

QUESTIONS YOU MUST ASK AT TODAY'S EXAM

Health**monitor**[®]

Guide to
Eczema

FOCUS ON ATOPIC DERMATITIS

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Overcome
common barriers
to better care

Take back control
from eczema!

- ✓ Discuss all your treatment options
- ✓ Don't settle for good enough—aim for great!
- ✓ Make sure your doctor knows exactly how you feel

*"I'm at a
whole new level
of confidence"*

For Drew Franklin, a breakthrough treatment and a commitment to healthy living have been game-changing

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Guide to Eczema

FOCUS ON ATOPIC DERMATITIS



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PREP FOR TODAY’S VISIT
Fill out the assessment tools on pp. 12 and 15 of this guide.



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Move over, *eczema!*



Is embarrassment over your atopic dermatitis (AD), the most common type of eczema, causing you to stay home and cover up? Those days are over! Today's treatments can bring you out of hiding and help you face the world with confidence!

Clarissa is calm and comfortable now. At 51, she's a successful real estate agent in Southern California, and routinely wears skin-baring shirts and sleeveless tops to appointments. Her shoulder-length hair is lush and full; on hot days she puts it up in a topknot. And when her husband, Terence, tells her she's attractive and lovable, she actually believes it.

It's been a long road for Clarissa, whose eczema was so out of control that it was impossible for her to sit still. Medications and lotions weren't working. She even tried allergy shots and elimination diets, but the redness, the itching, and the scratching were constant companions.

"I didn't want to burden Terence with how bad I was feeling. I'd tell myself it was my problem and I didn't need to pass on my stress," says Clarissa.

Then, in 2016, Clarissa's hair started falling out, and it was more than she could take: "California is all about appearances, and I had to look good for my job, too. The pressure really got to me."

"I focused on finding relief!"

Ironically, hitting rock bottom led Clarissa to double down on finding an answer for her severe eczema. "I sat down with Terence, and he encouraged me to seek help from a specialist devoted to AD. He said, 'I know you're getting worse and you're struggling. You shouldn't have to live like this.'"

Clarissa found a doctor who had treated thousands of AD cases. He recommended a systemic medication, which works bodywide,



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.

rather than a topical. “It’s been a game changer,” says Clarissa.

That was about a year and a half ago, and her life has dramatically improved. “My skin is 90% clear, and the itch is gone,” says Clarissa.

If atopic dermatitis is causing *you* embarrassment or undercutting your confidence, those could be cues your treatment isn’t all it could be. The good news is, your path to smoother, clearer skin is out there. Take a cue from Clarissa, and seek it out with the help of 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 California, San Francisco School of Medicine. “In most patients, dry skin is also a prominent feature. Inflammation in the skin contributes to or causes these two characteristics of AD. The inflammation also causes red, 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 females than males affected. Research also suggests that AD occurs more frequently in people living in cities and colder climates, in people in higher socioeconomic

brackets, and in those whose mothers were older at their birth.

Note that 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 and dry winter air, or it can occur for no obvious reason. What’s more, each patient has their own set of triggers. Interestingly, food is seldom a trigger for AD.”

Regardless of how AD first appears, researchers have now identified the underlying problem: A specific pathway of the immune system that is “out of control” produces the distressing flares. Fortunately, says Dr. Berger, that overactive pathway is now understood and, even better, the latest treatments are effectively targeting it.

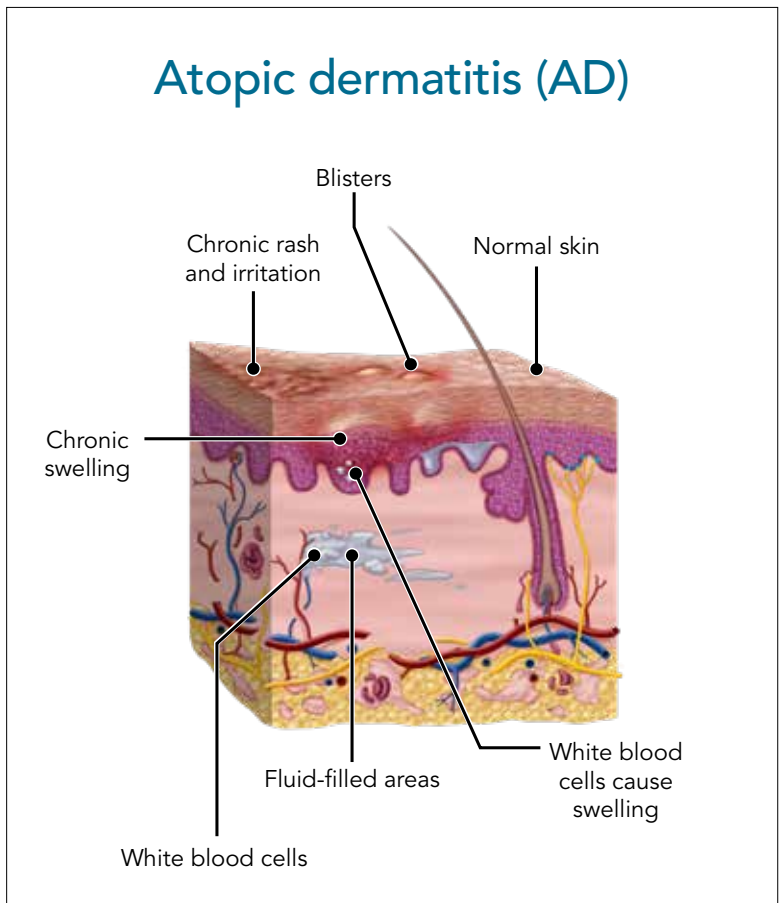
“This immune pathway also causes hay fever and asthma, which is why patients with AD often have those conditions,” says Dr. Berger.

How is AD diagnosed?

Your doctor will take your medical history and perform a physical exam. Report if you or anyone in

your family has AD, asthma or hay fever; talk about any triggers that seem to worsen your AD (although it’s important to understand that these triggers do not *cause* the condition).

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



Your eczema healthcare team

There’s no reason to struggle with atopic dermatitis (AD) alone! These are the healthcare professionals who can help you manage the condition:

Primary care provider (PCP): This doctor can help coordinate your overall medical care, which includes referring you to specialists and prescribing medications.

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

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

Physician assistant (PA)/Nurse practitioner (NP): These healthcare professionals can help manage your AD and prescribe medications.

Psychiatrist, psychologist or social worker: These healthcare professionals can help you work on coping strategies for the stress and emotional challenges that may accompany AD.

What's *your* path to smoother, clearer skin?

Rest assured that your road to relief is out there. Drawing on your patience and the expertise of your dermatologist will help you find it.

When eczema is out of control, it can have a huge ripple effect on your day-to-day life. Long-standing plans can fall by the wayside. Embarrassment can affect your wardrobe choices. And your overall confidence can take a hit. Yet today, there's no reason to put up with it anymore: With the greater understanding experts now have of atopic dermatitis (AD, the most common type of eczema), there are more roads to relief than ever before—and one of them is bound to work for you!

Launching an attack

Finding the treatment approach that makes sense for you depends on several factors: the severity of your AD, your treatment preferences, the treatments you have already tried, and any other health conditions. Because the disease may evolve, your treatment needs can change, so it's key to track how well your current medications are working. Use the tools on pp. 12 and 15 and review with your doctor. Here, the options that can take aim at AD:

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. Dye- and fragrance-free moisturizers, used liberally—especially after bathing—can lock in moisture and prevent flares. Your dermatologist can recommend effective products and also instruct you on when and how to apply moisturizers if you are also using prescription topical medications.

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.

Doctors may prescribe topical calcineurin inhibitor medications (which include tacrolimus ointment or pimecrolimus cream) when topical corticosteroids fail to provide relief, as well as for people unable to use topical corticosteroids. These drugs suppress the immune system to



decrease inflammation, reduce itch and prevent flares. The medication crisaborole helps control mild to moderate AD by blocking an enzyme from allowing too much inflammation in the body.

Phototherapy. Ultraviolet (UV) light therapy may be prescribed, alone or 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 as a substitute for phototherapy.

Systemic immunomodulators.

These drugs (azathioprine, cyclosporine, methotrexate and mycophenolate) help suppress an overactive immune system to stave off eczema flares. They may be used when topical therapies and phototherapy do not provide relief.

Biologic medication. The biologic drug dupilumab was approved in 2016 for adults (ages 18 and older)

with moderate-to-severe eczema that is not well controlled with prescription topical treatments or for those who are unable to use topical treatments. It works by binding to proteins in the skin that cause inflammation, stopping them from causing the rash and itching. The medication is self-injected under the skin (not into a vein) every other week after an initial loading dose, and may be used alone or together with topical corticosteroids.

Antibiotics. Systemic antibiotics may be prescribed if a bacterial infection develops.

LIFESTYLE CHANGES

In addition to medications and moisturizers, simple everyday adjustments, such as avoiding hot baths and showers, wearing clothes that don't irritate your skin, exercising in a cool 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.16 for more tips, and keep reading this guide to meet others with the condition and learn how they are coming out on top of eczema. 📖

Why you shouldn't settle for "good enough"!

Feeling satisfied because your AD is better than it was—but not perfect? Do you find your current treatment to be a real bother? Is embarrassment over your skin causing you to miss out on plans? Those are all signs that your treatment isn't all it could be. Thankfully, you don't have to settle! New options mean there is more hope than ever for putting the itching, flaking and discomfort behind you. (Note: It's important to help your doctor understand how much AD is affecting you, so fill out the tools on pp. 12 and 15 and review with them.)





“I’m at a whole new level of confidence!”

Busy executive and family man Drew Franklin is winning his life-long battle with eczema. What gave him the edge? A “game-changing” medication and a supportive healthcare team by his side. —BY JEFF MEYERS

Drew Franklin is crystal clear about his number one priority in life: Being the best husband and father he can be. That commitment comes shining through in the experiences he shares with his family. On summer weekends you’re likely to find the 37-year-old healthcare executive splashing in the waves ‘down the shore’ of New Jersey with his son, Jacob, 5. On a crisp autumn

Saturday you might spot him at an Upstate New York apple orchard with 2-year-old Will perched on his shoulders, reaching for that perfect Macintosh. And a couple of times a year you’ll find Drew and his wife, Cheryl, hitting the highway for a family vacation, like last summer’s trip to Kennebunk, ME, for chowder and kayaking.

But this super-dad lifestyle wasn’t always possible for Drew. In fact,

there were times when the former high school wrestler and military man didn’t want to leave the house. A life-long battle with severe eczema brought frequent, debilitating flare-ups that caused dry, cracking skin on his face, arms and legs and puffy, droopy eyes. At times, the outbreaks were so painful and unsightly that they forced Drew to retreat behind closed doors until his symptoms subsided.

“Two to three times a year it would

get so bad I couldn’t go to work or school,” says the Woodcliff Lake, NJ, resident. “When you have those flare ups, you don’t have the confidence to go out and meet people. It affected my whole life—relationships, friends, dating.”

“I vowed not to let eczema stand in my way!”

The improvement Drew has seen in his eczema over the last 18 months is remarkable considering he’s struggled with the condition nearly his entire life. Diagnosed in the 4th grade, Drew grew up learning how to avoid triggers, including dust, tree pollen and pet dander. And when outbreaks happened two or three times a year, he turned to corticosteroid creams, moisturizers and even steroids like prednisone. He managed the condition as best he could throughout his time at Franklin & Marshall College, NYU business school and during a two-year stint as a staff sergeant in the Israel Defense Forces.

But as he grew older, the flares grew worse. Drew resolved to not let eczema prevent him from fulfilling his life’s goals and worked closely with his healthcare team, including Robert Sporter, MD, and Lauren Connors, RN, of ENT & Allergy Associates, where Drew works as the Chief Strategy Officer after being a patient for several years. They collaborated to manage his condition as effectively as they could, and while he saw improvement, he continued to battle periodic outbreaks.

“My new med is a game-changer!”

That all changed in early 2017 when Dr. Sporter suggested Drew try the first biologic medication approved by the FDA for adults with moderate to severe atopic dermatitis. Genetically engineered from living cells, biologics take an inside-out approach to treating inflammatory conditions by targeting parts of the immune system that contribute to the disease. Drew was the first patient to be

prescribed the drug by Dr. Sporter, and it proved to be a life-changer. Within a few months of beginning the twice-monthly injections, his eczema had all but disappeared.

“I haven’t had any embarrassing flare-ups, I haven’t had to take any prednisone in 18 months, and I haven’t had any noticeable side effects,” Drew says. “The medication and my newfound commitment to live a healthy life has given me a new level of confidence.”

Dr. Sporter has been similarly pleased: “Over the years we had tried the standard eczema therapies and even more aggressive things like light therapy and off-label medications, but none of them really worked for Drew,” he says. “So this is really a game changer for him and other patients.”

Says Drew: “I feel very fortunate to have a team that is so supportive, understands my goals, and is in the know when it comes to new treatment options. I hope that other people out there like me recognize that there *is* light at the end of the tunnel!”



Take it from Drew—you got this!

Drew knows firsthand how eczema can deliver a one-two punch to your health and confidence. Here are some of his go-to strategies for fighting back.

FIND YOUR WINNING COMBO: “Every person is different,” Drew says. “Work closely with your healthcare team to find the treatment combination that is most effective for you and fits with your lifestyle.”

STRAP ON YOUR SNEAKERS: Talk to your doctor about developing an exercise plan tailored to your fitness level. “For me, staying active is key to maintaining good health,” Drew says. “Find ways to sneak exercise into your day, like taking the stairs, walking to lunch or playing with the kids.”

KEEP STRESS AT BAY: Identify those activities that help you decompress—whether it’s reading, gardening, yoga or family time—and make them a standing part of your day.

LEARN MORE ABOUT YOUR ECZEMA

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 red 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: _____

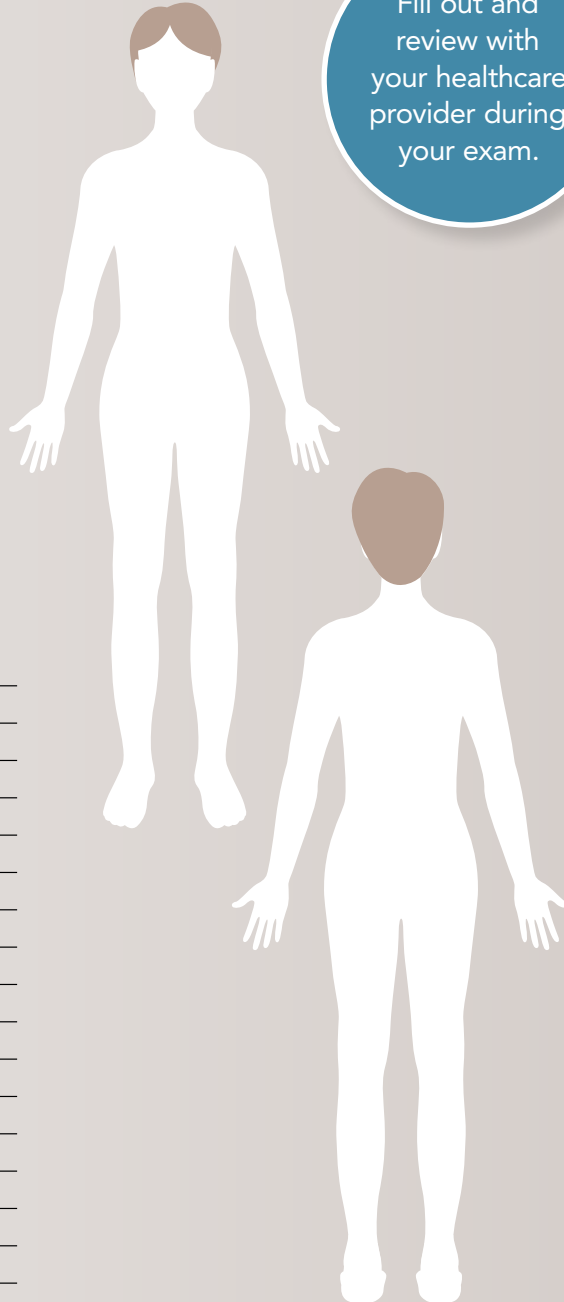
Temperatures: _____

Infections and other illnesses: _____

Hormonal changes: _____

Emotions: _____

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



FOR ADULTS WITH UNCONTROLLED MODERATE-TO-SEVERE ECZEMA (ATOPIC DERMATITIS)

HELP HEAL YOUR SKIN FROM WITHIN

DUPIXENT, the first eczema treatment of its kind, is not a steroid. It is a biologic treatment that helps manage the inflammation deep beneath the surface that causes the flare-ups you see and feel on your skin—and keeps working, even when your skin looks clear.

In Two Clinical Trials with DUPIXENT*

- Nearly half of patients saw **75%** skin improvement and some even saw **90%** improvement
- Almost 4 times more patients taking DUPIXENT saw clear or almost clear skin as compared with those not taking DUPIXENT – 37% taking DUPIXENT as compared with 10% not taking DUPIXENT
- Patients experienced significant itch reduction, some patients as early as 2 weeks

*16-week trials compared to placebo.



Jennifer W., actual DUPIXENT patient. Individual results may vary.

Learn more. Talk to your eczema specialist. Visit DUPIXENT.com, or call 1-844-DUPIXENT (1-844-387-4936).

INDICATION

DUPIXENT is a prescription medicine used to treat adults with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin (topical), or who cannot use topical therapies. DUPIXENT can be used with or without topical corticosteroids. It is not known if DUPIXENT is safe and effective in children with atopic dermatitis under 18 years 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 taking oral, topical, or inhaled corticosteroid medicines. **Do not** stop taking your corticosteroid medicines unless instructed by your healthcare provider. This may cause other symptoms that were controlled by the corticosteroid medicine to come back.
- are scheduled to receive any vaccinations. You should not receive a "live vaccine" if you are treated with DUPIXENT.
- are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby.
- 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. If you are taking asthma medicines, do

not change or stop your asthma medicine without talking to your healthcare provider.

DUPIXENT can cause serious side effects, including:

- **Allergic reactions (hypersensitivity), including a severe reaction known as anaphylaxis.** Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following symptoms: breathing problems, fever, general ill feeling, swollen lymph nodes, swelling of the face, mouth and tongue, hives, itching, fainting, dizziness, feeling lightheaded (low blood pressure), joint pain, or skin rash.
- **Eye problems.** Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision.

The most common side effects include injection site reaction, eye and eyelid inflammation, including redness, swelling and itching, pain in the throat (oropharyngeal pain) and cold sores in your mouth or on your lips.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of DUPIXENT. Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Use DUPIXENT exactly as prescribed. If your healthcare provider decides that you or a caregiver can give DUPIXENT injections, 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.

Please see accompanying Brief Summary on next page.



†Limitations apply. Visit DUPIXENT.com for full program terms.

Brief Summary of Important Patient Information about DUPIXENT® (dupilumab) Rx Only (DU-pix'-ent) injection, for subcutaneous use

What is DUPIXENT?

- DUPIXENT is a prescription medicine used:
 - to treat adults with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin (topical), or who cannot use topical therapies. DUPIXENT can be used with or without topical corticosteroids.
 - with other asthma medicines for the **maintenance treatment of moderate-to-severe asthma** in people aged 12 years and older whose asthma is not controlled with their current asthma medicines. DUPIXENT helps prevent severe asthma attacks (exacerbations) and can improve your breathing. DUPIXENT may also help reduce the amount of oral corticosteroids you need while preventing severe asthma attacks and improving your breathing.
- DUPIXENT works by blocking two proteins that contribute to a type of inflammation that plays a major role in atopic dermatitis and asthma.
- DUPIXENT is not used to treat sudden breathing problems
- It is not known if DUPIXENT is safe and effective in children with atopic dermatitis under 18 years of age.
- It is not known if DUPIXENT is safe and effective in children with asthma under 12 years of age.

Who should not use DUPIXENT?

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

What should I tell my healthcare provider before using DUPIXENT?

Before using DUPIXENT, tell your healthcare provider about all your medical conditions, including if you:

- have eye problems (if you also have atopic dermatitis)
- have a parasitic (helminth) infection
- are taking oral, topical, or inhaled corticosteroid medicines. Do not stop taking your corticosteroid medicines unless instructed by your healthcare provider. This may cause other symptoms that were controlled by the corticosteroid medicine to come back.
- are scheduled to receive any vaccinations. You should not receive a “live vaccine” if you are treated with DUPIXENT.
- are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby.
- 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. If you have asthma and are taking asthma medicines, do not change or stop your asthma medicine without talking to your healthcare provider.

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.

- Use DUPIXENT exactly as prescribed by your healthcare provider.
- DUPIXENT comes as a single-dose pre-filled syringe with needle shield.
- 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 adolescents with asthma 12 years of age and older, it is recommended that DUPIXENT be administered by or under supervision of an adult.
- If you miss a dose of DUPIXENT, give the injection within 7 days from the missed dose, then continue with the original schedule. If the missed dose is not given within 7 days, wait until the next scheduled dose to give your DUPIXENT injection.

- If you inject more DUPIXENT than prescribed, call your healthcare provider right away.
- Your healthcare provider may prescribe other medicines to use with DUPIXENT. Use the other prescribed medicines exactly as your healthcare provider tells you to.

Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following symptoms: breathing problems, fever, general ill feeling, swollen lymph nodes, swelling of the face, mouth and tongue, hives, itching, fainting, dizziness, feeling lightheaded (low blood pressure), joint pain, or skin rash.

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

- **Allergic reactions (hypersensitivity), including a severe reaction known as anaphylaxis.** Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following symptoms: breathing problems, fever, general ill feeling, swollen lymph nodes, swelling of the face, mouth and tongue, hives, itching, fainting, dizziness, feeling lightheaded (low blood pressure), joint pain, or skin rash.
- **Eye problems.** If you have atopic dermatitis, tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision.
- **Inflammation in your blood vessels:** Rarely, this can happen in people with asthma who receive DUPIXENT. This may happen in people who also take a steroid medicine by mouth that is being stopped or the dose is being lowered. It is not known whether this is caused by DUPIXENT. Tell your healthcare provider right away if you have: rash, shortness of breath, persistent fever, chest pain, or a feeling of pins and needles or numbness of your arms or legs.

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

General information about the safe and effective use of DUPIXENT.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use DUPIXENT for a condition for which it was not prescribed. Do not give DUPIXENT to other people, even if they have the same symptoms that you have. It may harm them.

This is a summary of the most important information about DUPIXENT. 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) / DUPIXENT is a registered trademark of Sanofi Biotechnology / ©2018 Regeneron Pharmaceuticals, Inc. /sanofi-aventis U.S. LLC. All rights reserved. Issue Date: October 2018

Is eczema disrupting your daily life?

Fill out this questionnaire and share with your healthcare team. It will help them understand how atopic dermatitis (the most common type of eczema) is affecting your everyday activities, and if your treatment is as effective as it could be.

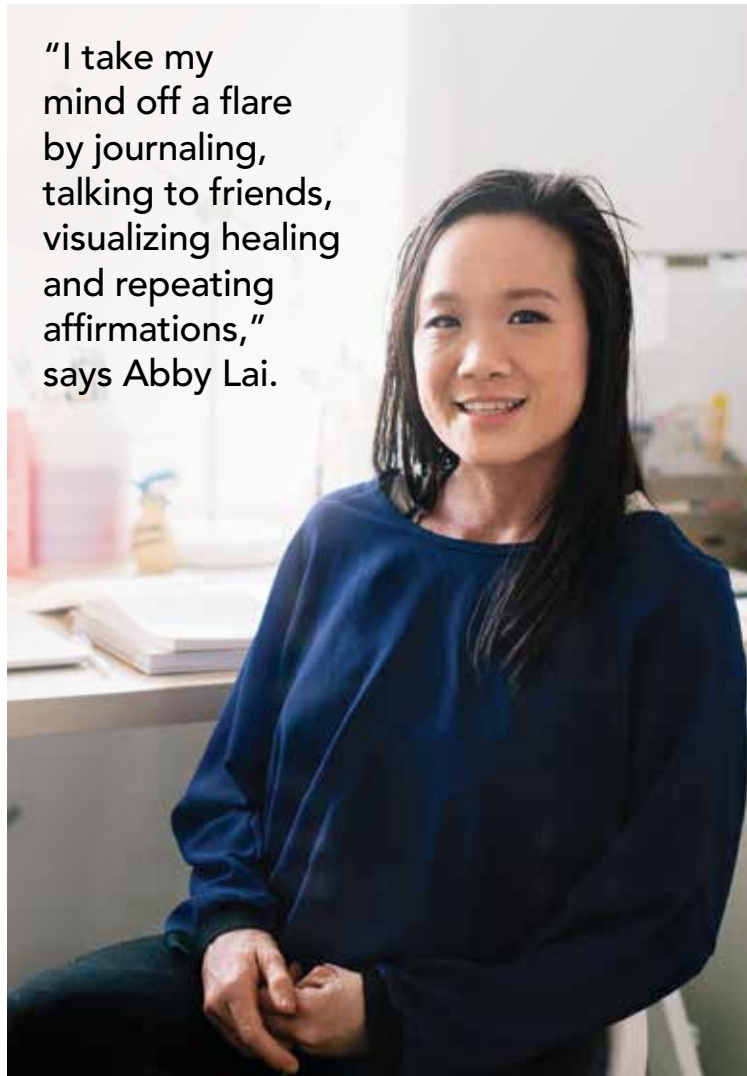
Eczema interferes with my ability to...	Not at all	A little	Somewhat	A lot	Always
Work					
Exercise and do other physical activities					
Get a good night's sleep (including trouble falling asleep and staying asleep)					
Concentrate throughout the day because I'm tired					
Engage in relationships with family and friends					
Eat properly					
Go out in public without feeling embarrassed					
Pick out and wear the clothing I like					
Use certain makeup					
Meet new people					
Be in a good mood/feel calm and confident					
Be myself around others					
Have a healthy sex life					

Do these statements apply to you?	Never	Rarely	Sometimes	Often	Always
I feel sad or blue.					
I feel nervous, edgy or anxious.					
I feel like everyone is looking at me.					
I say no to activities because I never know if I'll have visible patches.					

“Eczema ruling our life? *No way!*”

Get tough on eczema by learning the go-to strategies that helps others either avoid outbreaks or keep them in check when they do happen. Here, Abby Lai of Toronto and Helen Piña of Houston share the techniques that help them thrive. Ask your healthcare team if they're right for you! —BY JEFF MEYERS

“I take my mind off a flare by journaling, talking to friends, visualizing healing and repeating affirmations,” says Abby Lai.



Power down at bedtime.

Abby Lai of Toronto is a big believer in setting the mood for a good night's sleep. “I recommend shutting off all devices at least one hour before bedtime to allow your mind and body to relax.” She also makes sure the temperature of her bedroom is cool enough to allow for a comfortable night's rest. Gloves can be useful to limit nighttime scratching during an outbreak. “You can also try sleeping on your stomach so your hands aren't constantly moving around and preventing you from sleeping.”

Dress for success.

The often hot and muggy climate of Helen Piña's hometown of Houston requires careful decision-making when it comes to what to wear. Her go-to is loose-fitting cotton that allows her skin to breathe and stay as dry as possible, and she avoids wool and synthetic materials that can irritate her skin or may carry dust mites, which trigger her eczema. Helen is also careful about outfit choices when she has flares. “As excited as I may be about wearing that new white blouse, I may hold off if my skin isn't at its best and there's a risk of stains from bleeding skin,” she says. “Better to save it for a day when I can wear it confidently.”

Cool down with cold packs.

Eczema sufferers know that feeling overheated can lead to itching and scratching. That's when Helen reaches for the supply of cold packs she keeps in her freezer and applies them to her face, legs or lower back. Her top pick? The Bed Buddy Hot & Cold Pack. “If you have eczema, taking a cool shower may not help because water is not always your friend, so I use the cooling packs and they help decrease the itching,” Helen says. If you don't have cold packs handy, wet hand towels placed in the freezer can provide similar relief.

Give thanks.

Abby recommends practicing gratitude each evening before turning out the lights. “Listing all the things you are grateful for before you sleep can really help your mind focus on the positive things that are happening in your life.” Abby combines this with journaling, or doing a “brain dump” at the end of the day. “If you journal all your thoughts onto paper before you go to bed, you won't be thinking about things you have to do the next day, which can prevent a good night's sleep.”

Go fragrance-free.

Because of a fragrance allergy, Helen always chooses “free and clear” detergents for clothing and bedsheets to curb eczema outbreaks. “Years ago there weren't many choices available,” she says, “but now there's an abundance of fragrance-free and hypoallergenic detergents to choose from.” Pro tip: Stick to liquid detergent and fabric softener, which dissolve better in water and leave less residue on clothing. Don't use more



“As soon as an area starts to itch or get eczema, I treat it right away rather than wait until it gets really bad,” says Helen Piña.

soap than you need, and hit the “extra rinse” cycle to get clothing as residue-free as possible.

Listen to your body.

Helen tries to fend-off flare-ups before they get worse by being hyper-aware of the signs of trouble ahead. “For me it always starts with a little itch and it's often the same body parts that flare up,” she says. “So as soon as the area starts to itch or get eczema, I treat it right away instead of waiting until it gets really bad and is harder to maintain.” Set aside a few minutes in the morning or evening to assess your skin and take action.

Put stress to rest.

Both Helen and Abby agree that taking care of yourself is job #1 to prevent or lessen flares. “I try to limit stress and stay emotionally happy as much as possible to prevent outbreaks,” Helen says. “Sometimes the flare-ups are bad enough that it's all you think about. You have to try to put it aside by thinking positively and avoiding being around negative energy. Meditation, quiet times and exercise help.” Abby says when outbreaks occur, she also focuses on her mental and emotional health. “I usually do this by journaling, talking to friends, visualizing healing and repeating affirmations.”

Walk your way to greater serenity *(and smoother, clearer skin)*

If your eczema flares coincide with periods of high tension—looming deadlines, family upheaval, job change—it's no surprise: Studies have proven that stress affects immune system activity and triggers the release of itch- and inflammation-causing neuropeptides that can give rise to outbreaks. To help take the edge off, try this walking meditation, which promotes peaceful balance by keeping your mind attuned to the present.

Choose your path.

It can be around the block or around your living room. Just pick somewhere comfortable.

Coordinate your breathing to your steps.

Walk at a relaxed pace, inhaling for three steps, exhaling for three—or whatever feels natural.

Tune in to your bodily sensations.

Focus on the soles of your feet as they hit the ground. How do your calves feel? Your knees? Your thighs? Take note of how your body maintains its balance.


Feel your clothing against your body.

Notice how the fabric moves as you do.

Let go of tension.

Relax your hips...your shoulders...your neck.

Focus on your breathing.

As you inhale, say to yourself: *I am where I long to be.*
As you exhale, say: *I am going home.* 



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DIRECTED

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Medicines from fraudulent online pharmacies may look safe, but they could be contaminated, contain the wrong ingredients, or be missing the active ingredient. These drugs could make you sick or keep you from getting better.

Visit www.FDA.gov/BeSafeRx for more information.

Before buying your medicine online, check to make sure you are using a safe, legal online pharmacy. Visit www.FDA.gov/BeSafeRx or call 1-888-463-6332 for more information.



Take *back* control!

Don't let these common barriers to better care stand between you and sky-high confidence

If you have severe eczema, you've probably looked forward to a family holiday, promising date or important work event only to have your plans sabotaged by painful and embarrassing flares. It's time to take a stand. Here, allergist-immunologist Robert Sporter, MD, and Lauren Conners, RN, of ENT & Allergy Associates in New York City, share some common obstacles to better care—and how to overcome them—so you can always be at the top of your game.



BARRIER: “I can't seem to stick to my treatment plan”

SOLUTION: Developing a plan that fits with your lifestyle

“Life gets in the way sometimes,” Dr. Sporter says. “That’s why we take a shared decision-making approach with our patients—we lay out some options and figure out what works best for them.” To help the process, be up-front with your healthcare team about what’s preventing you from sticking to your current regimen. For example, greasy moisturizers work for lots of people, but may not be the right choice for a machinist or builder who works with his hands or is in the sun all day, says Conners. “We want to set our patients up for success.” And remember, improvements are not a license to get lax—if it’s working, keep it up!

BARRIER: “I have trouble talking to my doctor”

SOLUTION: Finding a care team you click with

Your office visits should be a no-spin zone where nothing is off the table and you can candidly share your challenges, hopes and fears related to your eczema. “It’s important to have a healthcare team that you feel comfortable with so you can bounce things off them and talk about what’s really bothering you,” Dr. Sporter says. “Patients may be shy, self-conscious or embarrassed about their eczema, but they should know they can be straightforward with their doctor about their concerns and treatment goals.”

Be honest with your physician if you feel your treatment isn't getting you the results you want. “If you’ve been trying something and you feel like you’re spinning your wheels, talk about other options that might be more effective,” Dr. Sporter says.

BARRIER: “I feel like I’ll never find relief”

SOLUTION: Giving different treatments a chance

While you may have been in and out of doctors’ offices only to find nothing gives you the relief you’re after, don’t lose hope: New treatments may make all the difference. “I think a lot of patients resign themselves to the fact that there are only so many options available and nothing has really worked for them,” Dr. Sporter says. “But there is something new now that can be life-changing for some people.”

Dr. Sporter is referring to an injectable medication that targets the immune system to reduce inflammation at its source. A biologic drug, it’s been approved for severe eczema—so talk to your doctor about whether it’s right for you. And if biologics aren’t the answer, don’t despair. Staying positive and controlling stress can help you look and feel good while you work with your doctor to find the treatment that provides the best results for you.

BARRIER: “I could never inject myself”

SOLUTION: Being open to guidance from your care team

The new biologic treatment for severe eczema is a twice-monthly self-injection, a dread-inducing thought for those with a needle phobia. Yet patient comfort and safety is priority here, which is why treatment protocol includes educating patients on the medication and then administering the first two injections in the office—the first by the healthcare team and the second by the patient while the team observes. “It’s really easy to do,” says Conners. “We show patients the proper technique, watch them and then give them feedback. And of course we’re always happy to have them come back for another demonstration should they have any concerns.”

Q&A

Answers to your questions about eczema

DODGING THE WET-DRY CYCLE

Q My dermatologist says that the wet-dry cycle is making the cracking in my skin worse. Thing is, I'm not sure I understand what she means by it and what I can do to avoid it. All I know is that in winter, the cracking is especially bad and painful. Can you help?

A The fundamental problem with eczema is that the skin is too dry; this causes inflammation, itching and more dryness—it's a dreadful cycle!

When the skin is wet, it dries even further as the water evaporates, something that happens more quickly in dry or cold weather. That's why your most important task is to keep skin moist. When you step out of the shower, pat your skin dry and apply moisturizer right away, and do the same after washing your hands. I tell my patients they should be applying moisturizer at least four times a day. Moisturizers come in different textures, so find a hypoallergenic moisturizer that feels good to you!

HORMONAL CONNECTION?

Q My eczema seems to act up around my period. I've noticed it for a while, and at first I thought it was a coincidence but now it seems to be a pattern. Is there a link, and is there anything I can do about it?

A If you think your eczema worsens around your menstrual cycle, you're probably right. This occurs in some women. The best strategy for most women who figure out their eczema worsens at a certain time of their cycle is to prepare by being extra diligent with your skin-care regimen at that time. This is not the time to skip your moisturizers or skin medications, and you may wish to take some oral anti-itch medication. A very small number of women are actually allergic to progesterone, either the hormone they produce internally, or to progesterone they receive through a contraceptive or IUD. If your skin gets severely worse, or only acts up before your period, speak to a doctor about a possible progesterone reaction.

YEAR-ROUND SUNSCREEN?

Q I thought the sun was good for problem skin, but my doctor told me I need to wear sunscreen every day—even if it's

BECOMING A RECLUSE

Q I'm feeling hopeless about my eczema. I've tried phototherapy, topical treatments, baths, lotions and moisturizers. But nothing works. If anything my skin is getting worse—with oozing patches. I'm so embarrassed I rarely go out with friends and don't want strangers to see my skin. Is there any hope for me?

A There most certainly is! There are aggressive skin-care regimens that can get severely eczematous skin healed, such as wet wraps and antimicrobial baths. Most exciting, however, is a new eczema drug approved in late 2016. This medication, given by injection every two weeks at home, is for patients with severe eczema that covers a large portion of their body, or sensitive areas like the face, groin, or hands. It targets the immune pathways that are overactive in eczema, and we have many patients enjoying dramatic life-changing results with



a very low risk of side effects. If you haven't seen a skin specialist because you've "tried everything" without success over the years,

make an appointment with an allergist or dermatologist who specializes in eczema to talk about this option.


cloudy or rainy. Why is that and what should I look for in a sunscreen?

A Clouds don't filter out all the dangerous UV light, so skin specialists often recommend wearing sunblock every day. Look for products labeled "hypoallergenic," and because any product could potentially trigger a reaction, apply it to a very small area of the skin on the first day and see how it reacts. Keep in mind that just because a skin product is "natural" or "organic" doesn't mean it can't cause an allergic reaction. Ask your doctor before you try a new sunblock and let them know if it causes a flare. This could indicate that you're allergic to an ingredient in the sunblock.

UNCOVERING TRIGGERS

Q I was recently diagnosed with severe atopic dermatitis, and I understand it's a good idea to figure out your triggers. But I'm overwhelmed by the prospect. Can you suggest a strategy that can make it easier for me?

A Some patients do have identifiable triggers for their eczema. A good place to start is just by doing your own observing. For example, some of our patients get worse in the cold, others flare in the hotter temps. A very helpful test to consider is a patch test, where contact allergens are placed on the skin and reactions are measured. Many

patients with eczema are sensitive to things that directly touch the skin, such as fragrances, cosmetics, preservatives, dyes, and even medications. A good patch test will identify these, so you can learn to avoid the products that aggravate your skin. 

OUR EXPERT:



Robert Sporer, MD, is a board-certified adult and pediatric allergist/immunologist at ENT & Allergy Associates' Fifth Avenue Office in New York City and a faculty member of the Mount Sinai School of Medicine.



Questions to ask today

When you have atopic dermatitis (the most common form of eczema), getting the best possible care means talking openly with your doctor about it. Get the conversation started with these questions.



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

2. How severe is my eczema?

3. Do I need any further testing?

4. Do you know how long I will have it?

5. What treatment do you recommend and why?

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

7. Are there any lifestyle strategies that could help me?

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