

ECZEMA:

UNDERSTANDING WHAT MATTERS TO YOU

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A guide to help you share your eczema experiences with your healthcare provider

Getting under the skin of your eczema

Atopic dermatitis (also known as eczema) is a complex condition, and it's certainly more than "just a rash."¹⁻³ Every person's experience with eczema, including how they manage the disease and which treatment(s) may work best, is different.^{1,4,5}

Having a treatment plan that works for you is key to controlling your eczema, and talking to your healthcare provider openly and honestly can help ensure you are getting the treatment(s) that works best for you.^{6,7}

This guide is designed to help you:

- Have meaningful conversations with your healthcare provider about your eczema
- Work with your healthcare provider to set up the best possible treatment plan based on your unique eczema experience

What is atopic dermatitis?

Atopic dermatitis is a condition which causes the skin to become very itchy, inflamed, dry, and red; it can affect the skin on any part of your body. The affected skin can become sore or painful and may crack and weep or ooze, and over time become scaly (atopic dermatitis can cause thickening of the skin).^{4,8,9}



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Talking About Atopic Dermatitis

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Atopic dermatitis affects more than just your skin, it can lead to:

- Disrupted sleep^{10,11}
- Difficulty concentrating at work or school¹¹⁻¹³
- Difficulty carrying out work or everyday tasks^{5,13-15}
- Lower self-confidence and embarrassment^{5,13}
- Avoidance of interacting with others^{13,15}
- Strained relationships with family and others¹³
- Mental health problems such as anxiety and depression^{16,17}
- Inability to participate in sport or leisure activities^{18,19}



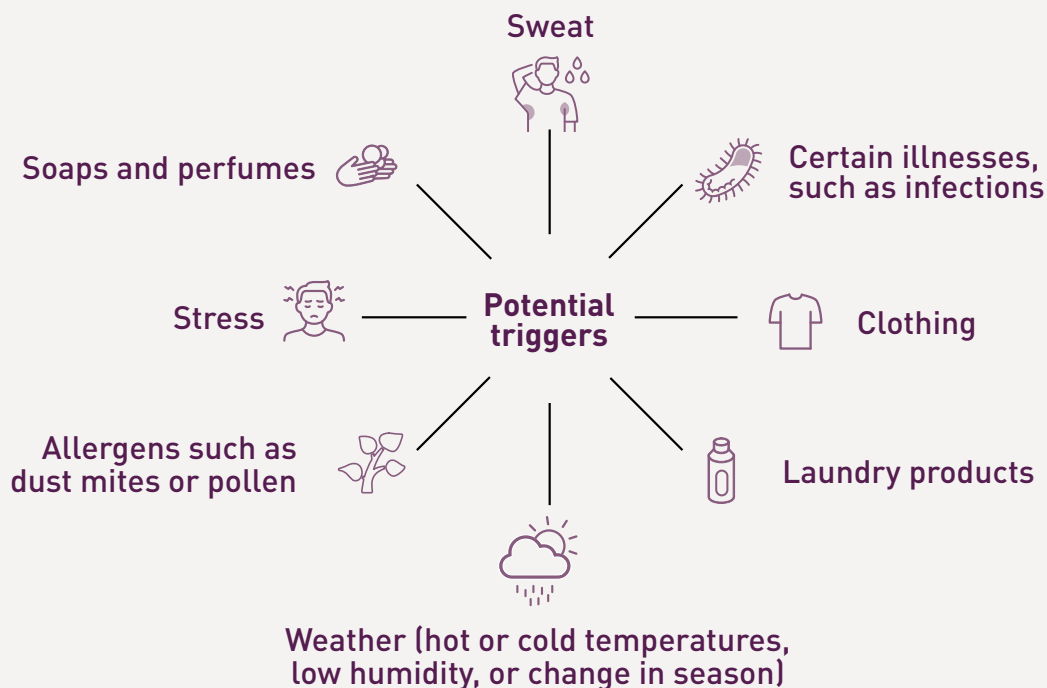
Signs and symptoms of atopic dermatitis can come and go, and may become worse during certain periods, known as “flares.”^{1,20} Atopic dermatitis can be very frustrating and can severely impact your quality of life, including your mental health.^{1,14,16,17,21}

While your atopic dermatitis is as individual as you are, you are not alone:

- The condition affects as many as 10% of adults and 25% of children^{4,19,22,23}
- There is currently no known cure, but your symptoms can be kept in check with a better understanding of how to care for your skin and good communication with your healthcare provider³⁻⁷

What is a flare?

Even when your atopic dermatitis is doing well, your symptoms can sometimes worsen or “flare-up.”^{1,20} This is often caused by “triggers.” Your flare triggers may be completely different from those of another person with atopic dermatitis and may include^{1,4,5,20}:



Recognizing your triggers is an important part of controlling your atopic dermatitis.

Taking control of your atopic dermatitis

The right management plan and treatment for your atopic dermatitis can help you take back control of your life. If you have mild symptoms, these can often be controlled by:



- **Avoiding triggers**^{3-5,20}



- **Good skincare** (daily moisturizing, avoiding scented skin products, and using soap-free cleansers)^{3,4,20}



- **Using creams and ointments** (topical therapy) to control flares^{4,5,20}



- **Maintaining good overall health** (getting good sleep, managing stress, eating a healthy diet)^{3-5,20}

Atopic dermatitis in skin of color

Atopic dermatitis can look different in skin that is black or brown in tone. Affected areas can appear “ashen,” darker brown, purple, or grayish in color, and can be “bumpy.”^{3,24,25} The redness typically associated with eczema in skin that is lighter in tone may be more difficult to see.²⁴



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African Americans are more likely to develop severe atopic dermatitis. However, these symptoms can still be controlled, and treatment is similar for people of all races and ethnicities.²⁴

Find out more about eczema in skin of color on the Skin of Color Society website.

[CLICK HERE](#)

If your atopic dermatitis is more severe or has a particularly large impact on your quality of life, does not improve with topical therapy, or if you are struggling to keep up with your daily regimen of topical therapy, there are other types of medication available. These are often used with the creams or ointments²⁶ and maybe injections or tablets taken on a regular basis.^{5,24}

If you are not happy with your current treatment, or do not feel your atopic dermatitis is under control, you should talk to your healthcare provider about what other options are available to you.⁶

Developing a patient–healthcare provider partnership

Having a treatment plan that works for you is important for the control and management of your atopic dermatitis. You should feel comfortable talking honestly and openly to your healthcare provider.⁶

You may find it useful to keep track of your skin, symptoms, activities and flares in a diary, or by taking photos, and bringing these with you to your visit. These may help you and your healthcare provider identify triggers for your flares.⁶

Below are some questions your healthcare provider may ask you during your visit

(there is space to write your thoughts):

- **What soap are you using?**

- **Which medications are you currently taking, both for your atopic dermatitis and for any other conditions?**

- **What lotions and moisturizers do you use?**

- **Do you use a certain type of laundry detergent or fabric softener?**

- **Are you having more days off work?**

- **How bothersome is your itch?**

- **Is your skin sore or causing you discomfort?**

- **Do you feel your symptoms are under control?**

- **How often are you waking up at night due to your atopic dermatitis?**

- **Does your atopic dermatitis make you feel depressed or anxious?**

Shared decision-making between you and your healthcare provider is important. Don't be afraid to share information and ask questions. Together, you can weigh up the pros and cons of available options and decide on the best course of action to achieve your treatment goals.^{5,6,27}

Living with your atopic dermatitis

Atopic dermatitis is a long journey and can affect everyone differently. Your healthcare provider can be the partner to help you along this journey; together, you can set up a care plan that works for you, not just for now but also for the future.

Useful resources

[NATIONAL ECZEMA ASSOCIATION](#)

[ALTOGETHER ECZEMA](#)

Below are some questions that may help you decide what is most important to you when it comes to making decisions with your healthcare provider about your atopic dermatitis (there is space to write your thoughts):

- Which symptoms bother you most and why?

- How often do you flare-up?

- What are your flares like?

- What does your atopic dermatitis stop you from doing or limit your ability to do?

- Does your skin make you feel embarrassed or want to avoid other people?

- Do you feel that your atopic dermatitis is affecting others around you or your relationships with them?

- How easy or difficult is it for you to keep up with your current atopic dermatitis treatment regimen?

- What do you want from your atopic dermatitis medication?

- Do you have any concerns about your atopic dermatitis medication?

At times you may feel like you don't want to live in your own skin, but remember, you are not alone – despite the frustrations and anxiety you may sometimes feel, you belong to a community willing to share its ideas and knowledge, and support you through your own experiences and treatment of atopic dermatitis.



Access additional Atopic Dermatitis education resources

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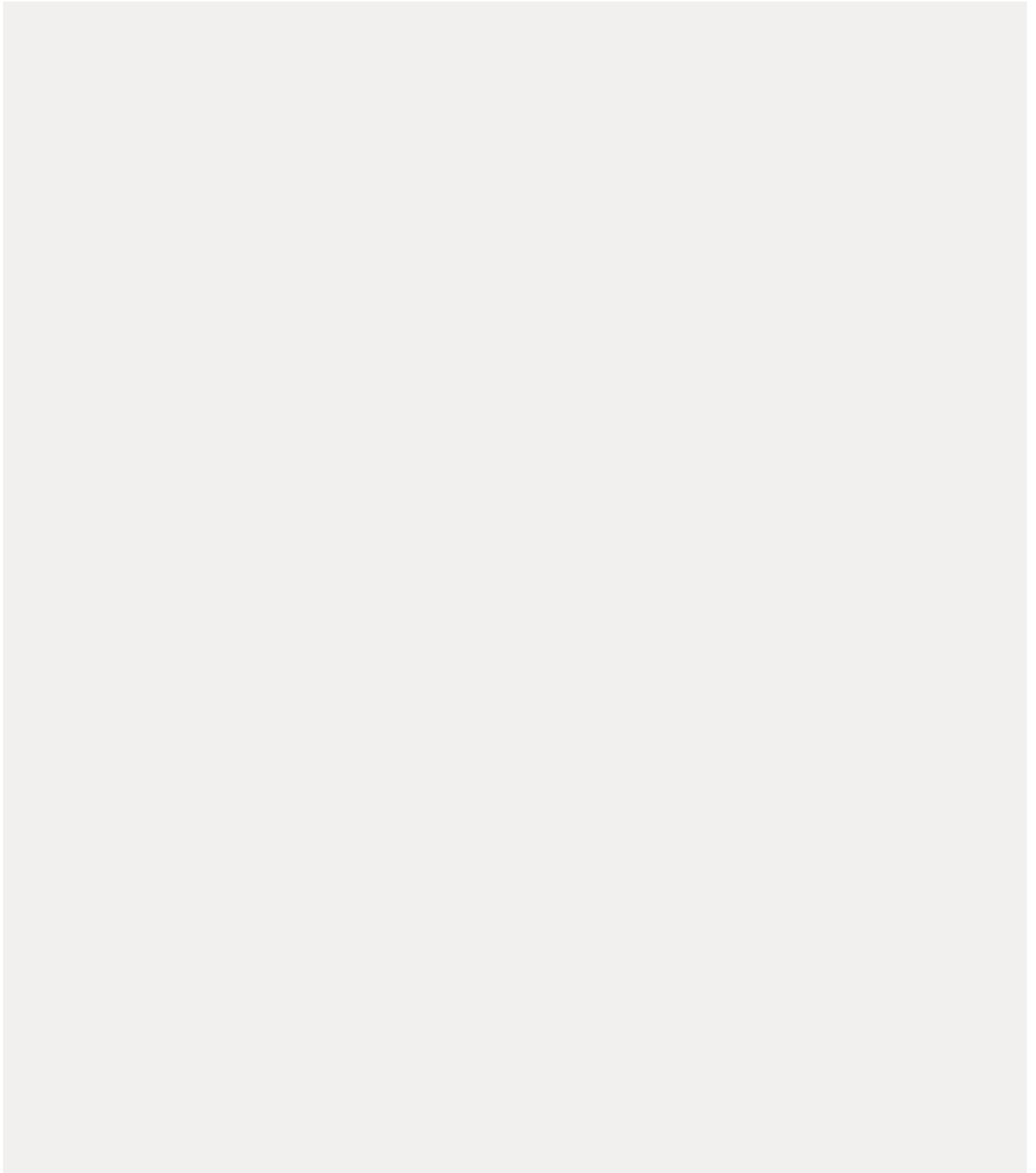
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Notes

You can use this space to write any additional notes either before, during, or after your visit with your healthcare provider:



References

1. Chandan N, Lio P. The shape of atopic dermatitis. *Pract Dermatol*. 2019;64-78. Available at: <https://practicaldermatology.com/articles/2019-june/the-shape-of-atopic-dermatitis> [Accessed July 17, 2024].
2. Lohman ME, Lio P. Comparison of psoriasis and atopic dermatitis guidelines – an argument for aggressive atopic dermatitis management. *Pediatr Dermatol*. 2017;34(6):739-742.
3. National Eczema Association. What is atopic dermatitis? Available at: <https://nationaleczema.org/eczema/types-of-eczema/atopic-dermatitis/> [Accessed July 17, 2024].
4. Weidinger S, Novak N. Atopic dermatitis. *Lancet*. 2016;387(10023):1109-1122.
5. Simpson EL, Bruin-Weller M, Flohr C, et al. When does atopic dermatitis warrant systemic therapy? Recommendations from an expert panel of the International Eczema Council. *J Am Acad Dermatol*. 2017;77:623-633.
6. National Eczema Association. Squad goals: Build your own eczema care team. 2020. Available at: <https://nationaleczema.org/squad-goals/> [Accessed July 17, 2024].
7. Pavlis J, Yosipovitch G. Management of itch in atopic dermatitis. *Am J Clin Dermatol*. 2018;19(3):319-332.
8. Ständer S, Simpson EL, Guttman-Yassky E, et al. Clinical relevance of skin pain in atopic dermatitis. *J Drugs Dermatol*. 2020;19(10):921-926.
9. Eichenfield LF, Tom WL, Chamlin SL, et al. Guidelines of care for the management of atopic dermatitis: Part 1. Diagnosis and assessment of atopic dermatitis. *J Am Acad Dermatol*. 2014;70(2):338-351.
10. Chrostowska-Plak D, Salomon J, Reich A, et al. Clinical aspects of itch in adult atopic dermatitis patients. *Acta Derm Venereol*. 2009;89(4):379-383.
11. Maarouf M, Kromenacker B, Capozza KL, et al. Pain and itch are dual burdens in atopic dermatitis. *Dermatitis*. 2018;29(5):278-281.
12. Eckert L, Gupta S, Amand C, et al. Impact of atopic dermatitis on health-related quality of life and productivity in adults in the United States: an analysis using the National Health and Wellness Survey. *J Am Acad Dermatol*. 2017;77:274-279.
13. Zuberbier T, Orlow SJ, Paller AS, et al. Patient perspectives on the management of atopic dermatitis. *J Allerg Clin Immunol*. 2006;118(1):226-232.
14. Thomsen SF. Atopic dermatitis: Natural history, diagnosis, and treatment. *ISRN Allergy*. 2014;2014:354250.
15. Silverberg JI, Gelfand JM, Margolis DJ, et al. Patient burden and quality of life in atopic dermatitis in US adults: a population-based cross-sectional study. *Ann Allergy Asthma Immunol*. 2018;121(3):340-347.
16. Silverberg JI. Comorbidities and the impact of atopic dermatitis. *Ann Allergy Asthma Immunol*. 2019;123(2):144-151.
17. Simon D, Wollenberg A, Renz H, et al. Atopic Dermatitis: Collegium Internationale Allergologicum (CIA) update 2019. *Int Arch Allergy Immunol*. 2019;178(3):207-218.
18. Sibbald C, Drucker AM. Patient burden of atopic dermatitis. *Dermatol Clin*. 2017;35(3):303-316.
19. Weidinger S, Beck LA, Bieber T, et al. Atopic dermatitis. *Nat Rev Dis Primers*. 2018;4(1):1.
20. Sidbury R, Tom WL, Bergman JN, et al. Guidelines of care for the management of atopic dermatitis: Part 4. Prevention of disease flares and use of adjunctive therapies and approaches. *J Am Acad Dermatol*. 2014;71(6):1218-1233.
21. Asthma and Allergy Foundation of America. These symptoms of atopic dermatitis can be the most frustrating. Available at: <https://community.aafa.org/blog/these-symptoms-of-atopic-dermatitis-can-be-the-most-frustrating> [Accessed July 17, 2024].
22. Silverberg JI, Hanifin JM. Adult eczema prevalence and associations with asthma and other health and demographic factors: A US population-based study. *J Allergy Clin Immunol*. 2013;132(5):1132-1138.
23. Odhiambo JA, Williams HC, Clayton TO, et al; ISAAC Phase Three Study Group. Global variations in prevalence of eczema symptoms in children from ISAAC phase three. *J Allergy Clin Immunol*. 2009;124(6):1251-1258.
24. National Eczema Association. Eczema in skin of color: What you need to know. Available at: <https://nationaleczema.org/skin-of-color/> [Accessed July 17, 2024].
25. Silverberg JI. Racial and ethnic disparities in atopic dermatitis. *Curr Derm Rep*. 2015;4:44-48.
26. Wollenberg A, Barbarot S, Bieber T, et al. Consensus-based European guidelines for treatment of atopic eczema (atopic dermatitis) in adults and children: Part 1. *J Eur Acad Dermatol Venerol*. 2018;32(5):657-682.
27. van der Kraaij GE, Vermeulen FM, Smeets PMG, et al. The current extent of and need for shared decision making in atopic dermatitis and psoriasis in the Netherlands: an online survey amongst patients and physicians. *J Eur Acad Dermatol Venereol*. 2020;34(11):2574-2583.