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United, Let’s Talk
This webinar will be presented in Spanish. For English interpretation, select the English channel.
Eczema and the Hispanic/Latino Culture

Presented by: Allergy & Asthma Network
Today's speakers

Moderator
Angel Melendez, MHL, MSRC, RRT, NPS, AE-C

Physician Speaker
Vivian Hernández-Trujillo, MD

Patient Speaker
Joseph Bibbo
Special thanks to Incyte who has provided funding support to make this virtual conference possible.
Physician Speaker

Presented by: Vivian Hernández-Trujillo, MD
Overview of Presentation

• What is Eczema?
• What parts of body are affected?
• Triggers
• Health and Eczema
• Quality of Life/ Mental Health
• Treatment
• Questions to ask during your visit
• Summary
What is Eczema?

A skin condition that presents with dryness, itching

Eczema and atopic dermatitis may be used interchangeably. Eczema in people suffering from allergy is known as atopic dermatitis.

Atopic Dermatitis may be part of the “Atopic March”
The Allergic March

Asthma, a chronic disease characterized by inflamed airways in the lungs.

Seasonal and environmental allergies, including allergic rhinitis.

Food allergies (top 8 are peanut, tree nut, cow’s milk, egg, wheat, soy, fish and shellfish).

Skin irritation, such as hives or eczema.

https://allergyasthmanetwork.org/health-a-z/allergic-march/
What does eczema feel and look like?
Poll Question #1

Is eczema contagious?

• Yes
• No
• I don’t know
Experience of eczema varies from person to person

- Stigma exists around contagion—can I give it to someone?
- Stigma about being “unkempt, unhygienic”
- Eczema does not make a person “dirty”
Epidemiology

Normally develops in first 6 months through 5 years

Affects 31.6 millions in US

16.5 million adults

9.6 million children

3.2 million are moderate to severe
What part of the body does eczema affect?

**Common Areas Affected**

**Infants and Young Children**

- Scalp
- Behind the ears
- Cheeks
- Folds of elbows
- Wrists
- Knees

**Older Children, Teens and Adults**

- Eyelids
- Face
- Neck
- Arms
- Wrists
- Hands
- Back of knees
- Feet
6 Common Eczema Triggers

- Dry Skin
- Food Allergies
- Environmental Allergies
- Contact Allergies
- Skin Irritants
- Heat

AsthmaAllergyNetwork.org
How to work with your doctor when they say your skin “doesn’t look that bad”

The importance of being able to speak to your medical team. If you feel you are not being heard, you need to speak up.

Be an advocate for you and your family.
How to keep in generally good health and why that’s important for eczema

- Taking care of your body and health in general is important
- Eat healthy
- Sleep no less than 8 hours
- Exercise-control stress
- Infections can lead to exacerbations of eczema
Quality of Life/Mental Health Concerns

- Need to control stress
- Stress negatively affects eczema
- Sleep difficulties, depression, and anxiety have been reported in adults
- In children (5 to 17 years) with eczema, sleep disturbance occurred in 2/3
- Odds of severe sleep disturbance (worse than 95% of US children) were highest in moderate to severe versus mild AD
- Sleep disturbance affects 3 million US children—associated with neuropsychiatric impairment, including depression, anxiety, and inattention.

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Poll Question #2

Do Hispanic/Latino children have higher or lower rates of eczema compared to non-Hispanic white children?

- Latino children have higher rates than non-Hispanic white children.
- Latino children have lower rates than non-Hispanic white children.
- I don’t know.
Eczema in Hispanic/Latinos: Disparities Exist

In a retrospective cohort study of children aged 0-17 years with eczema seen in allergy/immunology clinics at 2 urban tertiary care centers in the United States.

Hispanics/Latinos have higher rates of eczema as compared to Non-Hispanic white children.

Study of 7,522 children (11.5% Hispanic) followed for a median of 4 years. After adjusting for sociodemographic factors, Black and Hispanic children were up to nearly threefold more likely than white children to receive medical care for eczema across almost all levels of eczema control.

Black and Hispanic children had higher odds of primary care and emergency visits compared to whites.
"Improving awareness among primary care physicians to refer children with moderate-to-severe eczema to medical specialists (eg, allergists, dermatologists, and mental health/attention-deficit/hyperactivity disorder professionals) when necessary, could improve quality of life and reduce emergency department visits-especially among minority race and Hispanic children"
Poll Question #3

What are important parts of an eczema treatment plan? Check all that apply.

• Skin care (bath and moisturizer)
• Medicine (as needed)
• Coping strategies (manage itch, stress and other issues)
• Trigger avoidance (to prevent flares)
Treatment-Essentials

- Need to make the correct diagnosis.
- Address skin barrier issues and xerosis
- Moisturizer and skin care—all day long
- Beware not to overuse potent topical corticosteroids
- Consider topical calcineurin inhibitors, PDE4 inhibitors, JAK inhibitors or dupilumab
Safe/Sensitive Skincare to Use with Eczema

• Avoid triggers
• Skin care- need for frequent moisturization
• Creams preferred to lotion
• Hypoallergenic or allergen free products- paraben free
Medications

**Topical steroids and topical calcineurin inhibitors for mild, moderate and severe eczema**

**Biologics dupilumab and tralokinumab for moderate to severe eczema**

**PDE4 inhibitor for mild to moderate eczema (Crisaborole)**

**JAK inhibitor for mild to moderate or moderate to severe eczema (ruxolitinib, upadacitinib, abrocitinib)**
Topical Steroids

Recommend using lowest strength and dosage effective

Creams not as strong as ointment

Side effects: thin skin, may change color of skin

Use 5 days on, 5 days off
Bleach Baths

• Used for moderate to severe eczema - add on to skin care

• ¼ to ½ cup bleach in tub of water
  • Soak 10 min
  • Rinse fresh water

• Not to be used on head or eyes
Reasons Patients and Families May Not Use Medications

• Medication unavailable
• Physician unwilling to prescribe adequate amounts of medication because of concerns about toxicity or cost.
• Medication is available but not used.
• Patients/parents are unaware of the correct frequency and the type of medication that should be applied for effective management of eczema.

• Patient/parents perception that treatment does not work.
• Patient/parents perception is that treatment has unacceptable side effects.
• Patient/parents perception is that treatment is cosmetically unacceptable (e.g., shiny ointments to face of teenagers)
• Medication makes eczema worse.
• Medication is painful to apply.
Access to medications

• Generic versions are available for many medications
• Programs exist to decrease the cost of medications:
  • GoodRx
  • SingleCare
  • WellRx
  • CostPlus
  • Blink health
• Drug assistance programs
Treatment of Allergic Conditions

If a patient has allergy to certain allergens, it is important to avoid exposure.

Environmental control is needed and helpful.
Barrier/Allergen Control

Local barrier

Wear long pants

Use dry wraps, bandages, body suits for infants and young children

Use dust-proof covers for matteress and pillowcase

Avoid playing on grass

Avoid sitting, playing on the carpet

Minimize carpeting, drapes, and upholstered furnishings

Declutter by removing fluffy toys and excess pillows

Importance of the relationship with the medical team

• Medical teams may include several members.
• Need to be honest
• Need to trust the medical team
• Need to be heard
• Need to be understood in your primary language
What questions to ask during medical visit/information to have at time of visit

- What makes eczema better?
- What makes eczema worse?
- When did eczema start?
- Is there a family history?
- Make list of all questions and concerns
- Ask about plan of care when exacerbation
- Ask about plan of care when skin is well-controlled
- Ask about concerns regarding medications
Summary

ECZEMA HAS MANY TRIGGERS
ECZEMA AFFECTS QUALITY OF LIFE
TREATMENT IS AVAILABLE
For more information visit:

https://allergyasthmanetwork.org/what-is-eczema/
Patient Speaker

Presented by: Joseph Bibbo
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Research Studies

Presented by: Vivian Hernández-Trujillo, MD
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.

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

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.
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 Hispanic Latino community makes up 18% of the US population. But less than 8% of clinical trial participants identify as Hispanic.
What questions do you have for Dr. Hernandez-Trujillo or Joe?
Food Allergy and Hispanic/Latino Culture

Join us on Wednesday, May 22 at 4:30 PM ET