

Diagnosis is

based on a clinical

picture of characteristic

rash and itch. Testing

aims at identifying

allergic triggers.

#### **SKIN SYMPTOMS**

- Acute form: itchy, red, small blisters or oozing
- Chronic form: dry, darkened, thickened skin
- Skin can show acute, subacute and chronic forms
- Infants: affects face and extensor surfaces of body
- Children and adults: folds of arms, legs, neck and less commonly face
- Hyperpigmentation possible in chronic, untreated cases



- AD often is the first manifestation of allergic
- and/or asthma can follow Eczema may flare in up to ½ to ⅓ of infants and children with AD who have a food trigger, but some may also experience more

# this condition? Most people who have atopic dermatitis have a personal or family history of allergies.

## **SOCIOECONOMIC BURDEN**

Out of pocket costs.

Lost work and school ·····productivity

Co-pays for numerous specialists and medications Over-the-counter emollients Medications that insurance might not cover More clinic and urgent care visits, possibly hospitalizations

Lost work and school days Increased sick days in bed

# **QUALITY OF LIFE CONCERNS**

- Chronic symptoms • Sleep disturbance
- Other skin manifestations such as bleeding, dryness, scaling, oozing and crusting
- Self-consciousness
- Limitations of daily activities Impact on relationships
- Effects of treatment
- Interruption of work and school activities
- Susceptibility to infections and viruses

**Doing a Quality** of Life Assessment with the physician can help with managing symptoms and possibly preventing them.

Physicians can

help identify triggers

to avoid in order to keep

symptoms under control

and stay comfortable and healthy.



### TRIGGERS

- Temperature and humidity Contact dermatitis
- Harsh soaps and detergents
- No protective clothing for dry and cold
- weather changes
- Dust mites, animal dander and inhalant
- allergens in the environment Microbial infections

- Sometimes food allergens (more common in children)

# TREATMENT OPTIONS

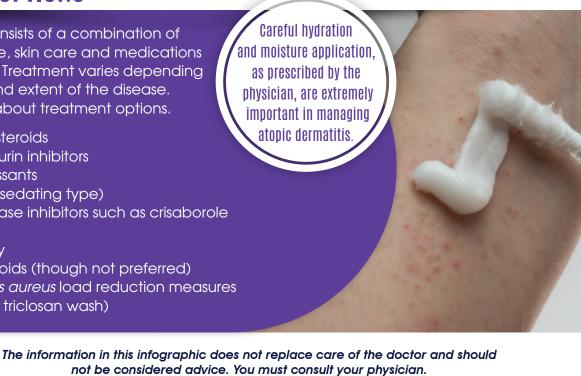
trigger avoidance, skin care and medications for inflammation. Treatment varies depending on the severity and extent of the disease. Ask your doctor about treatment options.

Management consists of a combination of

- Topical corticosteroids • Topical calcineurin inhibitors
- Immunosuppressants
- Antihistamines (sedating type)
- Phosphodiesterase inhibitors such as crisaborole Phototherapy
- Biologic therapy

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- Oral corticosteroids (though not preferred)
- Staphylococcus aureus load reduction measures
- (bleach baths, triclosan wash)



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