



Resource Guide for Individuals with Eczema and Psoriasis Dermatitis Conditions

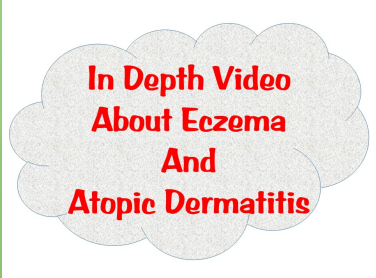
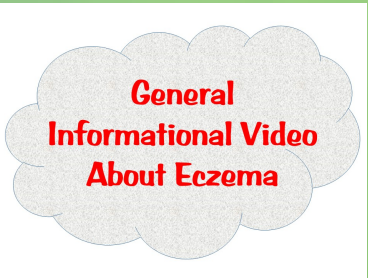
Atopic Dermatitis and Eczema

Atopic Dermatitis is the most common form of Eczema, caused by both genetic and external triggers with symptoms of a dry, itchy rash found most commonly on the cheeks, arms, legs, hands and feet. Eczema affect some 35 million Americans and is a chronic inflammatory skin disease that occurs most frequently in children, but also affects many adults. Pruritus (itching) is a distinctive feature of eczema.



Treatment goals of eczema include: reducing symptoms of itching and dermatitis, to minimize or eliminate flare-ups and minimizing risks associated with treatment therapies. A first line of treatment typically involves topical antiinflammatory, itch relief and moisturizing creams and lotions, many of which are available as OTC products. More severe conditions are usually treated with prescription immunomodulators and the most severe conditions now can be treated with a newly approved biologic drug that targets specific components of the immune system; interleukin-4 (IL-4) receptor alpha subunit (IL-4Ra); blocking intercellular signalling of IL-4 and IL-13. Because serious side effects can arise from the use of immunomodulators and biologics, exhausting the use of topical lotions and creams before the use of prescription drugs is a common approach to treating Atopic Dermatitis and other forms of Eczema. Frequently, topical lotions and creams are used in conjunction with prescription drugs when treating Eczema.

For More Information Click on the Links for Eczema



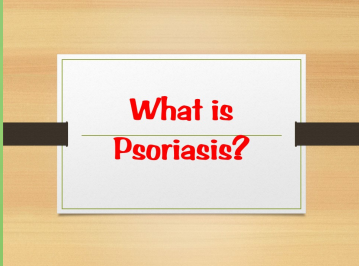
Psoriasis

Psoriasis is a chronic autoimmune disease that predominantly affects the skin and is not contagious. Red, scaly patches are commonly found over the surfaces of the scalp, ears, elbows, knees, navel, genitals and buttocks. These scaly patches, known as psoriatic plaques, are areas of inflammation and excessive skin production. Skin quickly builds up in the affected area, because skin production is faster than the body's ability to shed it. Areas with psoriatic plaques take on a silvery-white appearance.



Treatment of psoriasis can clear the skin but is not a cure. In limited (mild) disease cases, the most commonly used therapy is topical with the addition of phototherapy in cases not responsive to topical treatments. In moderate to severe psoriasis, phototherapy alone, combined with systemic therapy or systemic therapy alone is recommended. Topical therapy may also provide symptomatic relief and minimize frequencies and doses of systemic medications. Patients with more than 5 to 10 percent of their body surface area affected by psoriasis are generally candidates for phototherapy or systemic therapy. Severe psoriasis requires phototherapy or systemic therapies such as retinoids, methotrexate, cyclosporine, apremilast, or biologic immune modifying agents. Biologic agents used in the treatment of psoriasis include anti-TNF agents, the anti-interleukin (IL)-12/23 antibody or the anti-IL-17 antibody secukinumab. Improvement usually occurs within weeks. Patients with severe psoriasis generally require care by a dermatologist.

For More Information Click on the Links for Psoriasis



Helpful Educational Links About Eczema

- National Eczema Association
- Eczema: Causes, Treatment and Symptoms
- American Academy of Dermatology
- Mayo Clinic - Eczema

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