

JDPA

Journal of Dermatology *for* Physician Assistants

VOLUME 5 NUMBER 4
FALL 2011

SDPA NEWS AND CURRENT AFFAIRS

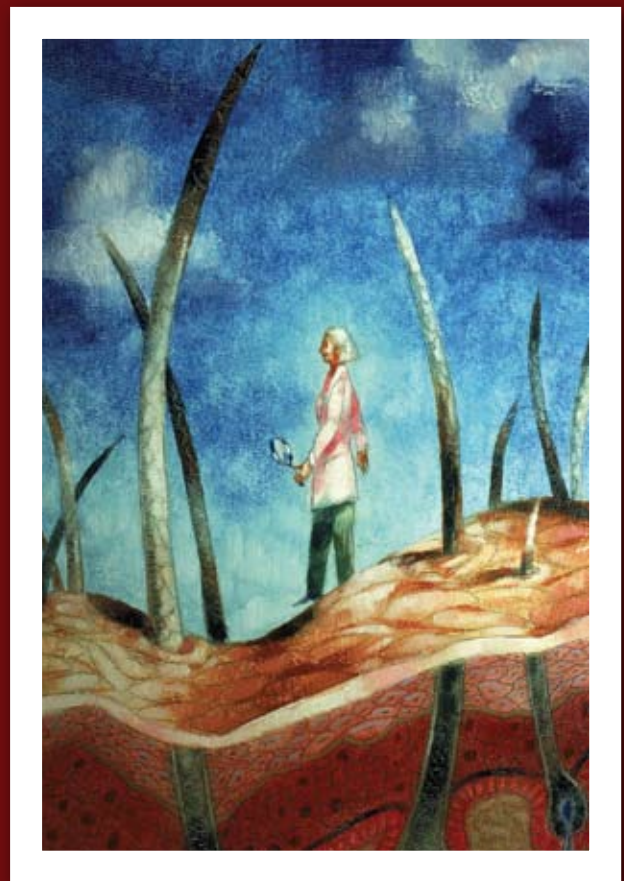
DERMATOLOGY PA NEWS AND NOTES

CLINICAL DERMATOLOGY

SURGICAL DERMATOLOGY

COSMETIC DERMATOLOGY

PROFESSIONAL DEVELOPMENT



SUPPLEMENT
for the
National Eczema
Association



Official Journal of the Society of Dermatology Physician Assistants

JDPA

Journal of Dermatology for Physician Assistants

EDITORIAL BOARD

Travis Hayden, MPAS, PA-C, *Editor in chief*
Joe R. Monroe, MPAS, PA-C
Patricia Ferrer, MPAS, PA-C
Gordon Day, R.Ph., PA-C
Nancy Primo, MPAS, PA-C
Lauren Zajac, MHS, PA-C
Michelle DiBaise, MPAS, PA-C
P. Eugene Jones, Ph.D., PA-C
Mark Archambault, DHSc, PA-C
Kristine Kucera, DHS, MPAS, PA-C
Jennifer Winter, PA-C
Mark Hyde, MMS, PA-C
Jeffrey LaDuca, Ph.D., MD
Alan Menter, MD

DEPARTMENT EDITORS

Clinical Department Editors
Susan E. King-Barry, MPAS, PA-C
Karen Graham, MPAS, PA-C
Drugs in Dermatology Editor
Stephen Wolverton, MD
Surgical Department Editor
Christy Kerr, MPAS, PA-C
Cosmetic Department Editor
Nancy Primo, MPAS, PA-C
Prof Dev Department Editor
Abby Jacobson, MS, PA-C

SDPA BOARD OF DIRECTORS

PRESIDENT

Keri Holyoak, MPH, PA-C

PRESIDENT-ELECT

John Notabartolo, MPAS, PA-C

IMMEDIATE PAST PRESIDENT

Abby Jacobson, MS, PA-C

VICE PRESIDENT

Jacki Kment, MPAS, PA-C

SECRETARY / TREASURER

Casey Croes, MPAS, PA-C

DIRECTORS AT LARGE

Susan Hammerling, MPAS, PA-C
Kristine Kucera, DHS, MPAS, PA-C
Vicki Roberts, MPAS, PA-C
Jennifer Winter, PA-C



Society of Dermatology
Physician Assistants, Inc.
4111 W. Alameda Ave. Suite 412
Burbank, CA 91505
1-800-380-3992
SDPA@dermpa.org
www.dermpa.org

PUBLISHING STAFF

Publisher Travis Hayden, MPAS, PA-C
Managing Editor Jennifer M. Hayden, M.Ed
Copy Editor Douglas Morris
Art Director Angela Simiele
Website Design Terry Scanlon

SALES OFFICE

Physician Assistant Communications, LLC
P.O. Box 416, Manlius NY 13104-0416
Phone (315) 663-4147
PAC@paccommunications.org
www.paccommunications.org

EDITORIAL MISSION: The JDPA is the official clinical journal of the Society of Dermatology Physician Assistants. The mission of the JDPA is to improve dermatological patient care by publishing the most innovative, timely, practice-proven educational information available for the physician assistant profession.

PUBLISHED CONTENT IN THE JDPA: Statements and opinions expressed in the articles and communications herein are those of the authors and not necessarily those of the Publisher or the Society of Dermatology Physician Assistants (SDPA). The Publisher and the SDPA disclaim any responsibility or liability for such material, including but not limited to any losses or other damage incurred by readers in reliance on such content. Neither Publisher nor SDPA verify any claims or other information appearing in any of the advertisements contained in the publication and cannot take responsibility for any losses or other damage incurred by readers in reliance on thereon. Neither Publisher nor SDPA guarantees, warrants, or endorses any product or service advertised in this publication, nor do they guaranty any claim made by the manufacturer of such product or service.

THIS ISSUE: of JDPA includes articles that have been reviewed and approved for Category I (Preapproved) CME credit by the American Academy of Physician Assistants. Approval is valid for 1 year from the issue date, and participants may submit the self-assessment at any time during that period. Category I CME articles included in JDPA are planned and developed in accordance with AAPA's CME Standards for Journal Articles and for Commercial Support of Journal Articles.



Since its inception, the JDPA has utilized eco-friendly printing practices. The JDPA is printed on paper obtained from sustainable forests that meet strict environmental standards. Soy-based inks that have a low environmental impact are used during printing of the journal and the journal is printed using 100% renewable energy. *SDPA members may join us in our efforts and opt to receive the JDPA in digital format.*

JDPA/Journal of Dermatology for Physician Assistants (ISSN 1938-9574) is published quarterly (4 issues per volume, one volume per year) by Physician Assistant Communications, LLC, P.O. Box 416, Manlius NY 13104-0416. Volume 5, Number 4, Fall 2011. One year subscription rates: \$40 in the United States and Possessions. Single copies (prepaid only): \$10 in the United States (include \$6.50 per order plus \$2 per additional copy for US postage and handling). Periodicals postage rate paid at New York, NY 10001 and additional mailing offices.

© 2011 Physician Assistant Communications, LLC. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including by photocopy, recording, or information storage and retrieval system, without permission in writing from the publisher.

POSTMASTER: Send address changes to Society of Dermatology Physician Assistants, Inc., 4111 W. Alameda Ave. Suite 412, Burbank, CA 91505, 1-800-380-3992.



THIS ISSUE IS SPONSORED BY

PROMIUS
PHARMA

FROM THE PATIENT'S PERSPECTIVE

How Eczema Has Defined My Life

By Angeline Fowler

Whether I want to admit it or not, eczema has defined my life and who I am. If I stop to think of who I would be if I had been born without eczema, I know I would be a totally different person. Even if a cure is discovered tomorrow, eczema has already defined me and shaped my path, whether I like it or not.

Today I'm a respected working professional with an advanced degree, a happy marriage, and a young daughter. But as I write this on my lunch hour at work, I desperately want to rip off my jeans and scratch the backs of my knees; today my scalp is flaking and it hurts to smile because the cracks on the side of my mouth are healing shut.

I was born in a small town in rural England in the 1970s at a time when eczema was not recognized by the British medical profession. In the United Kingdom's National Morbidity surveys, the rate of children under five consulting professionals for eczema was 90 in 1,000 in 1971, and the rate was 28 in 1,000 among children 5 to 14 year olds. This was in a time before the Internet, a time when to get information you had to go to the library or write away for it. My parents had a healthy child for two months and then it all went downhill. A small rash on my cheeks turned into cracked lips, bleeding joints, incessant scratching, and crying. My doctors saw eczema as a rash that was unfortunate, but not much more.

My first conscious memory of my eczema was in preschool. It is sad for a child as young as three to know that they are different, to have other parents pull their kids away from you and tell them not to touch you because they are scared, to have kids look at you with disgust, and to have no one ever hold your hand

on the playground. I was the last one picked for teams. I was referred to not by my birth name but my general nickname of "Spot." I would hide in the toilets during lunchtime and recess and scratch. I would try with all my might not to scratch, not to flake skin over my desk, not to crack, and not to bleed.

My mum and dad experimented with everything they could think of. They bandaged my hands, put boxing gloves on me, lathered me with cream, filled me full of vitamins, and took me to doctor after doctor. I was at the doctor's office so often that I only attended school two days a week for the first two years. You would think this would mean I fell behind, but school was my way to prove myself. I studied, I learned, I excelled. My skin couldn't be perfect but my brain could.

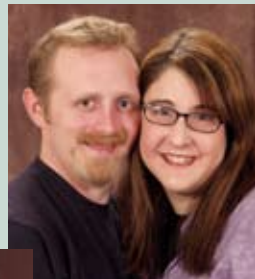
When I was eight, my mum and dad found a specialist running a clinical trial for eczema. He put me on a food exclusion diet where I could only eat turkey, rice, and pineapple. I had to drink a liquid medicine before eating any meal, and then I could introduce one new food every month (but never bread, milk, or eggs). I was on that diet for five years. Throughout junior high, I lived on an Atkins-like diet of sausages for lunch. So now I was the spotty, scaling kid who ate crazy food.

While elementary school was hard, junior high was even more traumatic. For a start, I was still going to school with people

I had been with since I was five years old, and you never grow out of people's perceptions of you. I wanted to start wearing different clothes, and I wanted to wear more than just colors that I could bleed on without people noticing. I wanted to dye my hair. I wanted to wear



"A photo of me as a young girl with my siblings (I am on the right)."



"My husband, Christian, and I. Don't believe your eyes. I have makeup on and paid for it the next day."



makeup and I wanted to stop using the coal-tar shampoo and soap so I could stop smelling like tar. I didn't care if it made me worse. I wanted to be normal.

My parents were very strict about my skin and routines. Now I understand that they had invested an enormous part of their lives trying to help me get better. How could they sit by and watch me flare up because I wanted to wear neon pink eyeliner? How could they risk me getting my ears pierced and reacting to the metal? How could they trust that I wouldn't flare on a school trip?

My skin started to improve in high school, but I was still socially awkward. In comfortable settings at home or with small groups of close friends, I was able to be myself. Whether I was or wasn't, I thought I was the ugly girl and had no idea why anybody would want to talk or be friends with me. Unfortunately, such thinking becomes a self-fulfilling prophecy because if you lack confidence and self worth, those are not attractive qualities. All I wanted was to be normal and to be happy. I wanted to be asked to the school dance. I wanted a boyfriend. Looking back, I'm not sure how much I sabotaged myself. I'm not sure how much my anger, my pain, and my general low esteem got in the way. When I look back at photos of me as a child, I realize I was not unattractive.

When I was sixteen years old, my eczema went through a shift, moving off my face and remaining solely on my body. I figured out a way to cover it with tights and polo necks (luckily it was the height of the grunge movement and layers were my friend). Inside though, I hadn't changed. I got my first boyfriend and dated through the next two years. I sabotaged my relationships because I was miserable and truly didn't understand why anyone would want to date me. I was desperate to be accepted, loved, and was far too needy.

My life changed when I graduated. I signed up to be an exchange student and spent a year in the United States, specifically Alaska. It was a huge change and move, but it allowed me to start afresh and figure out who I was independent of eczema. By this point, my eczema was on my joints and back only, so to the average eye I was normal. The new people I met had never met "Spot" and never would. It was during this time that I met my friend and future husband. He was my friend first, and he looked after me. He saw the bloodied clothes and didn't think less of me. He saw both sides of me and accepted both. This acceptance slowly taught me self-acceptance.

For ten years, only two or three people had ever met or seen the real me. It wasn't until I was pregnant with my daughter that everything changed. My eczema flared severely the second I got pregnant and returned to my face. But covering it up and making excuses wasn't a priority anymore, my daughter was. I stopped wearing makeup to work, I stopped putting products in

my hair, and I stopped forcing myself into nylon, dry-cleaned shirts that aggravated my skin. People stared, and coworkers made comments. Even today, when I meet new moms at my daughter's school, they struggle to make eye contact at first. I'm pretty sure I've lost promotions because of my skin and my less-than-perfect hair, but this makes me try and work harder.

With age and motherhood comes the ability to ignore people's hesitation when they first meet me. I smile politely and introduce myself while saying to myself, "I'm talented, I'm bright, I'm a good mother, I have a good job and a good family, and I'm funny as hell. And if you don't want to see that, too bad for you."

Some days this is easy, and some days I want to curl up into a ball and not get out of bed. But then my daughter walks over and says, "Are you sick today, mommy? Can I help take care of you?" And I realize that it's time to get up, push through the pain, and try to get through another day. 🍷

Angeline Fowler lives in the Pacific Northwest and is a working professional with an advanced degree, a happy marriage, a young daughter, and newborn son. Angeline is also a volunteer Telephone Support Contact for the National Eczema Association, www.nationaleczema.org.

TAKE HOME POINTS for DERM PAs:

By Steven K. Shama, MD, MPH

1. "All I wanted was to be normal and to be happy." Who doesn't want that for themselves? And yet, Angeline's eczema has never allowed her to fully accept herself as whole. To a great extent it is her child's unconditional love that gives her the power to overcome and to forget her negative feelings. We, as healthcare practitioners, must also accept our patient's perceived deficiencies with the same innocent love of a child for his/her mother. We need to embrace with words, with touch, and especially with our spirit. These are all healing intentions.
2. Eczema can hurt both psychologically as well as physically. When we literally face a patient, we should introduce to them those possible feelings. Do it with a smile and an open heart. When we can't cure someone, we should all consider prescribing a "potion," wrapped in a caring word for greater absorption.

Have patients with eczema?

We're always here to help.

The National Eczema Association offers resources for you and your patients, all in one place.

Information you can trust.

- Patient education materials
 - All About Atopic Dermatitis
 - Atopic Dermatitis in Children
 - Bathing and Moisturizing
 - Hand Eczema
 - Topical Corticosteroids: Myths & Facts - new!
 - Starting from Scratch DVD
- *The Advocate*, quarterly newsletter
- *E-Insights*, electronic newsletter
- Tips from leading eczema experts
- The latest eczema research and treatment news
- National Eczema Association Seal of Acceptance products

Support for your patients.

- Support Groups nationwide
- Facebook fan page for connection and information
- Online Support Community: private and confidential
- National Patient Conference & Kids Camp, June 2012

You can count on us.

- Web: nationaleczema.org
- Phone: 415-499-3474 or 800-818-7546
- Email: info@nationaleczema.org
- Facebook: [facebook.nationaleczema.org](https://facebook.com/nationaleczema.org)
- Online support community: community.nationaleczema.org
- Physician Referral Directory: contact us to be included