado Trail for six weeks last summer with her boyfriend. “It felt so empowering to know that I could do this huge physical task that I set out to do,” says Amanda.

She relishes her life—the backpacking, working a physically demanding job, rafting down the local river—without letting atopic dermatitis (AD), the most common form of eczema, slow her down. But only a few years ago, Amanda couldn't have dreamed of such a vibrant life. “I was totally overwhelmed by the state of my condition,” Amanda recalls.

“My eczema started to spread”

Amanda's journey with eczema began when she was a baby. “I had little spots mostly in the crooks of my elbows,” she says. “I had very dry skin and my mom always slathered me with a ton of lotion after every shower or bath, and as a kid I would put a little steroid cream on my elbows, that was pretty much it. It wasn't a super big deal, I didn't feel stigmatized and it didn't really affect my childhood at all.”

But at the end of college that all changed when the steroid cream stopped working. After college graduation in 2018, while working on an organic farm, “the

eczema began to spread, going from mild to severe,” she says, adding that she'd also been dealing with several stressful life events at once. “It started getting worse on my arms and elbows, then made its way to other parts of my body—the backs of my hands, my chest, neck, face, down my legs, and then my belly and my back. I was just covered.”

Amanda felt constantly itchy and uncomfortable, and developed anxiety and insomnia. “I'd been doing endurance training for marathons on mountain trails and felt like I did a 180. I was so tired from the insomnia, and could not hold down a job. I had to cut back on the outdoor activities I loved, and had a lot of confusion about why my body felt like it was failing.”

Amanda sought help from nutritionists and changed her diet, coupled with Ayurvedic, Chinese medicine, and acupuncture treatments, but saw minimal improvement.

“I let myself be open to a new treatment”

“I was having such a rough time accepting this as my new reality,” says Amanda. She then got involved with the National Eczema Association (NEA), attending its expo in 2023. “That was a huge, life-changing event,” says Amanda. “I met all these other people who looked like me and had similar stories.” While there, she learned more about biologics and how they could possibly help,

Continued on p. 16 ►

Photos by Jeff Nelson



alleviating her fears of possible side effects. So when her allergist later suggested giving a biologic a try, Amanda gladly said yes. “I let myself be open to it,” she recalls, “and I said, ‘Let’s get started.’”

The improvements were immediate. “My doctor explained it might not work immediately, but honestly it was super effective within the first few days. After a few weeks, my skin became pretty much totally clear, and it had not been like that for nearly five years,” she says. “I was just like, ‘Holy cow, could this be happening?!’”

“I felt confident in my health again”

Without the constant itch and discomfort, Amanda started sleeping again, which also had an immediate impact on how she felt. As her strength and zest for life returned, Amanda and her boyfriend started planning for their epic hike along the Colorado Trail. “It was the first time I really felt like my health could be at a place stable enough to put myself through this big physical challenge,” she says.

Amanda spoke to a dermatologist she met at the NEA’s 2024 expo about a skin care routine to undertake along the remote hike. “She said, ‘Keep your fingernails really short, that way there’s not a lot of dirt under them if you do end up scratching,’” Amanda says, adding that she wore a sun hoodie to keep the UV rays off her skin, good mineral sunscreen, a good hat, and used baby wipes to wipe away the sweat and dirt.

Needing to take her biologic—which needs refrigeration—two times along the hike, Amanda arranged for loved ones to bring her the doses at resupply spots. The fresh air, exercise and lack of stress worked wonders. Recalls Amanda: “My parents, when they saw me after the first 100 miles, they were totally shocked how good my skin looked!”

“I owe a lot to this biologic”

Today, Amanda continues to take the biologic and eat a diet that she’s found reduces flares, and her skin is clear much of the time. She is looking forward to another big hike, and enjoys her day-to-day life again. “I owe a lot to the biologic,” she says. “Once I got on the medication and did all that inner work with my therapist, everything started clicking together. And then I felt more capable. But the better my skin is, the easier all of that stuff becomes to accomplish.” ●

Amanda’s tips for managing eczema

Here, the strategies that help nourish Amanda’s mental health and skin.

Find ways to handle stress.

Stress is one of Amanda’s main triggers for flares, and research has shown a link between stress and worsening eczema. “I have a rocking chair that my therapist told me to get, and I love sitting in it,” she says. “I have different somatic exercises that help calm my nervous system, like rocking back and forth. Also, I learned on the trail that being outside in nature is a huge destressor for me. It’s about observing nature around me and just being really aware of my surroundings.”

Join a community.

When Amanda discovered the National Eczema Association (NEA) and attended its annual expo, her life transformed. “I got to attend all of these educational events there, which were super helpful,” Amanda says. She recommends that people check out the NEA’s website (nationaleczema.org), which has an abundance of information on research, treatment options and ways to connect with others. “They change people’s lives through everything that they offer,” she says.

Don’t overthink your diet.

“For so many years I was trying to do all these elimination diets that all these alternative people had me on,” Amanda says. “I was so scared of eating the wrong thing. I thought, *If I eat this tomato, is it going to make my whole body flare up?* Well, no. But if I’m stressed about it, it might. So I learned to befriend food again and eat nutritiously. What works for me is eating a balanced diet and not being afraid of what I’m eating. That means a lot of quality meat, vegetables, whole grains, healthy fats, fruit, nuts. And making sure that I have good protein and fiber with every meal for me is really critical.”



YOU & YOUR CARE TEAM

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.

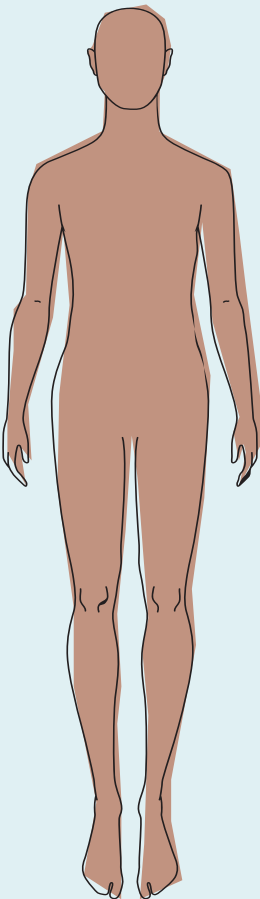
2. How bothered are you by symptoms? Please rate how the following symptoms affect you on a scale from 1 (not very much) to 5 (always/almost always):

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

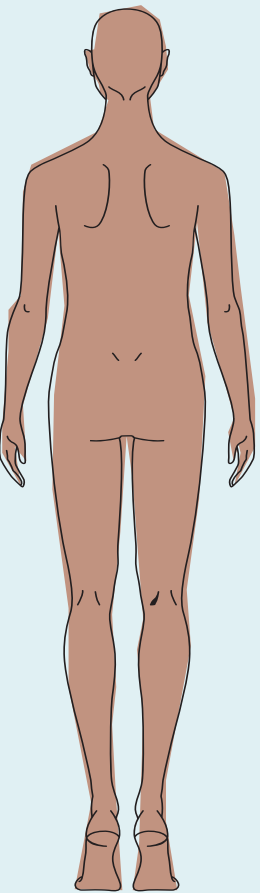
3. Have you noticed any triggers? Please write down any factors that seem to trigger a flare:

Activities: _____
Irritants: _____
Environments: _____
Temperatures: _____
Infections and other illnesses: _____
Hormonal changes: _____
Emotions: _____

FRONT



BACK





TRUE INSPIRATION

“We found the answer to fewer flare-ups!”

From finding an effective skincare routine to navigating patient assistance programs, Jerry and Krystal share what's been helping them manage their eczema.

—BY DIANE HERBST

CONTINUED ON P. 20



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**



“Positive thinking is the key to everything,” says Jerry with his wife, Gail.

“Have hope!”

JERRY RECHTMAN, 78
JACKSON, NJ

About 35 years ago, Jerry developed itching on various parts of his body. “I had psoriasis and we were treating it, but to no avail,” says Jerry, who tried bath salts, UV light and topical creams. “I felt itchy 24/7,” he says. “It impacted my sleep. And when I was working, I had to wear long sleeves because sometimes the itching got so bad that I would start to bleed.”

Then, five years ago, Jerry received a diagnosis of eczema from his dermatologist, Jason Miller, MD. “One day I went into Dr. Miller’s office and he said, ‘I got something new. Do you want to

try it?’” The treatment works by reducing the inflammation that fuels eczema. After the first dose in January 2024, “that evening, there was no more itching,” says Jerry. “I said to my wife, ‘I can’t believe my itching stopped!’ I would go to different doctors and try this and try that, and nothing worked and finally, bingo. Finding the right medication was a miracle!” Here, he shares his strategies and how his never-give-up attitude helped his eczema:

Look into patient assistance programs. Jerry’s insurance would not cover his new medication for eczema, and would have cost him \$2,500 out of pocket each month, which he could not afford. He called the pharmaceutical company that makes the drug and asked if he could get any financial assistance, which some companies offer for certain medications. “I filled out some forms, and lo and behold, they called me back and said, ‘You’ve been approved,’” he says. “They said they would be calling me once a month and see how I’m doing. I said, ‘That’s fine, not a problem.’”

Have belief you will get better and give your medications a fair shot, even if you don’t see immediate relief. “Of course, it was disheartening when every time I went to a doctor, somebody would send me for a test and prescribe me a treatment and nothing seemed to work,” Jerry recalls. “But I didn’t give up—I had faith in the medical field. And finally I found something that worked! It might be different for everybody, but for me, it made such a big difference. Literally, it changed my life.”

Share your journey to give others hope. After Jerry’s wife was treated for cancer, she would reach out to others with the disease and offer her phone number. “She would say, ‘If you ever want to reach out or if you have questions, it’s okay to call me,’” says Jerry. “And that’s what I started doing with people with eczema. I’d say, ‘You got a question? Call me. I’ll give you my doctor’s name and if I can help you, I will.’ Positive thinking is the key to everything. I feel like I’m giving back to people and it feels great.”

“Trust your body”

KRYSTAL WOLF, 52
JACKSON, NJ

For most of her life, Krystal Wolf has had very mild eczema. “It was a little spot here, a spot there,” she says. “I would put a little cream on it and it was gone.” Then, last spring, Krystal’s hands suddenly started swelling, cracking, bleeding and became very itchy. “I went to the dermatologist and

we tried topical steroids to see if they would work, but it kept on getting worse and worse,” she says. “Then over the summer after a vacation, I came back and it was getting to the point where it was affecting my quality of life. It was so uncomfortable.”

Krystal was determined to find an effective treatment, and visited several specialists before finally finding relief. “I worked with an allergist who performed tests for allergies and an autoimmune disorder, but the results provided no further clues about what was happening. She then ended up with her current dermatologist, who said “it looked like an overlap of eczema and psoriasis,” Krystal recalls. After trying one medication that didn’t work, her doctor prescribed a treatment that targets inflammation. “The swelling went down immediately and it steadily got better from there,” she says. “Best of all, there’s no itching

anymore.” Here, Krystal shares more of her strategies:

Keep an open dialogue with your healthcare provider. Krystal made sure she shared all of her symptoms with her doctors and she didn’t hold back. “You know your body and sometimes you have to be persistent,” she says. “Just document everything that’s going on and everything that’s happened and what’s worked and what hasn’t, and go back to your doctor if you don’t feel like what you’ve been doing is working.”

Fine-tune your skincare routine. “These days I’m much more careful with what I put on my skin,” says Krystal. “For moisturizing, I like Eucerin, but it’s got to be the ointment, not the lotion. I think that anything with fragrances bothers my skin. I like Dr. Bronner’s to wash my skin—I switched all of my hand soaps to that—it’s really mild and doesn’t seem to trigger flares like other soaps I’ve used.”

Take care when cleaning. “I’ve had to really put in stock in gloves. I used to do dishes just with my bare hands, but now I can’t. I also use all-natural sanitizers instead of the chemical ones,” she says. “You need to read labels and maybe do allergy testing to see if you are allergic to something to find out if that is triggering the eczema.” ●

“You know your body and sometimes you have to be persistent.”

Photos of Jerry and Krystal by Brittany Breen

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FEEL YOUR BEST

Protect your skin—in any kind of weather!

From the frigid, dry months of winter to the hot and sweaty days of summer, it seems like our skin takes a beating no matter what the season. Luckily, there are ways to keep your skin calm and lessen the weather's impact—just try some of these simple tips.

—BY SARA ROTONDI



Combat dryness during colder months

In most locations, drier winter air can result in around a 20%-30% drop in humidity—and this includes inside your home! “This, in turn, winds up drying out your skin, which can worsen conditions like eczema,” says NYC-based dermatologist Debra Jaliman, MD. Here's what you can do to stay comfortable.

- **Moisturize, moisturize, moisturize.** In the colder months you may need to apply moisturizer twice or even three times a day to prevent cracking, itching or bleeding. Thick ointments that contain petroleum jelly, like Aquaphor or Vaseline, can also help, since they form a barrier over skin.
- **Combat hot, dry air.** While winter air is already dry, many indoor heating systems can actually worsen this issue. And what's worse, drier air also increases the amount of dust and allergens in your home, which can worsen eczema, as well. Experts agree indoor humidity should be kept between 35% and 50%; if your levels drop below that range, try running a humidifier for a few hours.



Avoid irritants during warmer months

“Sweat, heat, pollen, heat rash and sun exposure are typically the main culprits for itching and irritation during the spring and summer,” informs Dr. Jaliman. Here's what you can do to make sure those irritants don't get the best of you!

- **Protect your skin from the sun's rays.** While a little (less than 15 minutes) sun exposure can actually be beneficial for eczema, if you're planning on spending any more time than that outdoors, make sure to reapply minimum 30 SPF full-spectrum sunblock every two hours and after swimming or excessive sweating. Use enough (about the amount that would fill a shot glass) to cover your entire body, and don't forget often-missed places like your ears, the backs of your hands and the tops of your feet. Ask your care team about which sunblocks they recommend, as some can be irritating to skin.
- **Wear eczema-friendly clothing.** “These include ones made from lightweight, breathable fabrics like cotton, linen and silk,” says Dr. Jaliman. “These prevent sweat from getting trapped against your skin and causing irritation.” They're also soft to the touch, which will lessen rubbing and can help prevent flares.
- **Take showers before bed.** This can help remove any dust or pollen you encountered outside, so it doesn't sit on your skin all night. For more eczema-friendly showering tips, see the sidebar, *right*.

Follow Dr. Jaliman's shower tips to further protect your skin!

Keep the water temp down.

After a busy day, a hot shower may sound like a great way to unwind, but it can further irritate your eczema. “Hot water strips your skin of its natural oils and can worsen dryness,” says Dr. Jaliman. Instead, she advises keeping the water lukewarm before jumping in.

Use fragrance-free products.

Perfumes from different products like body wash or lotion can cause some pretty rough flares or worsen existing ones. “Use fragrance-free, mild body wash to keep your skin from getting irritated,” says Dr. Jaliman. When shopping, go the extra mile by keeping an eye out for products with the American Dermatology Association's seal of approval.

Pat your skin dry.

“When getting out of the shower, pat your skin dry instead of rubbing to avoid further irritation,” explains Dr. Jaliman. The friction from rubbing the towel against your skin can make you itchy and tempt you to scratch.

Trap in the water's moisture.

Moisturize immediately after you finish showering,” stresses Dr. Jaliman. The thick lotion will seal the water droplets against your skin and keep it hydrated longer.

HOW MANY FLARE-UPS ARE TOO MANY?

If you're struggling with eczema (atopic dermatitis) and are still experiencing itching, rashes, and flare-ups, even with your current treatment(s), it may be time to have a more in-depth discussion with your doctor.



Scan the QR code to learn your eczema score.

Answer 6 quick and simple questions using this clinically validated questionnaire. Bring your eczema score to discuss with your doctor at your next visit.