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Like Me

# Addressing Barriers in Eczema and Empowering the Black Community

Presented by: Allergy & Asthma Network

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# Today's Speakers



Moderator  
Catherine Blackwell, RN  
Chief Health Equity Officer,  
Allergy & Asthma Network



Physician Speaker  
Nancy Joseph, DO



Patient Speaker  
Laonis Quinn, RN

# Physician Speaker

Presented by: Nancy Joseph, DO

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# Road map – here there and everywhere!

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- Stats and basics
- Disparities in the Black community
- Symptoms on skin of color
- Triggers
- Quality of life and mental health
- Treatments
- Atopic dermatitis and food allergies

# Atopic dermatitis (AD) vs Eczema

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- Atopic dermatitis = Eczema, but Eczema  $\neq$  atopic dermatitis
- Eczema
  - Umbrella term
  - Multiple types (including dyshidrotic eczema, nummular eczema, atopic dermatitis, just to name a few)
- This presentation  $\rightarrow$  atopic dermatitis

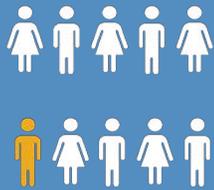
# Why Eczema?

Why are we here?

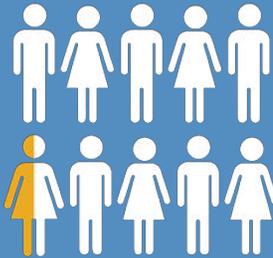


# Atopic Dermatitis: The Stats

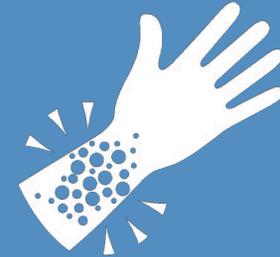
Affects  
more than  
**10%** of  
children



Affects  
more than  
**5%** of  
adults



Increases risk of  
developing another  
atopic (aka allergic)  
disease



Schneider et al 2012, Practice Parameters

# Typically, one of the first atopic diseases to appear in the atopic march

Atopic dermatitis → food allergy → asthma or seasonal allergies

Atopic = allergic



# Poll Question #1

How much more likely is a Black child diagnosed with eczema (atopic dermatitis) than other children?

- 2 times more likely
- 3 times more likely
- 4 times more likely
- 5 times more likely

# Eczema/AD in the Black Community

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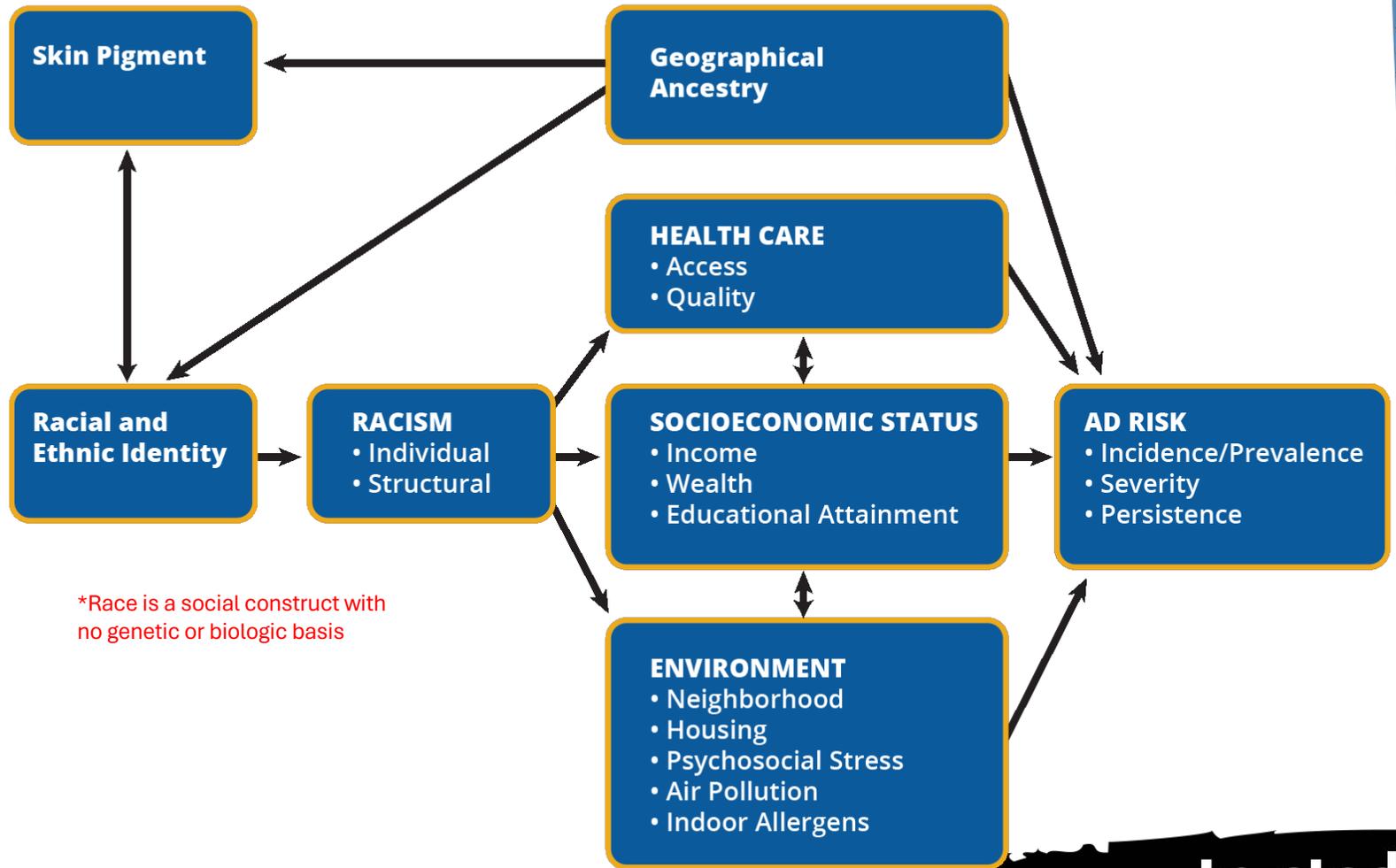
- Affects Black individuals at a higher rate than white individuals
- Black children are:
  - Less likely to see a dermatologist
  - 2x more likely to be diagnosed with AD
  - 2x more likely to have severe AD
  - 2x as many office visits
  - 3x more likely to miss school because of their eczema
- Higher disease burden (more severe and lasts longer)
  - Despite having decreased genetic risk than their white counterparts
  - Black children almost 6x less likely to have this mutation (per one study)
    - Though extent of genetic effects unclear due to lack of diversity in research participants

# Eczema/AD Disparities

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- The racial/ethnic disparity is multifactorial
- Socioeconomic status
  - lower SES → more severe AD
  - A multi-dimensional factor
  - Involves multiple factors including societal position, wealth, and access to resources
- Structural racism
- Social determinants of health
- Physical environment
  - Black children in highly segregated community → severe AD (Tackett et al 2019)

# Proposed Framework for Eczema/AD Disparities



\*Race is a social construct with no genetic or biologic basis

# Atopic Dermatitis: The What and How

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- What: Relapsing and remitting inflammatory process
  - Waxing and waning in nature
- How:
  - Can be inherited or acquired
  - Some have a gene mutation
    - More severe AD
    - **Black children almost 6x less likely to have this mutation (per one study)**
  - Breakdown in the skin integrity
  - Reduced skin barrier function → enhanced water loss → dry skin
  - Dry skin can be itchy

## Poll Question #2

True or False:

Skin redness will always be present on the skin of someone with eczema.

# AD Symptoms

- Itchy
- Red lesions (plaques or patches)
  - Face, torso, arms, and legs – infants and young children
  - Flexor surfaces – older children
  - Dry scaly patches – adults
    - Can also have lesions on flexor surface
- Chronic AD → lichenification
  - Thickened/leathery skin
- Decrease in quality of life (incl loss of sleep)



*Notice the difference  
in appearance  
between the two  
different skin types*

# Effects on Quality of Life

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- Affects both patient and caregiver
- Negatively impacts mental health
  - Adults with AD, have increased propensity to develop depression and anxiety
  - Kids have increased risk of developing ADHD
- Decreased quality of life
  - Persistent itching
- Perception of others
  - Lack of understanding of severity (esp of a chronic disease)

# AD and Skin of Color

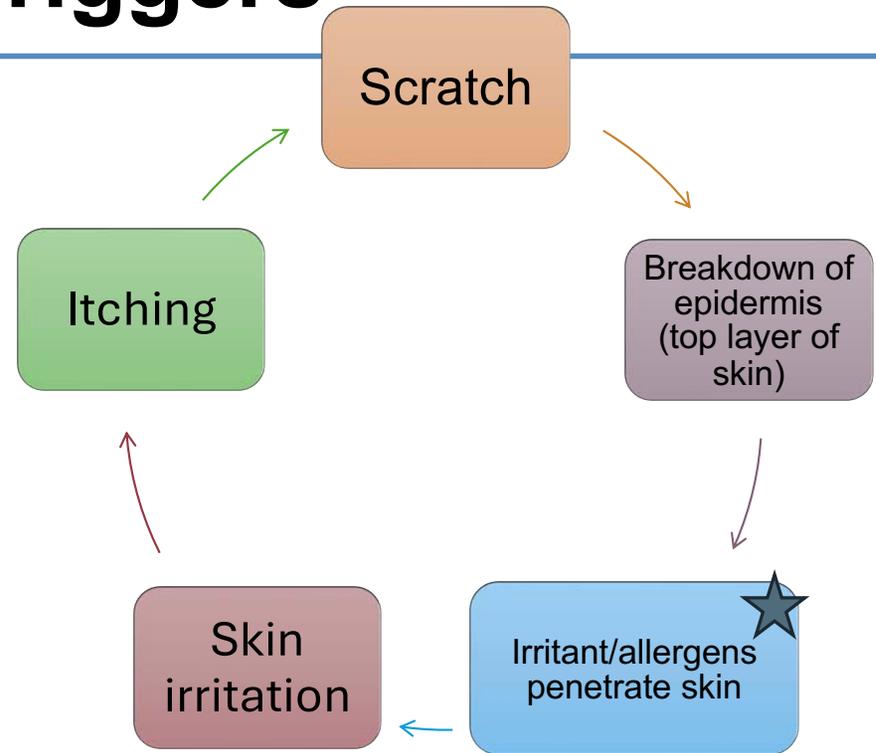
- Can't rely on redness to determine severity
- Relying on redness can contribute to delay diagnosis
- Do not ignore or underestimate skin changes
  - Talk to your doctor
  - Self-advocate



Examples of eczema on skin of color

# Atopic Dermatitis: Triggers

- Activate scratch-itch cycle
- Soaps, detergents
- Certain fabrics (i.e. wool)
- Environmental factors including heat and humidity
- Sweat
- **Food – especially in young infants**
- Just to name a few...



# 6 Common Eczema Triggers



# Treatment

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- Based on severity
- **Avoid triggers**
- Moisturize, **Moisturize, Moisturize!**
  - More needed than the average person without AD
  - Creams are better than lotions: **unscented**
  - Avoid products with scents, dyes, or parabens (includes scented oils)
  - Lack of general population understanding  
→ misperceptions of personal skin care routine
- Bleach Baths (dilute)
- Wet wrap therapy
- Phototherapy



# Treatment

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- Topical therapy
  - Topical steroids - first line for flares
  - Calcineurin inhibitors (Tacrolimus, Pimecrolimus)
  - PDE inhibitors (Crisaborole aka Eucrisa)
- Biologics (injection)
  - Dupilumab: adults/children
  - Tralokinumab: adults
- Oral therapy – newer on the market
  - Enzyme inhibitors: tralokinumab, upadacitinib, abrocitinib, ruxolitinib
  - Oral antihistamines are NOT recommended
    - Research shows doesn't help the itch much

# Treatment: Topical Steroids

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- Start with over-the-counter strength → if not effective, prescription strength
- Examples: cortisone, triamcinolone, betamethasone
- Ointments are stronger than creams
- Side effects (if use for >4 weeks at a time)
  - skin discoloration
  - skin thinning

# Treatment: Bleach Baths

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- **Diluted** bleach baths in the tub
  - ¼-½ cup of household bleach (5% sodium hypochlorite) to a tub (40 gallons) of water
  - Soak for 10 min
  - Rinse off with fresh water thereafter
  - Avoid head and eyes
- For moderate to severe eczema/AD
- Thought to help with the skin inflammation and itching
- Helps restore the skin barrier
- To be used as additive therapy to a good skin care routine

# Treatment: Cost and Access

Black patients with AD spend more out of pockets

- Medications
- ER visits
  - Likely because of decreased healthcare access and underdiagnosis by PCP
- Lab tests



# Treatment: Cost Resources

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- Drug saving programs
  - Good Rx
  - Blink health
  - Pharmacy RX programs
- Payment/drug assistance programs
- Generic drug options
  - Can be cheaper than name brand
- Allergy & Asthma Network

# Treatment: A Final Word

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- Stay vigilant for superinfections
  - Staph, eczema herpeticum, etc.
- Fellowship and network (i.e. support groups)
  - GPER.org
  - NationalEczema.org



Now, a little bit about  
atopic dermatitis and  
food allergy...

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## Poll Question #3

What percentage of people with eczema (atopic dermatitis) have food allergies?

- 15%
- 20%
- 30%
- 35%
- 40%

# AD & Food Allergy

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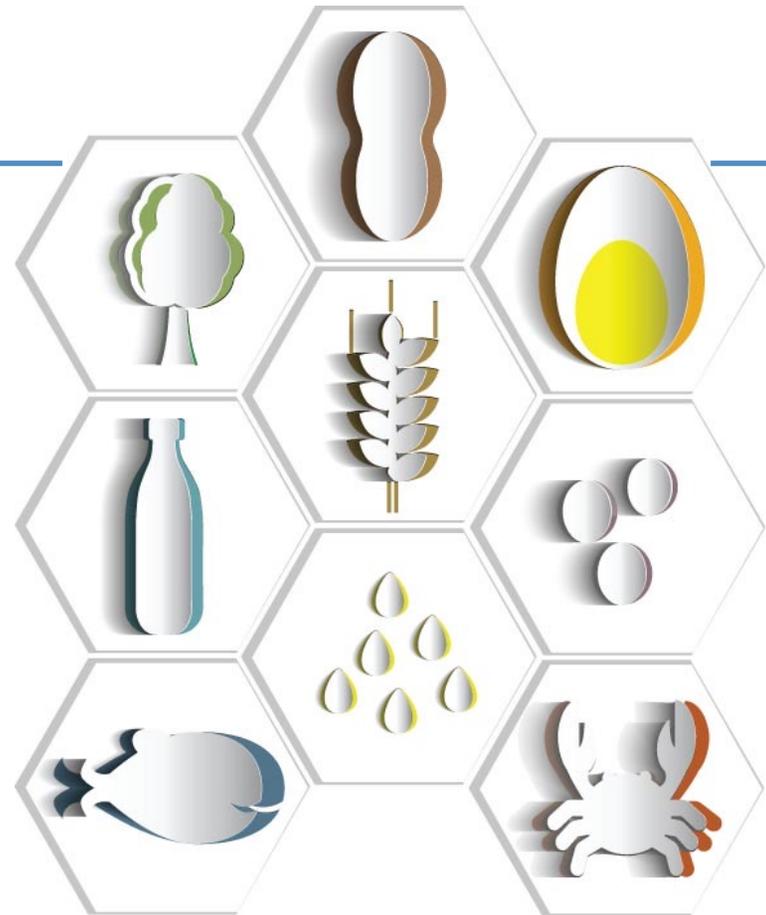
Up to 30% of AD patients have food allergy

Refractory moderate to severe AD → increased chance of having food allergy

# Top 9 Food Allergens

- Peanut
- Tree nuts
- Egg
- Milk
- Wheat
- Soy
- Fish
- Shellfish
- Sesame

Peanut avoidance ≠ tree nut avoidance  
Coconut ≠ nut



# Atopic Dermatitis & Food Allergy

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- Individuals with AD tend to have false positives on food allergy blood tests
- Panel testing for food allergy: **highly discouraged**
- Test based on clinical history
  - Obtain diet history to guide testing (including exposure via breastfeeding)
- Blindly eliminating food in diet: not recommended
  - Malnutrition
  - Development of food allergy due to lack of exposure
  - Early exposure to foods encouraged – improved tolerance

# Atopic Dermatitis & Food Allergy Testing

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- Noted food trigger → food skin test (avoid serum IgE testing)
  - If positive → avoidance in all forms along with standard treatment
  - If negative → trial of avoidance and follow up to reassess
    - If no improvement, put food back in diet
- Depending on severity of eczema, may have hold off on skin testing
  - If too much of the skin is affected

# When to See a Specialist

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- Severe eczema (of any kind)
- Eczema not getting better despite treatment
- Noted food trigger (see an allergist)
- Discuss with your doctor if a referral is appropriate (dermatologist vs allergist)
  - Let your primary care doctor know your exact concerns
  - Work with your doctor to determine the most appropriate specialist to address your concerns

# Preparing For Your Doctor's Visit

- Timeline
  - When did your symptoms start? (have a good approximate time)
- Note any triggers
  - What makes your symptoms worse? What makes them better?
- Any tests? What were the results (bring them in if possible)
- Keep track of what remedies/treatments you have tried
  - When and for how long?
  - Did it work?
- Pertinent family history
  - In the case of eczema, history of any allergies is important to note



# Where we've been

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- Understand the what and how of atopic dermatitis
- Described common triggers of AD
- Understand the intersection of AD and food allergy
- Understand the role of food allergy testing in the treatment of AD



# Patient Story

Presented by: Laonis Quinn, RN

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# Clinical Research

Catherine Blackwell RN, MBA  
Chief Health Equity Officer  
Allergy & Asthma Network

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# What is a Clinical Trial?

Clinical trials are research studies in which people volunteer to help find answers to specific health questions. Clinical trials provide an opportunity to explore alternative treatments beyond the standard options and can also be considered a treatment option. They aim to improve existing treatments or discover new treatments.

Remember that participating in a clinical trial also involves risk, such as potential side effects or uncertainty about if the treatment will work. It is essential to discuss these factors with your healthcare provider and carefully weigh the pros and cons before deciding to participate.

## Potential Benefits to Participating in a Clinical Trial

1. Access to new treatments
2. Contribution to medical knowledge
3. Close monitoring and care
4. Potential cost savings
5. Empowerment and advocacy

# Importance of Diversity in Clinical Trials

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# Why is Diversity Important in Clinical Trials?

- People may experience the same disease differently.
- Including a variety of lived experience, living conditions, and characteristics (such as race, ethnicity, age, sex, and sexual orientation) ensures that all communities can benefit from scientific advancements.
- Diverse clinical trial participants help researchers understand safety and how the drug works for different populations.
- It also helps researchers better understand patterns of difference in health and illness based on different backgrounds.

The Black/African American community makes up 13% of the US population. But only 7% of the of the participants in clinical trials for treatments approved from 2015-2019.

# Q+A

What questions do you have for Dr. Joseph, Laonis or Catherine?

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# Addressing Barriers in Food Allergy and Empowering the Black Community

Join us on Monday, May 13<sup>th</sup> at 5:30 PM ET

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**Thank you Incyte for providing funding support to make this webinar possible.**