



Eczema Care in the Black Community: Empowerment Through Shared Decision-Making

Black People Like Me

Virtual Conference
February 11th
4:00 PM ET

Eczema Care in the Black Community: Empowerment Through Shared Decision-Making

Presented by: Allergy & Asthma Network

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**Thank you, Incyte for providing
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Today's Speakers



Moderator

**Tonya Nash, MPH,
CHES**

Project Manager at
Allergy & Asthma
Network

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Patient Speaker

Gregg Clark Jr., MA, APCC



Physician Speaker

Ama Alexis, M.D.

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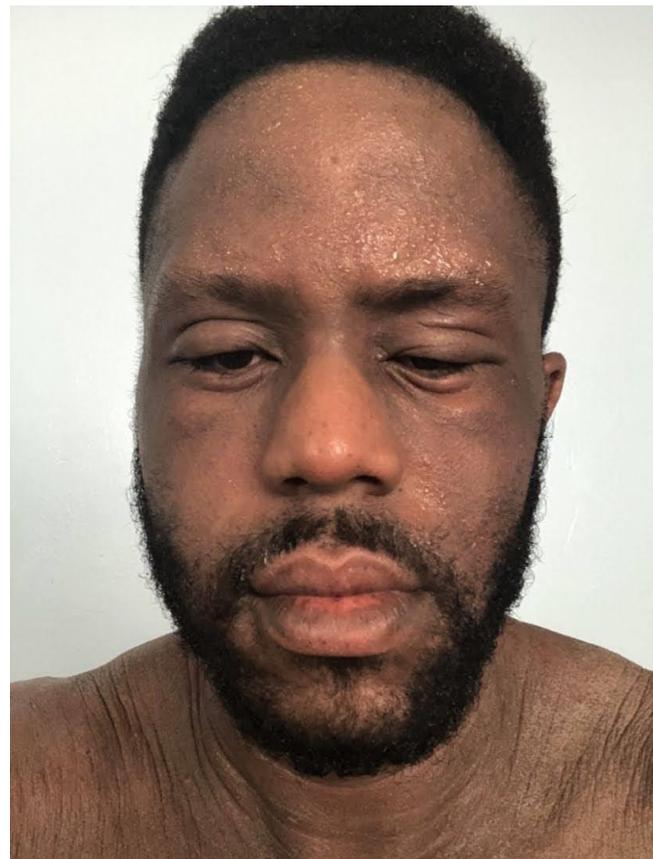
Patient Story

Presented by:
Gregg Clark Jr., MA, APC



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Eczema Care in the Black Community: Empowerment Through Shared Decision-Making

Ama Alexis, MD

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Disclosures

Consultant/Advisory Boards:

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Speaker's Bureau:

Sanofi-Regeneron, Pfizer, Incyte

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Learning Objectives



Overview of Atopic Dermatitis

Causes, symptoms and presentation
Atopic dermatitis in Skin of Color/ Black Community



The Visit

How to prepare
Shared decision making



Therapeutic options

Evidence-based medicine
Advances in Medicine

Atopic Dermatitis Overview

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Atopic Dermatitis – Overview

Atopic dermatitis is the most common chronic inflammatory skin disease

Dry, itchy and inflamed (red or discolored) skin

Atopic dermatitis (AD) is a specific disease

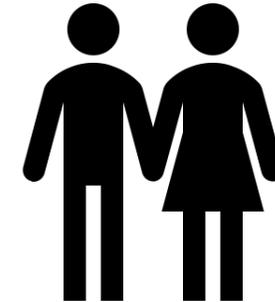
- Chronic disease
- Not contagious
- May affect you at any age
- May be associated with asthma, allergy rhinitis, and food allergy
- Sleep and quality of life disturbance for patient and family
- Mental health – depression, anxiety

Atopic Dermatitis - Overview

- > 16.5 million Americans are affected
- Prevalence in US: **10 to 15%** of children and **7 to 10%** adults
- Onset may present in infancy, childhood, adolescence or adulthood
- Severity: Mild, moderate to severe
- Distribution of lesions – changes by age (e.g. cheeks, large folds, hands, trunk)



13%
children

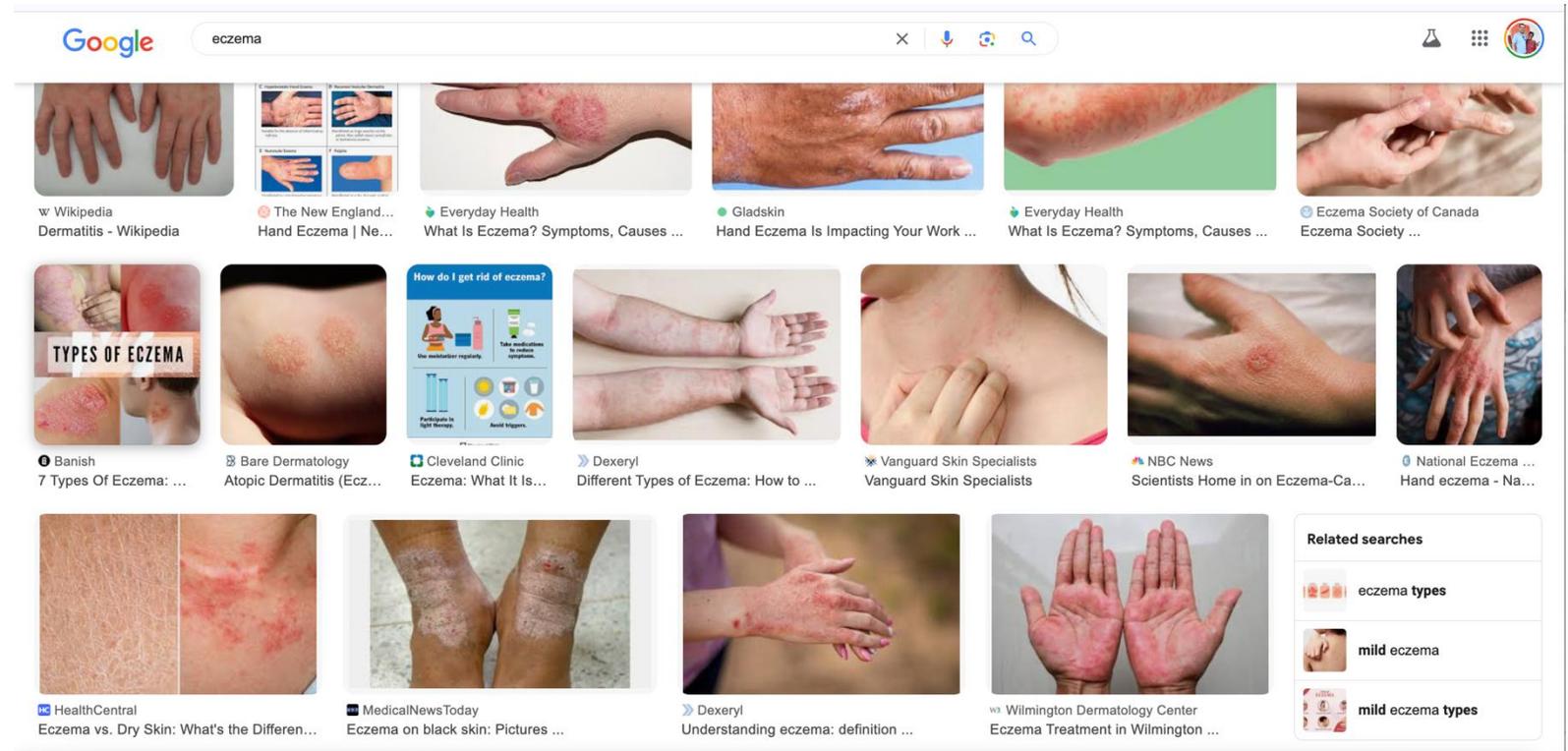


7%
adults

Atopic Dermatitis - Clinical Diversity

Google images "eczema"

- Multiple presentations – diverse manifestations
- Limited examples of eczema in people of color



Google search on January 23, 2025

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Atopic Dermatitis- Clinical Diversity

What is the difference in atopic dermatitis in the black community?

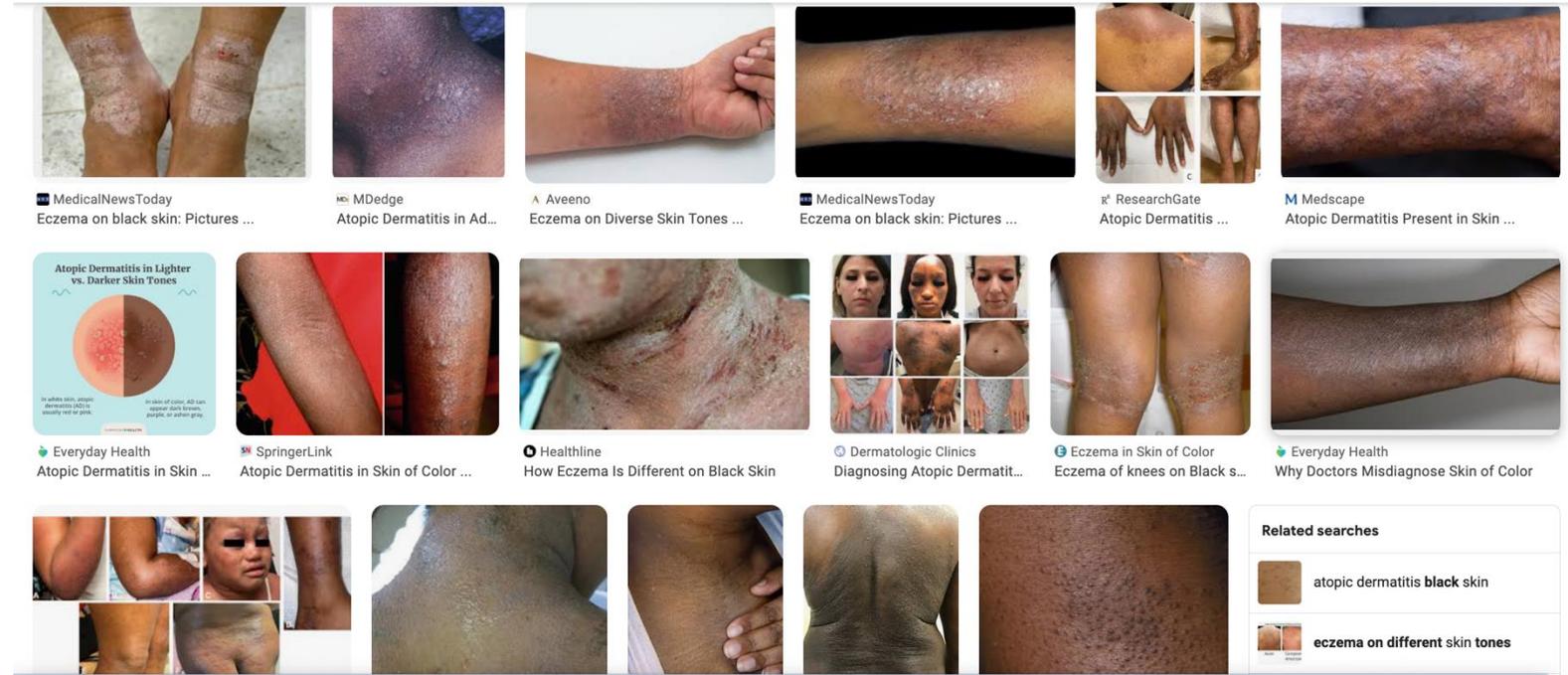
Diverse clinical presentation



Misdiagnosis or Under recognition



Under treatment



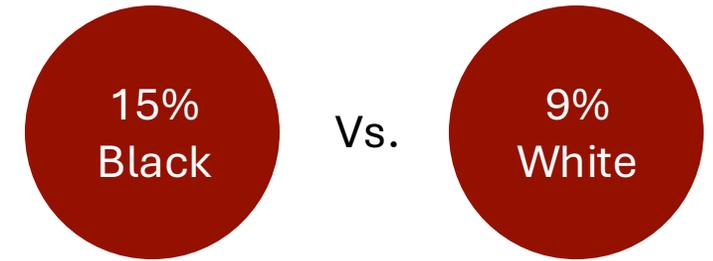
Google search on January 23, 2025

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Atopic Dermatitis - In the Black Community

- Black patients in the US experience greater AD **prevalence, severity, and persistence**
- Greater utilization of the emergency department among black and Hispanic vs. white children
- Black **1.5 x** and Hispanic **3.4 x** children are more likely to have missed **at least 6** days of school because of AD compared to white (non-Hispanic) children



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Fu et al, Pediatric Dermatology 2014
McKenzie, C and Silverberg, J.I Ann Allergy Asthma Immunol 2019
Wan J et al JAMA Dermatology 2019
Wan, J. Journal of Investigative Dermatology 2019
Shaw TE et al, J Investig Dermatol 2011
Bell MA et al J Natl Med Assoc 2020

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Atopic Dermatitis - In the Black Community

- **Underutilization** of dermatologists among Black children with poor AD control
- Higher **out-of-pocket** expenses for black patients
- Black patients with AD were **less likely to receive** various AD therapies, such as dupilumab, crisaborole, pimecrolimus, tacrolimus, and desonide.



Atopic Dermatitis - In the Black Community

42%

Bullied because
of their skin condition

42%

It made me
feel depressed

75.8%

Received negative comments
from persons close to them
about their skin condition

Care Insights Among Skin of Color Consumers

Web-based survey about the **psychosocial burden** of skin disease
and dermatology

How do we diagnose atopic dermatitis?



Clinical Presentation



Diagnosis



Therapeutic Intervention



The diagnosis of atopic dermatitis is based on patient history and clinical presentation

Atopic Dermatitis - Skin of Color

Clinical characteristics:

- Nuances in clinical presentation
 - Altered appearance of erythema (“redness”)
 - Variations in anatomical distribution
- Unique presentation (follicular, psoriasiform, lichenoid)
- Dyspigmentation is more common
 - Hypopigmentation (lighter)
 - Hyperpigmentation (darker)

Atopic Dermatitis - Clinical Diversity



Erythema

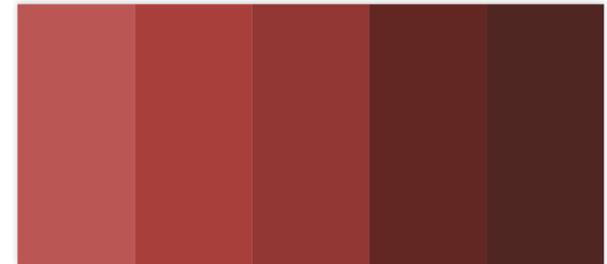
Reddening of the skin due to injury, inflammation or irritation

Erythema in skin of color:

Red plus pigment

➔ violet, purple, brown or gray

Underestimation of erythema/inflammation may lead to undertreatment



<https://www.color-hex.com/color-palette/43643>



Follicular prominence may be **the only sign** of atopic dermatitis in pediatric patients with SOC

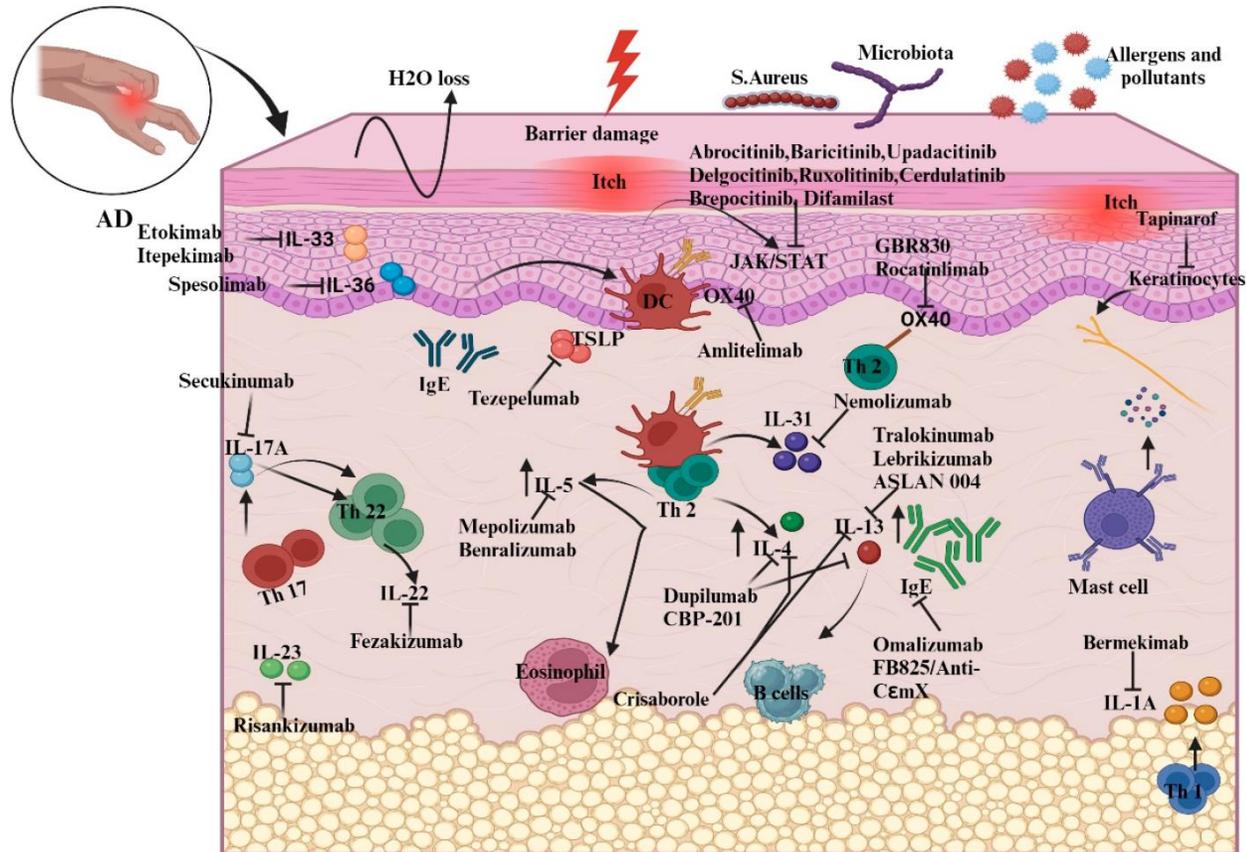


Lichenification:
Skin thickening and exaggerated skin markings secondary to constant scratching



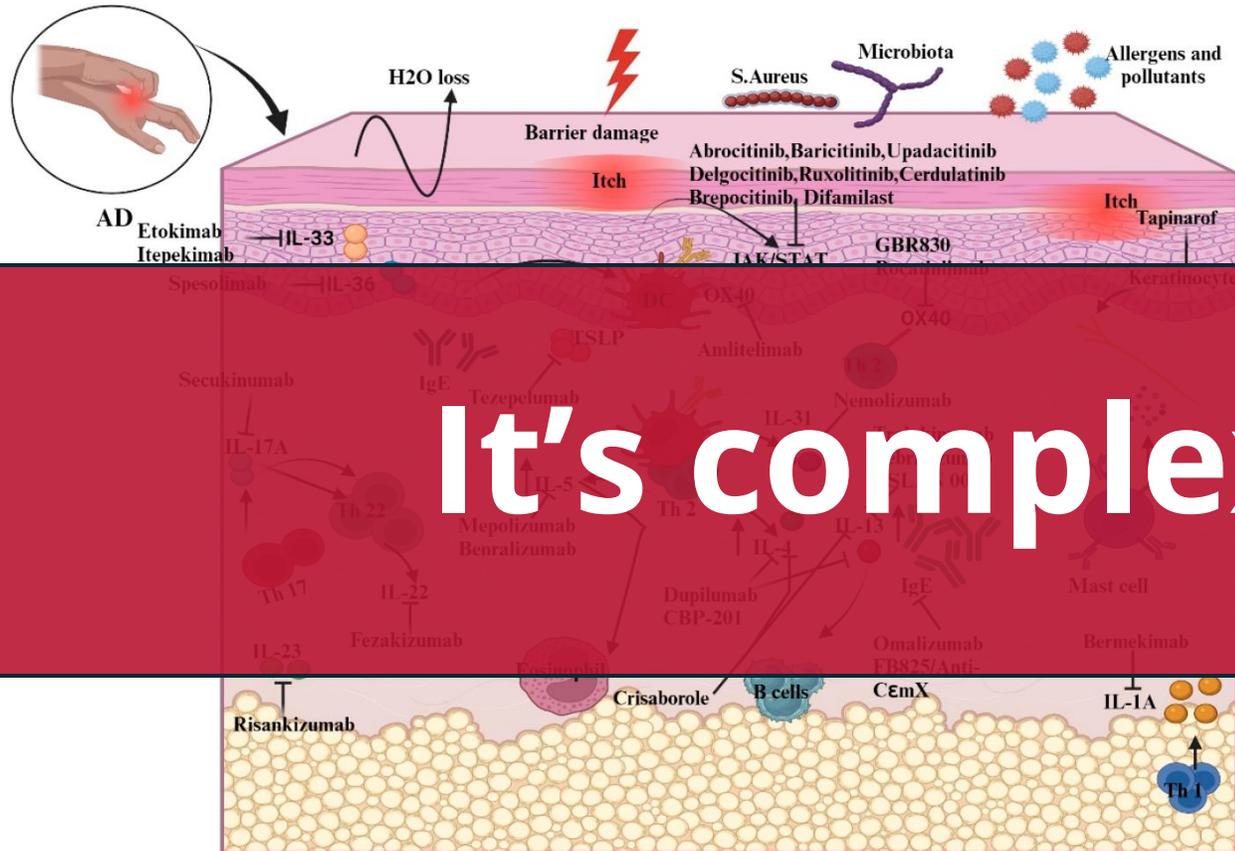
Dyspigmentation:
Lighter or darker after inflammation

Atopic Dermatitis – Potential causes:



Dysfunction of the skin barrier & an imbalanced immune system

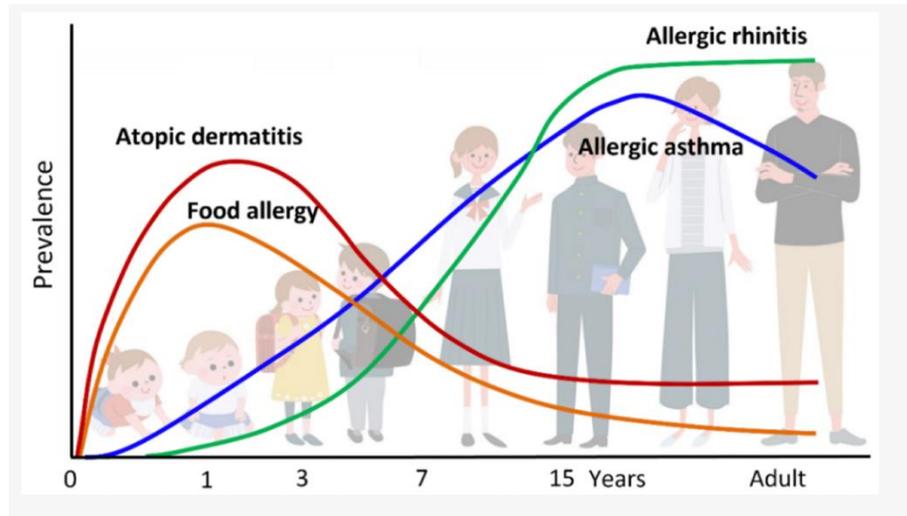
Atopic Dermatitis – Potential causes:



It's complex!

Dysfunction of the skin barrier & an imbalanced immune system

Atopic Dermatitis – Potential causes:



Genetic

-Mutations

Atopic March

- Atopic dermatitis, food allergy, allergic rhinitis and allergic asthma

The social determinants of health (SDH) are the **non-medical factors** that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age.

Proposed solutions by the American College of Allergy, Asthma, and Immunology and advocacy experts to address racial disparities in atopic dermatitis and food allergy

68% acknowledged that racial disparities hindered adequate treatment for AD and food allergies among individuals with skin of color

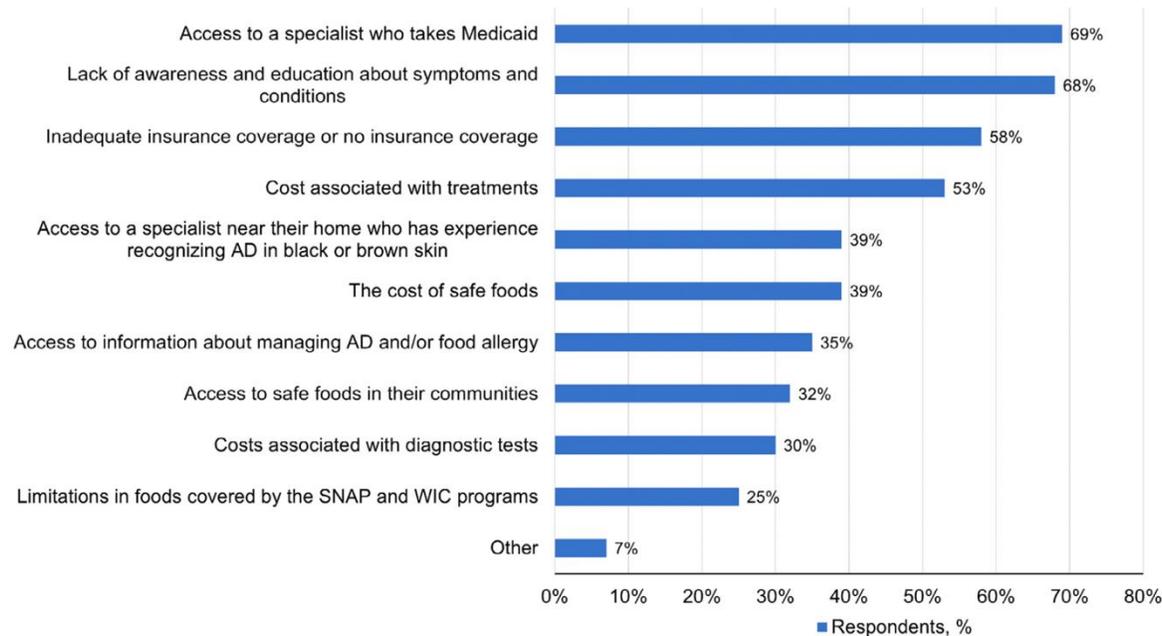


Figure 1. Percentage of respondents indicating challenges reported by their patients of color in getting a diagnosis or treatment for AD or food allergy. AD, atopic dermatitis; SNAP, Supplemental Nutrition Assistance Program; WIC, women, infants, and children.

Concerns/Barriers:

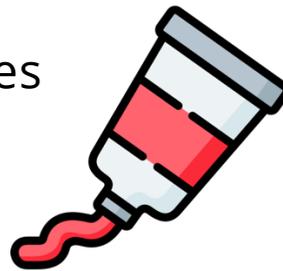
- **Access to care:**
 - A specialist who takes Medicaid/insurance
 - Inadequate coverage
 - No coverage
 - Specialists with specific knowledge
 - Information/resources
- **The burden of costs:**
 - Test
 - Therapies
- **Policies and infrastructure that limit access to patient education**
- **Inadequate research involving people with skin of color.**

Going to the doctor...

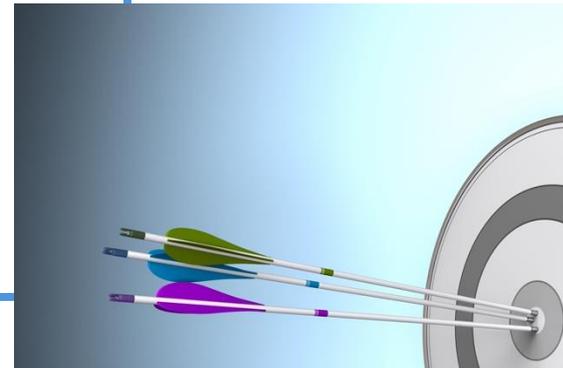
Prior To The Visit:

Think of your history :

- When did it start?
- What makes it better?
- What makes it worse?
- Take notes before the visit
- Bring in all of the creams/therapies you have tried
- Take a picture of all of your creams
- Consider taking photographs of your rashes
- Copay? Coinsurance? Deductible?
- Medical Formulary - what is covered?
- **What is your goal?**



Who: ER, primary care provider or specialist (dermatology or allergy), telemedicine, community-based clinic
Time spent: 10 minutes – 45 minutes



Going to the doctor...

During The Visit:

- History:
 - Questions, questions, questions...
- Exam:
 - Show all areas that are affected (how much skin is affected?).
- Ask questions:
 - What is the diagnosis?
 - Therapy?
 - For how long can I use the medication?
 - How long will it take to see results?
 - Prevention?
- Ask for resources (e.g. Handouts, Summary, NEA)
- Atopic Dermatitis Action Plan
- Objective measures:
 - Itch, sleep, absenteeism
 - Atopic Dermatitis Control Tool

Diagnosis:
 Atopic dermatitis Contact dermatitis Insect bite allergy Dermatographism
 Other:

A complete Skin Test Survey revealed clinically significant reactions to:
 Tree pollen (Mar/Apr/May) Dust mites Molds
 Grass pollen (May/Jun/Jul) Feathers Animal dander (cat,dog,mouse)
 Weed pollen (Jul/Aug/Sep) Cockroach Other:

Your allergy medications include:
Oral antihistamines:
 Zyrtec (Cetirizine) Allegra (Fexofenadine) Claritin (Loratadine) Xyzal (Levo-cetirizine)
 Hydroxyzine Benadryl(Diphenhydramine) Dupixent

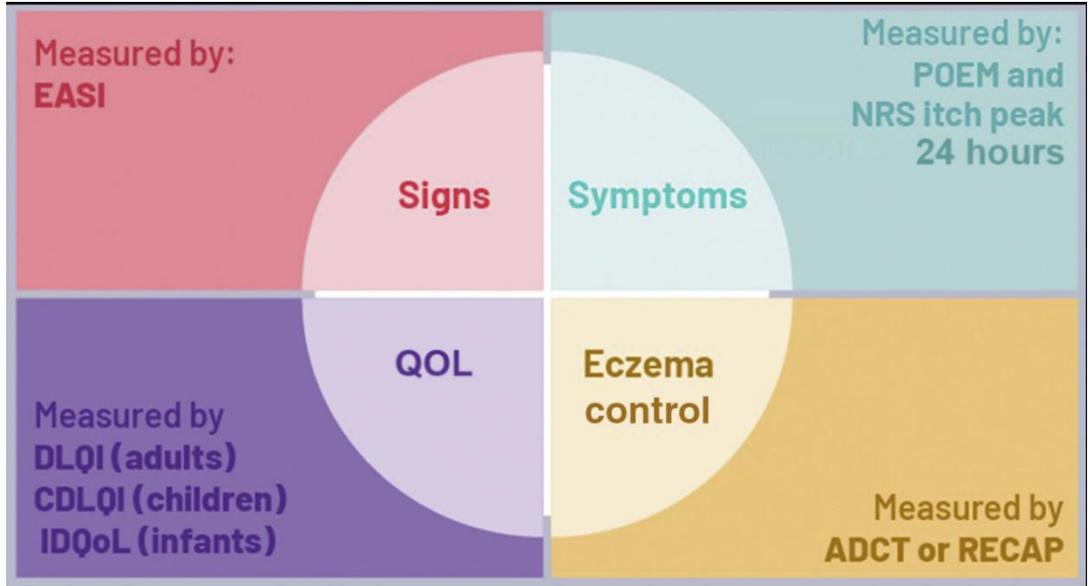
Medicated cream:
Apply a thin layer of _____ once/twice daily for _____ days (face/neck) 
Apply a thin layer of _____ once/twice daily for _____ days (body)

Cleansing gels and soaps:
 Aquaphor wash and shampoo
 Aveeno Soothing Bath Treatment (Eczema Therapy) 
 CeraVe Hydrating Cleanser /CeraVe Baby Wash and Shampoo
 Cetaphil gentle skin cleanser
 Cetaphil® RESTORADERM® Skin Restoring Body Wash (3 months and older)
 Dove Unscented Beauty Bar
 Free & Clear Liquid Cleanser (<https://www.ppsico.com/>)
 La Roche-Posay Lipikar Syndet Soap-Free Cleansing Gel

Moisturizers:
 Aquaphor Healing Ointment (Lanolin) Vaseline CeraVe Healing Ointment 
 CeraVe Moisturizing Cream CeraVe baby Moisturizing Cream
 Cetaphil® RESTORADERM® Skin Restoring Moisturizer (3 months and older)
 Cetaphil Moisturizing Cream (Sweet almond oil)
 Eau Thermale Avene XeraCalm A.D.
 Eucerin Eczema Relief (fragrance, dye and steroid free) Exederm Baby Eczema
 EpicCeram (Rx) Hylatopic Plus (Rx)
 La Roche-Posay Lipikar Body Balm AP+ / Lipikar Eczema
 Vanicream/ Vaniply (Ointment) (<https://www.ppsico.com/>)

How to prevent flare ups:

- Keep fingernails very short and smooth to help prevent damage due to scratching.
- <https://www.adrescuewear.com/>
- Wash all new clothes before wearing them. This removes formaldehyde and other potentially irritating chemicals which are used during production and packing
- Wear garments that allow air to pass freely to your skin. Open weave, loose-fitting, cotton-blend clothing may be most comfortable. Avoid wearing wool.
- Keep your skin moisturized. Use a fragrance-free moisturizers. After the shower, pat skin with a towel and apply moisturizer to damp skin. Apply moisturizers at least 2 times each day.
- Creams and ointments are more beneficial than lotions.
- Use dye-free and fragrance-free detergent (e.g. Tide free&gentle; ALL, Method free&clear)
- Avoid fabric softeners (ALL now makes a fabric softener )



EASI - Eczema Area and Severity Index
POEM - Patient oriented
NRS - Peak Pruritus Numerical Rating Scale
DLQI - The Dermatology Life Quality Index
ADCT - Atopic Dermatitis Control Tool
RECAP - Recap of atopic eczema

Patient-Oriented Eczema Measure

Please circle one response for each of the seven questions below. Young children should complete the questionnaire with the help of their parents. Please leave blank any questions you feel unable to answer.

1. Over the last week, on how many days has your/your child's skin been itchy because of the eczema?
 No Days 1-2 Days 3-4 Days 5-6 Days Every Day
2. Over the last week, on how many nights has your/your child's sleep been disturbed because of the eczema?
 No Days 1-2 Days 3-4 Days 5-6 Days Every Day
3. Over the last week, on how many days has your/your child's skin been bleeding because of the eczema?
 No Days 1-2 Days 3-4 Days 5-6 Days Every Day
4. Over the last week, on how many days has your/your child's skin been weeping or oozing clear fluid because of the eczema?
 No Days 1-2 Days 3-4 Days 5-6 Days Every Day
5. Over the last week, on how many days has your/your child's skin been cracked because of the eczema?
 No Days 1-2 Days 3-4 Days 5-6 Days Every Day
6. Over the last week, on how many days has your/your child's skin been flaking off because of the eczema?
 No Days 1-2 Days 3-4 Days 5-6 Days Every Day
7. Over the last week, on how many days has your/your child's skin felt dry or rough because of the eczema?
 No Days 1-2 Days 3-4 Days 5-6 Days Every Day

Total Score (maximum 28) _____

Atopic dermatitis – AD Guidelines 2024

VOLUME 132 | NUMBER 3 | MARCH 2024
annallergy.org



Annals of Allergy, Asthma & Immunology

OFFICIAL PUBLICATION OF THE AMERICAN COLLEGE OF ALLERGY, ASTHMA & IMMUNOLOGY



- Atopic dermatitis (eczema) guidelines: 2023 American Academy of Allergy, Asthma and Immunology/American College of Allergy, Asthma and Immunology Joint Task Force on Practice Parameters GRADE– and Institute of Medicine–based recommendations
- The value of proactive management of food allergy
- Inhaled epinephrine for anaphylaxis: Time for another look?
- Intralymphatic immunotherapy: A status update
- The never-ending challenge of using clinical criteria to diagnose and assess severity of chronic rhinosinusitis



ATOPIC DERMATITIS				
AAAAI/ACAAI JTFFPP 2023 guidelines				
A joint guideline made by: Patients and caregivers Clinical experts Allergists and dermatologists Methodologists Allied health Psychologists, nurses, pharmacists Front-line clinicians Family medicine, pediatricians, internal medicine				
INTERVENTION	SEVERITY	RECOMMENDATION	STRENGTH	CERTAINTY
TOPICAL TREATMENTS				
If refractory to moisturizers	MILD	PRESCRIPTION MOISTURIZERS We suggest against using prescription moisturizers rather than a fragrance-free over-the-counter moisturizer	Conditional against	Low certainty evidence
	MILD	TOPICAL CORTICOSTEROIDS We recommend adding a topical corticosteroid	Strong in favor	High certainty evidence
	MILD	TOPICAL CALCINEURIN INHIBITORS We recommend adding a topical calcineurin inhibitor	Strong in favor	High certainty evidence
	MILD	TOPICAL PDE4 INHIBITORS We suggest adding crisaborole	Conditional in favor	Moderate certainty evidence
	MILD	TOPICAL JAK INHIBITORS We suggest against adding topical ruxolitinib	Conditional against	Low certainty evidence
	MILD	APPLICATION FREQUENCY We suggest applying mid to high potency topical medicines once per day over twice per day	Conditional in favor	Low certainty evidence
Localized lesions refractory to mid to high potency topical treatment	MILD	OCLUSIVE APPLICATION (WET WRAPS) We suggest a time and body surface area-limited trial of occlusive low to mid potency topical steroid	Conditional in favor	Very low certainty evidence
	MILD	TOPICAL ANTIMICROBIALS We suggest against adding topical antimicrobials to topical anti-inflammatories in patients with no clear signs of infection	Conditional against	Very low certainty evidence
MILD	MAINTENANCE OF REMISSION We recommend use of proactive therapy to areas that flare with a topical calcineurin inhibitor or mid potency topical steroid	Strong in favor	Moderate certainty evidence	
BLEACH BATHS	MILD	We suggest adding dilute bleach bathing	Conditional in favor	Low certainty evidence
	MILD	We suggest against adding dilute bleach bathing	Conditional against	Low certainty evidence

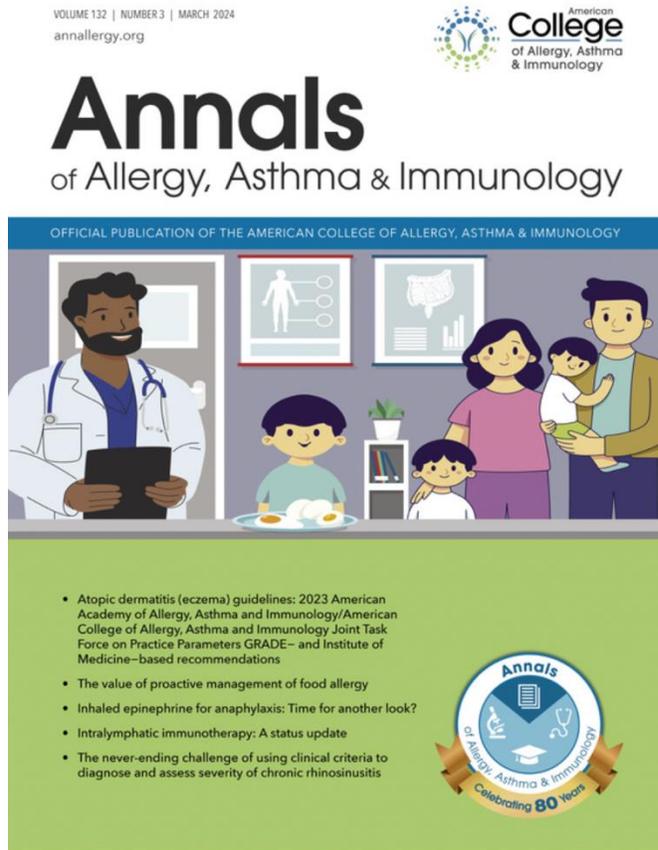
ATOPIC DERMATITIS		AAAAI/ACAAI JTFFPP 2023 Guidelines		
INTERVENTION	SEVERITY	RECOMMENDATION	STRENGTH	CERTAINTY
ELIMINATION DIETS Dyball et al Systematic review	MILD MODERATE SEVERE	We suggest against the use of elimination diets	Conditional against	Low certainty evidence
ALLERGEN IMMUNOTHERAPY Sublingual Subcutaneous Best evidence for dust mite allergy Yepez-Rufer & Chu et al Systematic review	MILD	We suggest adding allergen immunotherapy if refractory, intolerant, or unable to use mid potency topical treatments	Conditional in favor	Moderate certainty evidence
	MILD	We suggest against adding allergen immunotherapy See conditions to consider, e.g. comorbidities, values and preferences	Conditional against	Moderate certainty evidence
SYSTEMIC TREATMENTS Consider if refractory, intolerant, or unable to use mid to high potency topical treatment See conditions to consider, e.g. comorbidities, risk factors, values and preferences, and exceptional circumstances Chu et al Network meta-analysis	MILD	BIOLOGICS / MONOCLONAL ANTIBODIES DUPILUMAB We recommend adding dupilumab Age 6mo+	Strong in favor	High certainty evidence
	MILD	TRALOKINUMAB We recommend adding tralokinumab Age 12yo+	Strong in favor	High certainty evidence
	MILD	UVB TREATMENT We suggest adding clinic-based narrow band UVB treatment	Conditional in favor	Low certainty evidence
	MILD	ABROCICTINIB, BARICITINIB, OR UPADACITINIB We suggest adding one of these three JAK inhibitors Age varies: 12 or 18 yo+ Suggested daily doses: Abrociclib 100-200 mg, Baricitinib 2-4 mg, Upadacitinib 15-30 mg	Conditional in favor	Low certainty evidence
	MILD	BARICITINIB 1 mg DAILY We recommend against adding baricitinib 1 mg daily	Strong against	Low certainty evidence
	MILD	AZATHIOPRINE We suggest against adding azathioprine	Conditional against	Low certainty evidence
	MILD	SMALL MOLECULE IMMUNOSUPPRESSANTS CYCLOSPORINE We suggest adding cyclosporine	Conditional in favor	Low certainty evidence
	MILD	METHOTREXATE We suggest against adding methotrexate	Conditional against	Low certainty evidence
	MILD	MYCOPHENOLATE We suggest against adding mycophenolate	Conditional against	Low certainty evidence
	MILD	SYSTEMIC CORTICOSTEROIDS We suggest against systemic corticosteroids for all patients with atopic dermatitis	Conditional against	Low certainty evidence

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Chu, DK et al Ann Allergy Asthma Immunol 2024



Atopic dermatitis – AD Guidelines 2024



Atopic Dermatitis in Diverse Skin Tones (Skin of Color): Clinical Considerations and Health Disparities:

Suggestions for clinicians to consider when applying our guidance on an individual-patient and population-societal level:

- **Different morphologies** (including papular, lichenoid, nummular and follicular clinical forms, and extensor surface, eyelid, and inverse flexural involvement)
- **Erythema:** transient skin alterations characteristic of active AD inflammation
- **Post-inflammatory dyspigmentation** (hypo- or hyperpigmentation)

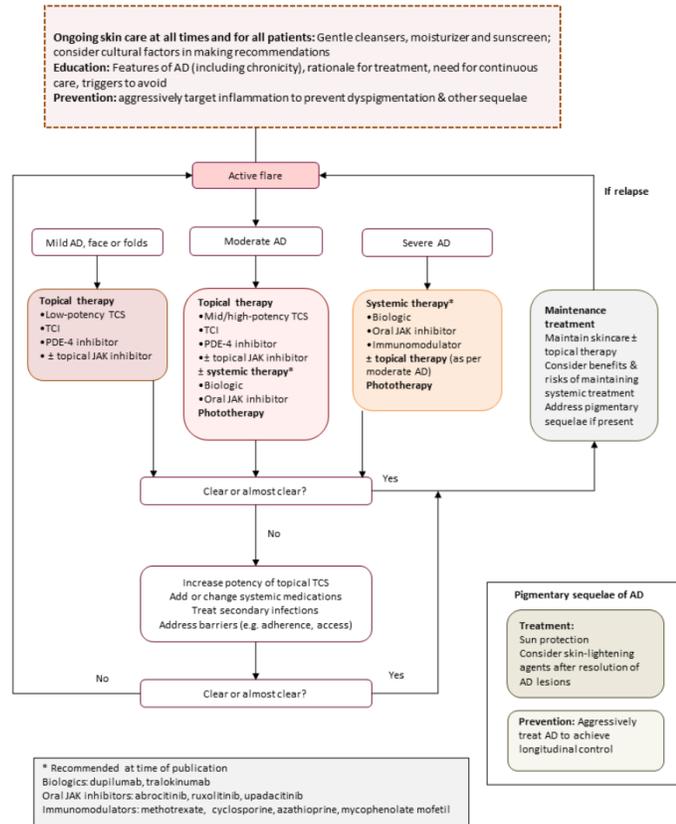
Principles of AD care remain similar for all skin types.

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Atopic Dermatitis - Therapy

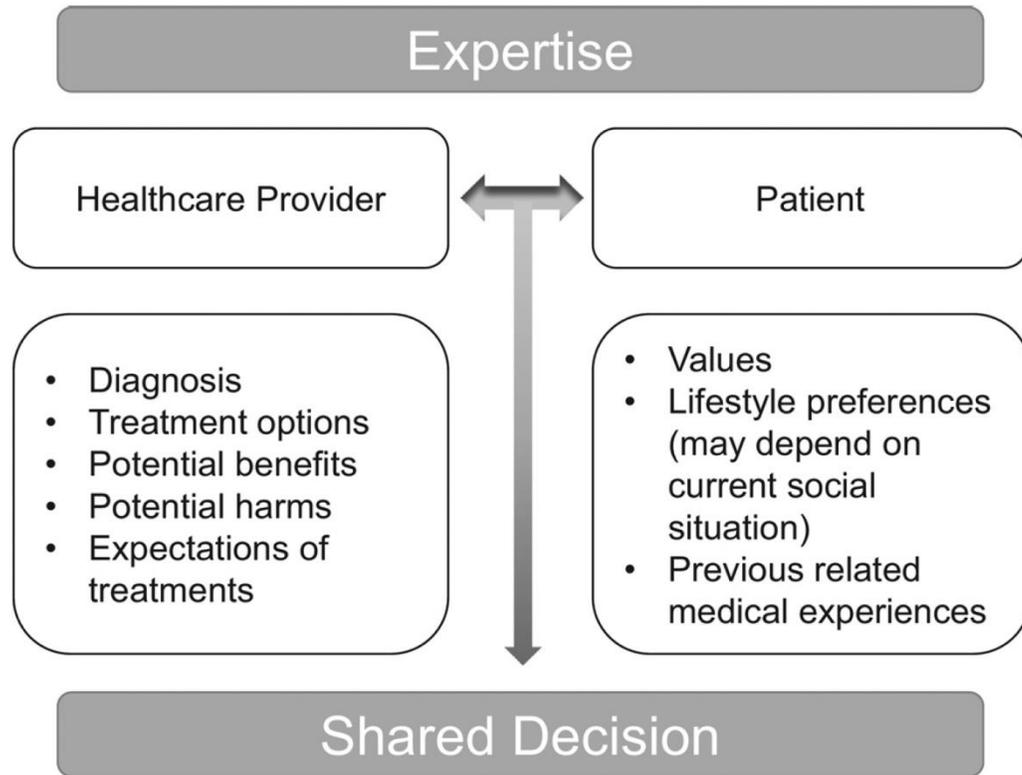


AD, atopic dermatitis; JAK, janus kinase; PDE, phosphodiesterase; SOC, skin of color; TCI, topical calcineurin inhibitor; TCS, topical corticosteroid.

Algorithm for Management of AD in People with SoC

- Focus on Patient and Caregiver Education
- Minimize inflammation
- Protect the skin barrier
- Consider cultural practices
- Prevent long-term dyspigmentation

What is shared decision making?



Shared decision-making (SDM) is a practice in which a healthcare practitioner (HCP) works with a patient or caregiver to incorporate their **unique preferences** and **values** into decisions about medically appropriate treatment options.



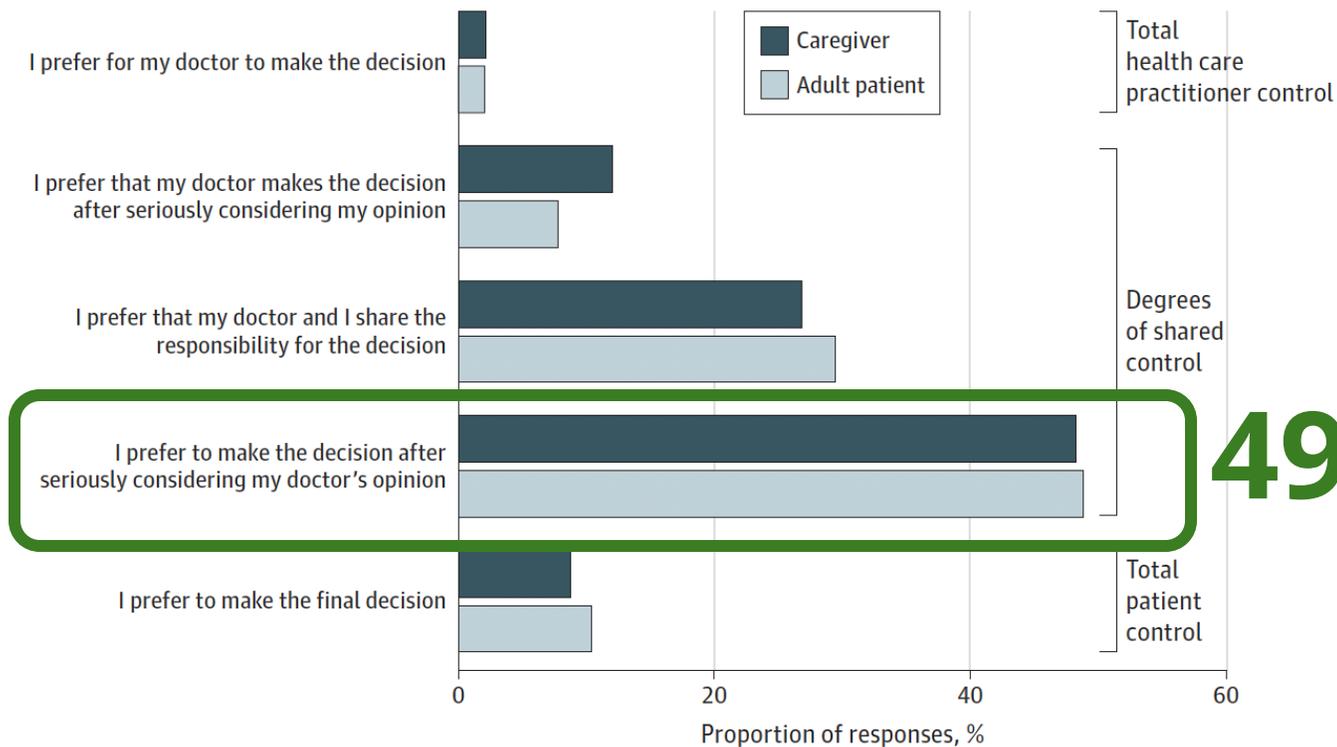
Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academy Press; 2001.



Medicated cream
Daily pill
Injection every 2 weeks
Pediatric vs adult

Past, Present, and Future Shared Decision-making Behavior Among Patients With Eczema and Caregivers

Figure 1. Control Preferences Scale (CPS)

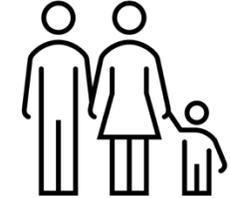


Online survey from
The National Eczema Association
N= 1313
Age= 17 years and older
Female = 79.7%

49.6 %

Results:
Patients prefer a large role in decision-making for their care

Values and Preferences of Patients and Caregivers Regarding Treatment of Atopic Dermatitis (Eczema)



OBJECTIVE: AAAAI and ACAAI Joint Task Force on Practice Parameter AD guidelines development, Patient and caregiver values and preferences in the management of AD were systematically synthesized

FINDINGS: 7780 studies, included 62, n=19 442, median age 15 years [3-44], 59% female

**Strong Patient-Clinician
Relationship Improved
Treatment Adherence**

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AD in Skin of Color - Approach to Treatment



Goal:
long term control

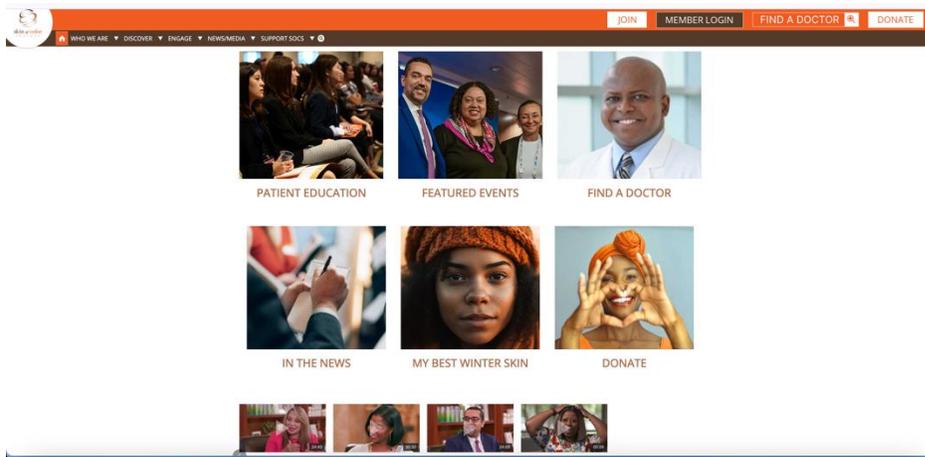
Personalized care
Empathy
Patient-Centered
Communication

Shared decision
making

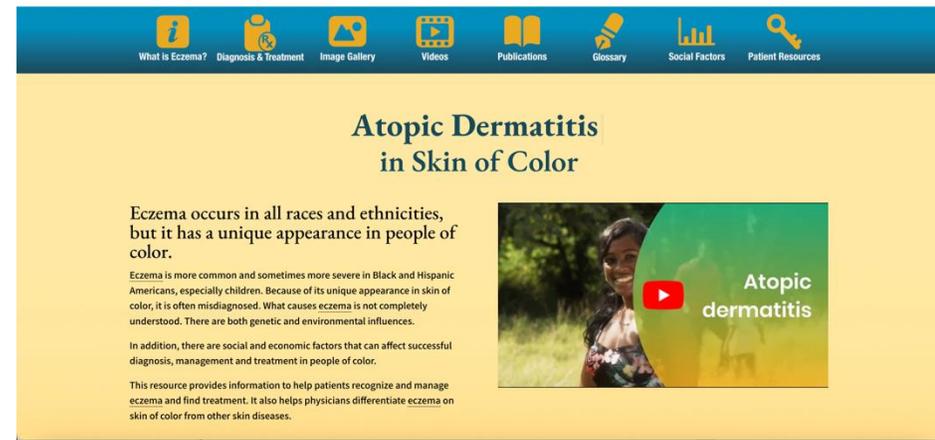
Referral to a
specialist

Advancements in
Medicine

You are not alone-
Find your community



<https://skinofcolorssociety.org/home-patients-public>



<https://eczemainskinofcolor.org/>



<https://allergyasthmanetwork.org/what-is-eczema/>



<https://nationaleczema.org/eczema-skin-of-color/>

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Atopic Dermatitis in the Black Community

- More severe, more persistent, more prevalent
- Variations in clinical features
- Chronic disease – long-term partnership with your provider
- Early and sustained control are keys to the best outcomes
 - Guidelines (evidence-based)
 - Shared- decision making



Thank you!



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Questions & Answers Section

Closing Remarks & Thank You!