

ADCOCK INGRAM PRESCRIPTION

SPECIALISTS IN MEDICAL DERMATOLOGY



ATOPIC DERMATITIS

DO ANY OF THESE WORDS DESCRIBE YOUR SKIN?¹

Inflamed • Dry • Rash • Itchy • Rough • Swollen • Scaly • Crusty
• Oozing • Discoloured

If so, you likely have eczema, a condition where your body's immune system causes your skin to become inflamed and as a result, your skin suffers from these symptoms.¹ A "flare-up" is the term used to describe the stage of eczema when you may be experiencing acute symptoms that may last several days or even weeks, affecting your quality of life.¹



CAUSES AND RISKS

A number of factors can be contributing to your eczema, including an interaction between your genetics and your environment.¹ You may also be at an increased risk if members in your family have eczema.¹

Atopic eczema is the most common type of eczema and occurs when an irritant or an allergen from outside or inside the body "switches on" the immune system. The immune system then becomes overactive, causing the skin barrier to become dry and itchy.¹

A lack of a certain type of protein in the skin, known as filaggrin may lead to drier, itchier skin in eczema.²

Common environmental triggers of eczema include:

- Changing temperatures, humidity, extreme heat or cold¹
- Exposure to pollen, dust mites, mold and cigarette smoke¹

Many everyday household items are also possible environmental irritants that may cause an allergic reaction, leading to an eczema flare.¹ These may include certain:

- Shampoos¹
- Laundry detergents¹
- Fragrances¹
- Metals, such as nickel, copper and gold¹
- Food allergies¹

Emotional stress causes a release of cortisol, a hormone that may trigger an eczema flare-up as well.¹



DIAGNOSIS

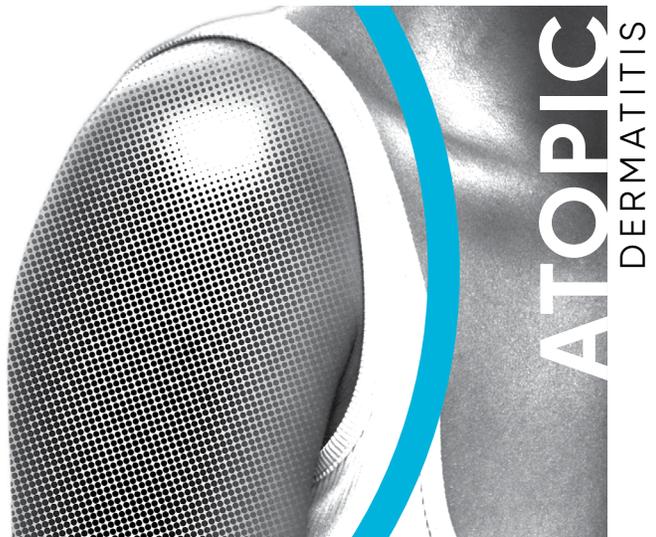
Your health care provider will talk to you about your symptoms, your medical history and examine your skin.³ If you think certain foods may cause your skin to flare-up, ask your healthcare provider about possible food allergies.³

If need be, tests might be done to identify allergies or rule out other skin conditions.³



TREATMENT

While there is no cure for eczema, there are treatments which should be tailored to your individual symptoms.¹ Depending on the severity of your eczema and your age, your healthcare provider may advise you to apply a prescription topical medication to treat your skin.² It is also advisable to moisturise your skin regularly to help repair the skin barrier.¹





Consult with your healthcare provider, for optimal treatment options.

FOR THE HCP TO COMPLETE:

A ACUTE TREATMENT:

- Cream
- Ointment
- Fatty Ointment
- Milk

Use once daily for 3–5 days.⁴⁻⁶ Treatment duration should not exceed 12 weeks in adults and 4 weeks in children, except for the milk formulation, which should not exceed 2 weeks.^{5,6}

B BARRIER TREATMENT:

- 0.03 %
- 0.1 %

After using the **Acute treatment** for 3 – 5 days, use the **Barrier treatment** twice a day until your lesions have cleared.^{4,7}

C CONTINUOUS EMOLLIENT THERAPY:⁴

For symptomatic relief of dry, sensitive or eczema-prone skin.⁸⁻¹⁰

- SBR REPAIR[®]
- SBR PROTECT[®]
- SBR REPAIR ADVANCED[®]

SBR REPAIR[®]: Apply to affected areas at least once a day or more often if needed.⁸

SBR PROTECT[®]: Use as often as needed.⁹
Do not apply to the same area within 2 hours of applying the **Barrier treatment**.⁷

SBR REPAIR ADVANCED[®]: Apply SBR Repair Advanced on exposed skin areas (including the face) once a day, or as often as needed.¹⁰

D PROACTIVE TREATMENT:

Use the **Barrier treatment** once daily, 2 days a week (e.g. Monday and Thursday) to affected areas. After application, allow 2–3 days without applying another treatment.^{4,7}

THE ABC-PRO MANAGEMENT OF ECZEMA[#]

ACUTE TREATMENT

Use the **Acute treatment**, for treatment of inflammation during the flare up stage, for fast effect and quick itch relief from day 1.^{4,11}

BARRIER TREATMENT

Use the **Barrier treatment** during the non-flare stage to relieve inflammation.^{4,12}
Use twice daily until skin lesions have cleared only up to 12 months.⁷

CONTINUOUS EMOLLIENT THERAPY⁴

Daily basic care with SBR PROTECT[®], SBR REPAIR[®] & SBR REPAIR ADVANCED[®] actively repairs and protects the skin's protective barrier by replacing the skin's identical lipid components.⁸⁻¹⁰

SBR REPAIR ADVANCED[®] is a lightweight (non-greasy), fast-absorbing formulation to repair dry, damaged & atopic-prone skin. It intensely moisturises the skin for 72 hours.¹⁰

SBR[®] is available without a prescription, is formulated by dermatologists and approved by the Allergy Foundation of South Africa.^{8,9}

PROACTIVE TREATMENT

Use the **Barrier treatment** proactively, at the first signs and symptoms of eczema to help achieve long-term control and prolong flare-free periods for up to 6 months.^{**7,13}



[#]ABC-Pro Management is indicated for moderate to severe AD.
^{**}Median months until the next flare.

References: 1. National Eczema Association. What is Eczema? Accessed on 21 July 2025. Available from: <https://nationaleczema.org/eczema/>. 2. National Eczema Association. Atopic Dermatitis. Accessed on 21 July 2025. Available from: <https://nationaleczema.org/types-of-eczema/atopic-dermatitis/>. 3. Mayo Clinic Organisation. Atopic dermatitis (eczema). Diagnosis and Treatment. Accessed on 21 July 2025. Available from: <https://www.mayoclinic.org/diseases-conditions/atopic-dermatitis-eczema/diagnosis-treatment/drc-20353279>. 4. Wollenberg A, Christen-Zach S, Taleb A, et al. EFAAD/EADV Eczema task force 2020 position paper on diagnosis and treatment of atopic dermatitis in adults and children. *J Eur Acad Dermatol Venerol* 2020. ISSN 0926-9959. DOI: 10.1111/jdv.16892. 5. Data on File. 6. Data on File. 7. Data on File. 8. SBR Repair[®] professional information, October 2024. 9. SBR Protect[®] professional information, October 2024. 10. SBR Repair Advanced[®] professional information, December 2024. 11. Curto L, Carnero LJ, Lopez-Aventin D, et al. Fast itch relief in an experimental model for methylprednisolone aceponate topical corticosteroid activity, based on allergic contact eczema to nickel sulphate. *J Eur Acad Dermatol Venerol* 2014;28:1356-1362. 12. Danby SG, Chittock J, Brown K, et al. The effect of tacrolimus compared with betamethasone valerate on the skin barrier in volunteers with quiescent atopic dermatitis. *Br J Dermatol* 2014;170:914-921. 13. Thaci D, Reitamo S, Gonzalez-Ensenat MA, et al. for the European Tacrolimus Ointment Study Group. Proactive disease management with 0.03% tacrolimus ointment for children with atopic dermatitis: results of a randomized, multicentre, comparative study. *Br J Dermatol* 2008;159:1348-1356.