

A winding road: navigating the complexity of atopic dermatitis to achieve complete control

Atopic dermatitis (AD), commonly referred to as eczema, is a chronic inflammatory skin condition driven by an overactive immune response that causes damage to the skin barrier. It is the most common inflammatory skin disease¹. The complex disease biology of AD makes its clinical presentation, diagnosis, and treatment all the more difficult during a patient's journey^{2,3}.



>200 million
people impacted globally⁴

Of those impacted:



~40%
of adults



~33%
of children

have moderate-to-severe eczema*⁵

Disease biology^{4,6-10}

AD is influenced by many biological processes and immune mechanisms in the body. Interleukin (IL)-4, IL-13, IL-22, and IL-31 are some of the *cytokines* (signaling molecules) that drive immune responses in AD, which trigger allergic inflammation and itch.

Many of these cytokines also drive other *atopic* (allergic) conditions including:



Asthma



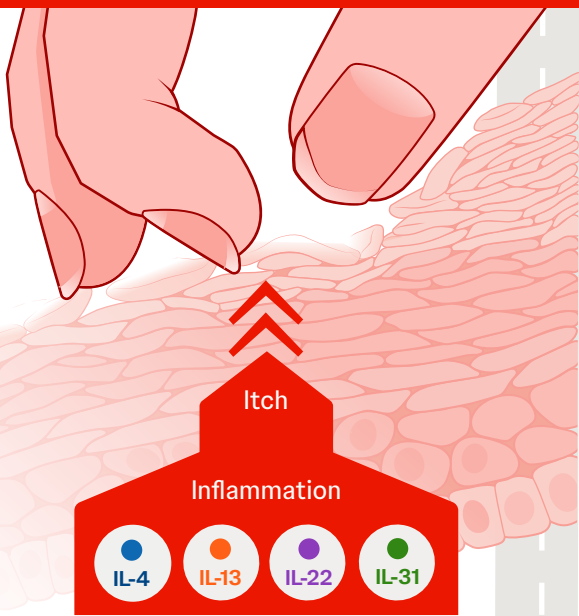
Rhinitis



Food allergies



Eosinophilic esophagitis



Clinical presentation^{1,3}

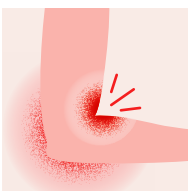
Common symptoms include:



Itching



Dryness



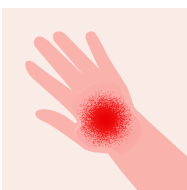
Swelling



Oozing or crusting

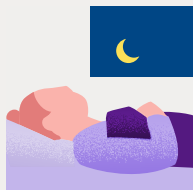


Rough, leathery, or scaly patches

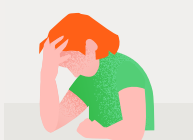


Sensitive, inflamed, or discolored skin

Negative impacts on quality of life:



Sleep disruption



Mental health challenges (i.e., anxiety, stress, depression)

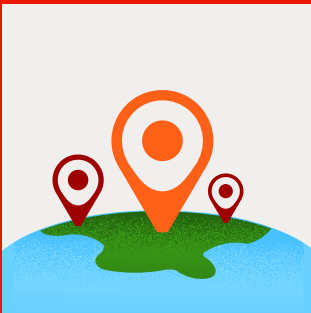


Social stigma

Diagnosis^{2,3,11,12}

There are no definitive laboratory tests for AD.

Currently, diagnosis is based on visual examination and patient description of symptoms. Diagnosis is complicated by worldwide variations in prevalence, clinical manifestation, and diagnostic criteria across:



Geographical region



Race & ethnicity

Black, Hispanic, and Asian populations tend to have a higher overall prevalence and likelihood of severe and persistent AD than Whites due to several factors:



Genetic



Environment



Healthcare disparities

Current treatment^{1,4,13-16}

Current treatments include:



Topical corticosteroids



Topical calcineurin inhibitors



Oral immunosuppressive agents



Biologics

Many patients do not reach complete control with currently available treatments due to several limitations:

- Serious side effects can be associated with long-term use.
- Inconvenient dosing can prevent optimal treatment use.
- Many offer only partial or short-term symptom relief.
- Many patients continue to experience itch leading to scratching, which damages skin and worsens AD.
- Some patients only reactively treat AD during a flare up, never addressing the root cause.

We need new treatment options that provide complete control for a broader group of people living with AD.



*Where AD is the most common type.

References

- Cleveland Clinic. Atopic Dermatitis. <https://my.clevelandclinic.org/health/diseases/24299-atopic-dermatitis>. (Accessed May 2026).
- Kaufman BP, et al. *Exp Dermatol*. 2018;27(4):340-357.
- Chaudhary F, et al. *Arch Intern Med Res*. 2024;7(2):114-133.
- Jeskey J, et al. *J Pediatr Pharmacol Ther*. 2024;29(3):587-603.
- Allergy & Asthma Network. What is Moderate to Severe Eczema? <https://allergyasthmanetwork.org/what-is-eczema/moderate-to-severe-eczema/>. (Accessed May 2026).
- D'Avino P, et al. *Allergy*. 2026;81(2):480-497.
- Cheng L, et al. *Biomed Res Int*. 2026;2026:5663596.
- Zoabi Y, et al. *Biomedicine*. 2022;10(10):2486.
- Berlin MC, et al. *J Allergy Clin Immunol*. 2022;149(4):1373-1382.e12.
- Massironi S, et al. *Cells*. 2023;12(20):2473.
- Al-Obaydi S, et al. *J Allergy Clin Immunol Pract*. 2023;11(8):2602-2604.e1.
- Croce EA, et al. *J Allergy Clin Immunol*. 2021;148(5):1104-1111.
- Mayo Clinic. Atopic dermatitis (eczema). <https://www.mayoclinic.org/diseases-conditions/atopic-dermatitis-eczema/diagnosis-treatment/drc-20353279>. (Accessed May 2026).
- Katoh N, et al. *J Dermatol*. 2019;46(12):1053-1101.
- Lee HW, et al. *Biomol Ther (Seoul)*. 2025;33(5):813-829.
- Tier HL, et al. *Dermatol Ther (Heidelb)*. 2021;11(2):415-431.