

Oral immunosuppressants



This type of anti-inflammatory therapy is non-targeted. These are systemic treatments which will lower my immune defences.

Some examples: Methotrexate®, Novatrex®, Neoral®...

Who is it for?

I can take a medicine every day

I don't want any injections



I want my flare-up to stop quickly

I want to calm my symptoms

Constraints

- X Tablets, capsules
- X Limited treatment period
- X Compulsory medical surveillance (blood tests)
- X Highly restricted access

Possible side effects

- Liver disorders (hepatitis)
- Haematological problems (anaemia)
- Nausea, abdominal pain, fatigue

Benefits

- ✓ Relatively rapid effectiveness
- ✓ Significant reduction in symptoms

Important information



Immunosuppressive treatments will have a **suspensive** effect on eczema (it only lasts while the treatment is being taken).

What's more, these treatments can sometimes require **supplements**!

Preferred option for patients who want to get rid of lesions and pruritus

Topical immunomodulators



This type of anti-inflammatory therapy is non-targeted.
These treatments will lower my immune defences.

Here are a few examples: Takrozem®, Protopic®, Delgocitinib®, Ruxolitinib®.

Who is it for?

I can apply
the treatment
at flare-up
onset

I don't
want any
injections



I want my
flare-up to
stop quickly

I want to
calm my
symptoms

Constraints

- X Oily ointment
- X Cosmetic products difficult to apply on top
- X Relatively recent treatments, which may be difficult to access

Possible side effects

- Irritant effect (burning, itching)
- Possible intolerance to alcohol (hot flushes)

Benefits

- ✓ Relatively rapid effectiveness
- ✓ Significant reduction in symptoms
- ✓ Caring for atopic skin

Important information

Immunomodulating treatments will have a **suspensory** effect on eczema (it only lasts while the treatment is being taken).



What's more, these treatments can sometimes require **supplements**!

Preferred by patients who want to get rid of lesions and pruritus.

Phototherapy



Some skin diseases improve in summer, and it is this effect that phototherapies attempt to reproduce through controlled exposure to ultraviolet light.

UVA and/or UVB treatments

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Who is it for?

I can travel regularly for a 15min session

I want to avoid any serious side effects



I want a treatment to relieve my pain without damaging my skin

I don't want a daily treatment

Constraints

- X Sessions in special cabins under medical supervision
- X Limited treatment period
- X Compulsory travel
- X Preparation may be necessary

Possible side effects

- Hyperpigmentation
- Sensation of heat, redness, dryness of the skin, even sunburn

Benefits

- ✓ Very rare adverse reactions
- ✓ Less medical vigilance for patients

Important information



Phototherapy **is a medical treatment!**

They require special cabins with controlled equipment, and I must contact a dermatology practice in order to benefit from them.

Preferred option for patients who want the fewest possible side effects

Topical/local corticoids



Corticoids (or dermocorticoids, or corticosteroids) **are products containing the anti-inflammatory cortisone.**

Here are a few examples: Diprosone®, Nerisone®...

Who is it for?

I can keep the product with me and apply it immediately in the event of a flare-up.



I want a treatment to relieve my pain without damaging my skin

I want to avoid any serious side effects

Constraints

- X Various textures, concentrations and residues (ointments, lotions or creams)
- X Very personal rhythm, organisation and conditions of application ("weekend" therapy)

Possible side effects

- Fragility of the skin, stretch marks
- Hypopigmentation

Benefits

- ✓ Very rare adverse reactions
- ✓ Less medical vigilance for patients
- ✓ Easily accessible treatments
- ✓ Caring for atopic skin

Important information



If I see flare-ups despite taking my treatment, it **doesn't mean that it's not working!**

The product may be **unsuitable** (cortisone concentration too low) **or the application may be inappropriate** (different techniques and quantities are possible).

Preferred by patients who want to experience as few side effects as possible

Biological therapies



This type of injectable therapy continuously treats eczema from the inside.

These are targeted treatments that neutralise the messengers of inflammation in my skin.

Here are a few examples: Dupixent®, Ebglyss®, Altralza®...

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Who is it for?

I don't mind injections

I want to treat my illness, not just its symptoms



I want to be able to control my flare-ups better

I don't want a daily treatment

Constraints

- X Subcutaneous injections every 2 weeks
- X Relatively recent treatments, which may be difficult to access

Possible side effects

- Eye problems (conjunctivitis)
- Joint pain
- Infections (herpes)
- Haematological disorders
- Other skin problems

Benefits

- ✓ Reduction in the severity of symptoms over time
- ✓ Gradual reduction in the use of corticosteroids
- ✓ Possibility of spacing out doses depending on the situation

Important information

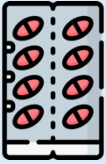
Biological treatments are **initially prescribed in hospitals!**

I must therefore consult a practising hospital dermatologist before I can benefit from these options.



Preferred option for patients wishing to stabilise their eczema over the long term

Anti-JAK treatment



This type of oral therapy continuously treats eczema from the inside out.
These are targeted treatments that neutralise the messengers of inflammation in my skin.

Here are a few examples: Cibinqo®, Rinvoq®, Olumiant®...

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Who is it for?

I don't want injections

I want to treat my illness, not just its symptoms



I want to be able to control my flare-ups better

I can take one tablet every day

Constraints

- X Tablets to be taken once a day
- X Compulsory medical surveillance (blood tests)
- X Relatively recent treatments, which may be difficult to access

Possible side effects

- Respiratory problems (bronchitis, rhinitis)
- Infections (herpes)
- Headaches
- Other skin problems (shingles, acne)

Benefits

- ✓ Reduction in the severity of symptoms over time
- ✓ Gradual reduction in the use of corticosteroids
- ✓ Possibility of spacing out doses depending on the situation

Important information

Anti-JAK treatments are **initially prescribed in hospitals!**

I must therefore consult a practising hospital dermatologist before I can benefit from these options.



Preferred option for patients who want to stabilise their eczema over the long term