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About Eczema

Eczema, the most common form of which is atopic dermatitis (AD), is a chronic, non-contagious, inflammatory skin condition. It comes with dry, red, irritated, and itchy skin, oozing, and scaly rashes. People with eczema often have a personal and/or family history of allergies. Eczema is common. It affects between 10 and 20% of children and 7% of adults. AD affects people of all races but is more common among Black and Hispanic populations than White people. Eczema can be extremely challenging for people of color for whom it tends to be more severe and persistent into adulthood. It shows up differently in darker skin, and tools to help diagnose the condition that rely on redness of the skin can cause doctors to misdiagnose or downplay the severity of AD.



What is eczema

People with eczema have very dry and sensitive skin. Symptoms may worsen with exposure to many different things, like allergens such as pet dander or dust mites and irritants. Other common triggers include:

- Sweat
- Fragrances

- Chemicals
- Rough fabrics
- Heavy or tight clothing
- Humidity or extreme changes in temperature
- Bacteria

Identifying the triggers that can irritate your skin or make your eczema flare up is key to addressing this condition – and staying healthy.

About 50% of people with eczema will experience symptoms by 12 months old, and 85% will experience symptoms by age 5. Most eczema resolves during childhood, but 30% of cases continue into adulthood. Adult eczema is a chronic condition. In fact, one out of every four cases of eczema starts in adulthood.

What are eczema symptoms?

Typical symptoms of eczema in fair complexions include:

- A red rash or red patches of skin, especially inside the folds of the elbows and knees
- Itching
- Dry skin, which can crack and bleed

In infants and young children, eczema is usually located on the cheeks, outside of the elbows and on the knees. In older children and adults, eczema is typically on the hands and feet, the arms and on the back of knees. Adults with chronic eczema may have inflamed, red, itchy patches of skin that can



erupt in oozing flare-ups. Over time the affected skin can thicken.

Symptoms can be painful and can cause skin coloring changes and blisters. Scratching the skin may lead to skin infection.

How is eczema diagnosed?

Allergists often see patients with eczema because allergists are specially trained to treat skin conditions that are often related to an allergic response.

Your allergist may perform a skin prick test, which involves applying a diluted allergen on the surface of your skin. The allergist observes the tested area for about 15-20 minutes to see if a bump or redness develops. The test is usually

done on the back or forearm, and on the back in children, with several allergens tested at once.

Some young children with moderate to severe eczema also have



food or environmental allergies. Recent guidelines put infants who have severe eczema and/or egg allergy in the highest risk category for developing peanut allergy. These high-risk infants can be seen by an allergist who can determine if they are candidates to be introduced to peanut-containing foods between four to six months of age to prevent peanut allergy.

Eczema in skin of color

For Black patients, the itching due to eczema seems to be worse and likely more severe. It is also more difficult to see the redness and inflammation of the skin, and instead there may be grayish-white skin discoloration ("ashy skin") or a violet hue. It can also appear differently with small bumps on the torso, arms, and legs (called papular eczema). Sometimes, bumps develop around hair follicles and resemble goosebumps. Black people also tend to have more extensive skin dryness and dark circles around the eyes. And all that rubbing and scratching can lead to a thickening of the skin called lichenification and raised bumps called prurigo nodules. When the eczema finally calms down, patients with darker skin can heal in different colors. The skin around the eczema can be darker or lighter – it can cause a sort of polka dot, or checkerboard look. Skin color usually returns to normal, but it can take months.



How is eczema treated?

Children and adults diagnosed with eczema can manage the condition with the guidance of an allergist.

Moisturizing is the first line of treatment, no matter your skin color. Since eczema is a chronic condition, moisturizers should be applied once to twice daily even when skin appears clear, to help prevent dryness.

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Your allergist might tell you to bathe or shower at least once a day using a mild, non-soap cleanser. Immediately apply moisturizer, while you are still wet, to seal in moisture. This method can provide relief from the itching and improve the eczema.

For mild to moderate eczema that is not responding to moisturizers alone, your allergist might consider stepping up your treatment to a prescription corticosteroid or nonsteroidal cream or ointment called calcineurin inhibitors, small molecules (Jak inhibitors) and phosphodiesterase inhibitors.

For moderate to severe cases of eczema that are not controlled well by topical prescription therapies, your allergist might suggest other treatments, including a biologic, phototherapy, oral immunosuppressants, or Jak inhibitors. Biologics are targeted therapies designed to treat specific inflammatory cells and proteins involved in eczema. Biologics have been shown to improve and clear eczema lesions, decrease the number of eczema flare-ups, and control itching. Biologics for eczema have been approved for use in children, adolescents and adults.



Oral and topical Jak Inhibitors represent a class of small molecules approved for adolescents and adults with eczema that also target inflammation.

Phototherapy is another option for severe cases of eczema. It uses a special type of light to reduce itchiness and inflammation. This type of therapy can also increase vitamin D production, which can help skin. Phototherapy is given in three to five weekly applications over two to three months at a facility

with special equipment. This is most often done in the office of a dermatologist.

Another option is systemic immunosuppressant oral medications that have been shown to be effective with severe and difficult-to-manage cases.

Regular follow-up visits with your allergist and blood tests may be needed to watch for side effects.

To learn more about eczema, visit www.acaai.org.

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Anyone with allergies and asthma should be able to feel good, be active all day and sleep well at night. You don't need to accept less. Allergists are specially trained to help you take control of your allergies and asthma, so you can live the life you want.

When should I see an allergist?

See an allergist if you have any of these conditions. Allergists treat two of the nation's most common health problems – allergies and asthma. More than 50 million people in the United States have these allergic diseases. Although symptoms may not always be severe, allergies and asthma are serious and should be treated that way. Many people with these diseases don't realize how much better they can feel. Allergists also treat conditions with similar symptoms, such as non-allergic rhinitis.

What is an allergist?

An allergist is trained to find the source of your symptoms, treat it and help you feel healthy. Life's too short to struggle with allergies or asthma. An allergist can help you find the answers you're looking for.

After earning a medical degree, the doctor completes a three-year residency training program in either internal medicine or pediatrics. They then finish two or three more years of study in asthma, allergy and immunology. The best way to manage your allergies or asthma is to see an allergist.