



Eczema

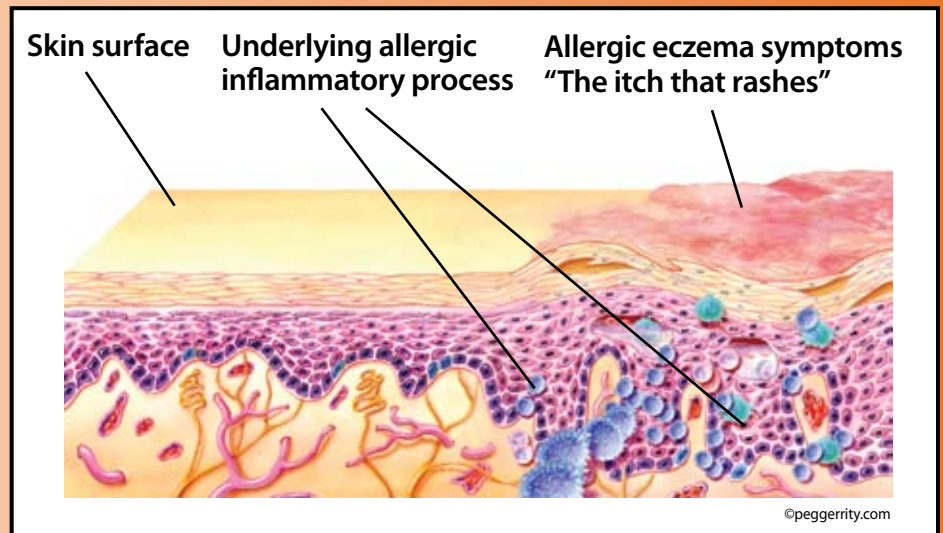
Managing symptoms is not enough—you can do more!

1/3 to 2/3 of eczema patients have underlying allergic disease¹

Allergic eczema: Underlying allergic process drives disease progression^{1,2}

Think beyond prescriptions:

- Allergies should be routinely assessed in infants with moderate to severe eczema²
- Patients presenting with recurrent allergic eczema should reduce exposure to allergic triggers³⁻⁶



In allergic eczema, a variety of allergic triggers contribute to inflammation and symptoms. These include foods such as egg and milk, as well as inhalant allergens such as dust mite and animal dander.^{1,2}

Quality of life considerations

- Parents and patients *lose 2 hours of sleep* per night on average⁷
- Allergic eczema has been shown to have *significant impact* on daily functioning, social health, and emotional health for children and their families⁸

“It is important to identify clinically relevant sensitizations to food allergens in children with [allergic eczema] by a detailed history, SPTs, ImmunoCAP[®] tests. . . so that appropriate dietary interventions and therapy can be initiated.”⁶

— PJ Hauk

You need to know more to do more!

Is the eczema allergic?

Test to know!

Implement allergy testing with ImmunoCAP®

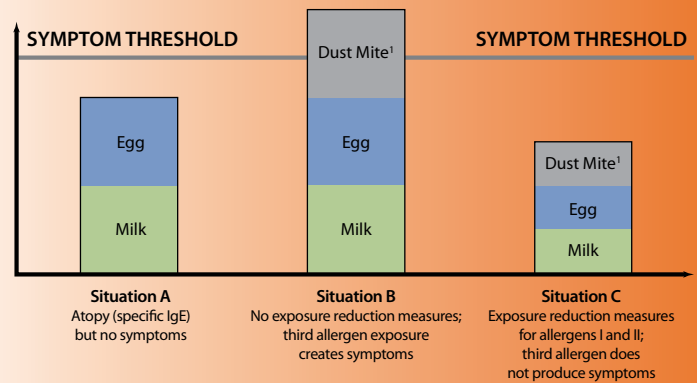
- Employ objective evidence to identify allergic triggers
- Implement targeted exposure reduction methods
- Optimize symptom control to improve outcomes

Tackle underlying disease with targeted allergen exposure reduction



- Reduce symptoms^{5,6}
- Reduce need for corticosteroids, immunomodulators, and other medications

A cumulative threshold disease⁹



ImmunoCAP profiles detail specific IgE sensitizations to help you target exposure reduction measures that can reduce the cumulative allergic load to help alleviate or prevent symptoms.¹⁰

Test to know with ImmunoCAP

- Pre-selected profiles offered by laboratories test for common inhalant triggers and food sensitivities
- Engineered to detect >95% of patients with allergy¹¹⁻¹⁴
- May be used for children as young as 3 months of age
- Testing is easy—requires only a single blood sample

“Multiple clinical studies... of food allergy in [allergic eczema] have... shown that elimination of relevant food allergens can lead to improvement in skin symptoms... and that the disease can be prevented by prophylactically eliminating highly allergenic foods from the diets of infants....”¹⁵

— W Burks

References

1. Spergel JM. *Am J Clin Dermatol*. 2008;9(4):233-244. 2. Hill DJ, et al. *Clin Exp Allergy*. 2007;38:161-168. 3. Høst A, et al. *Allergy*. 2003;58:559-569. 4. Eichenfield LF, et al. *Pediatrics*. 2003;111:608-616. 5. Lack G. *N Engl J Med*. 2008;359:1252-1260. 6. Hauk PJ. *Curr Allergy Asthma Rep*. 2008;8:188-194. 7. Su JC, et al. *Arch Dis Child*. 1997;76:159-162. 8. Chamlin SL, et al. *Pediatrics*. 2004;114:607-611. 9. *Diagnostic Clinical Information: The Value of Allergen Identification*. Kalamazoo, MI: Pharmacia & Upjohn Company; 1998. Publication 98006.01. 10. Wickman M. *Allergy*. 2005;60(suppl 79):14-18. 11. Sampson HA, et al. *J Allergy Clin Immunol*. 1997;100:444-451. 12. Yunginger JW, et al. *J Allergy Clin Immunol*. 2000;105:1077-1084. 13. Poon AW, et al. *Am J Manag Care*. 1998;4:969-985. 14. Choo-Kang LR. *Chest*. 2005;128:3093-3096. 15. Burks W. *Pediatrics*. 2003;111:1617-1624.

You can't know until you test!
www.isitallergy.com

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