

Dermatologically Tested Podcast - 15. An eczema journey with Dr Gavin Fong

Harriet Dalwood 0:15

Hi, and welcome to this week's episode of Dermatologically Tested, a podcast of the British Association of Dermatologists. Today we've actually got a very exciting episode in store for you guys. We are talking to a doctor who is also a patient, Dr Gavin Fong. He's had severe atopic eczema since very early childhood, so practically all his life and basically, he gave a really fantastic talk at our 101st annual meeting this year and he's very nicely agreed to talk to us today about some of these experiences and how they shaped his life. I'm really looking forward to getting stuck into this one.

Matt Gass 0:52

Yeah, I can't wait. It's going to be a brilliant episode. So Harriet, do you want to introduce Gavin?

Harriet Dalwood 0:56

This week we have Dr Gavin Fong, clinical research fellow at the David Hyde asthma and allergy centre. Welcome, Gavin. It's lovely to have you on.

Dr Gavin Fong 1:05

Thanks for having me.

Matt Gass 1:06

Brilliant, so Gavin, you're on today to talk all about your experiences of eczema. I suppose before we get started, one thing that would be really great to hear from you about is what exactly is atopic eczema, and how is it linked with allergy? Obviously a lot of your background is in allergy, but I also know that allergies play quite an important part in your history of eczema.

Dr Gavin Fong 1:27

Thanks for the question. So to be honest, I think I could spend hours talking about what is atopic eczema and how it's linked to allergy, but I'll try and keep it very brief. So in my mind, what I understand about atopic eczema is that it's a chronic disease that is very common. It is an inflammatory skin disease to be precise, so not like an infective process. The important part of it is that it waxes and wanes, so it comes and goes and it's associated with dryness and itch. In fact, my professors who used to teach me would say, if it's not itchy, it's not eczema, and the main problem of atopic eczema from my understanding is that the skin barrier in atopic eczema is defective. This makes it so that water is easily lost through the skin compared to someone who does not have eczema. The water loss then makes the skin dry and itchy, which will then cause the scratching and more damage to the skin. In atopic eczema, because the skin barrier is broken or dysfunctional, people with eczema are more prone to skin infections and more prone to suffer from the irritant effects of soaps and other products and because allergens can enter the skin quite easily, it is also

why people with eczema can more easily develop allergies, because the allergens enter the skin and are received by the immune system there and they then develop a dysfunctional immune response towards the allergens.

Because the defective skin barrier is such a key component of what's wrong in atopic eczema per se, which this is why the emollients are so important because that essentially replaces the skin barrier, I think often quoted, or often given as an example about atopic eczema and what's wrong with the skin barrier in it is the brick example. So, if you mentioned bricks, and usually in the middle there like concrete and cement, used to seal the bricks together in atopic eczema, the bricks are intact, but the cement in the middle is sort of broken, which then causes things to leak out and things to come in. That is why emollients are important to effectively replace that seal. Apart from the broken dysfunctional skin barrier, there are other things that are driving atopic eczema, for example, the fact that the inflammation and the immunity in the skin is dysfunctional, that drives the water loss in the skin and also why the skin barrier is dysfunctional.

Because of all these factors, research has shown that there is an overgrowth of a particular type of organism called staph aureus on the skin, this organism exists normally in individuals and usually just there and existing but in people if a topic is not it becomes the dominant organism and studies have shown, the more staph aureus your skin has, the more severe eczema can be. And it's also been linked to flares of eczema. Also, if you have staph aureus, there, it causes an allergen priming around the skin as well. And that's why some treatments such as dermal, which has some antimicrobial activity, and can help decrease the staph aureus burden, can help improve eczema.

Matt Gass 4:28

So very quickly, Staph aureus, that organism, that's a bacterium, is that right? Yeah. Okay. Yeah. Really interesting. And so, people with eczema, they tend to have more, is that what you're saying? And then

Dr Gavin Fong 4:40

yes,

Matt Gass 4:41

that can contribute to flares and yeah, fascinating.

Dr Gavin Fong 4:45

So just to clarify about the four so it's the skin barrier. So if you imagine like a three way triangle and all the sides are like interlinked, same as the staph aureus roll and the skin barrier roll and the the inflammation in the skin and It's all like sort of linked to each other. There's no one thing which is the key, per se. It's all like sort of feeding each other, if that makes sense.

Matt Gass 5:07

Yeah,

Dr Gavin Fong 5:07

Which is why tackling one part can reduce the other parts, and vice versa. But, for example, if you ignore one part, then everything else just becomes worse and worse. So how it's how it's linked to allergy, I have a topic eczema, if it's not already known, and I have lots of food allergies as well. Studies have shown that people with atopic eczema have an increased risk of food allergies. In fact, there is also evidence that for example, from a Danish study that atopic eczema often precedes the development of food allergies and the risk of developing food allergies in people with atopic Eczema is greater, the more severe your eczema is, and the longer you've had your eczema, which is why it is important to treat it well, especially in childhood where all this immune priming happens. There's a working hypothesis for this, which was coined the dual allergen exposure hypothesis, it was coined mainly by a very famous professor called Professor Gideon Lack.

My take on this is basically, we were created to be first exposed to foods, for example, through your gut. So when you eat a food or eat a peanut, for example, you're exposed to it through your gut. And that's the normal immune response towards peanuts. But then people have eczema, as I said earlier, there's a broken skin barrier, and just peanut particles just go into the skin, and the immune system there is not designed to see that and it treats it as a foreign substance and mounts this whole response to it and it learns that, oh, this is the enemy. So, subsequently, when the person is again exposed to peanuts, they develop the allergic reaction. So the first part where the immune system was primed incorrectly to the skin is called sensitization.

The allergic reaction is when someone has it the second time, and again, this is why it's important to treat the eczema aggressively so that the inflammation is not as severe and therefore there's less chance of getting the proteins go through the broken skin. For the healthcare practitioners listening in. I highly recommend a systematic review by Teresa Tsakok and Tom Marrs, which is titled 'Does atopic dermatitis cause food allergy? A systematic review'? It's a brilliant piece of work and it goes into great detail about the relationship between food allergy and eczema.

Harriet Dalwood 7:24

I know that you mentioned that you have atopic eczema, and I know that you obviously spoke about this at the annual meeting of the British Association of Dermatologists this year. Would you mind sharing a little bit of your experience of atopic eczema as a child with our listeners.

Dr Gavin Fong 7:45

So my first memory of my childhood was scratching myself when I was two. And I have a lot of memories linked to scratching myself throughout the night being unable to sleep, like almost in tears asking my family for like relief for my skin because it was so itchy and so unbearable. I have lots of memories about it being very uncomfortable as a child because of the heat, I'm from Malaysia and heat would aggravate my eczema and so would the sweat associated with that heat.

The understanding around eczema is that it's driven by food, and yes, some eczema is aggravated by food but eczema is a skin disease. There is some link, but it's not driven by food, per se. But in that time, it was thought to be primarily driven by food. I was told by doctors and my parents and family to avoid lots of foods, which was quite restrictive to my diet as well. Not many people talk about this, but I had a lot of pain with atopic eczema, people think it is mainly itchy, but with the itch

comes lots of wounds and lots of weeping wounds and especially in a hotter climate where you need to shower. You know how most people think of showering as a joyous, relaxing cleansing process. But to me, it was just pain because of all the wounds I had. I remember because my wounds on the back of my leg or my foot would be so bad that I had to like peel off my clothes, because it was sticking to my wounds. So, it was a very tough time.

There was also some teasing with people imitating me scratching, for example and at that time, the understanding around eczema was very poor. So yeah, it was hard, having atopic eczema as a child. Hopefully it's better now with better understanding and better treatments. But it was it was hard back then.

Matt Gass 9:42

Yeah, it's brilliant to just get a little bit of an insight into your early experiences of eczema. I think, obviously, it's often characterised as a disease of childhood. I know that's something we're probably going to talk about a little bit. While it may be partly a disease of childhood, it's not as simple as that. But yeah, it's really, really useful to get your insight to that. And I know there's going to be a lot of listeners, parents of young people with eczema, I'm sure they're going to be fascinated to hear about your experience and like you say, hopefully, things have gone a little bit better in terms of understanding and although there's certainly lots still lots of challenges around being different, and being a young person and the bullying and stuff that goes with that, hopefully, it's slightly less so than it used to be. In you're in the recent talk that you gave at the BAD annual meeting, you mentioned the hygiene hypothesis, and you talked a little bit about your siblings, and their experience of atopic conditions. Do you think you could just expand on that and maybe explain to listeners what the theory is there?

Dr Gavin Fong 10:47

Sure. So it's a working hypothesis as to why there's been an increase in allergies over the past few years and it's mainly from observational studies, which follow a group of people as they grow up. These studies found those children with more siblings, and pets or, who grew up in farm environments for example. So quote, unquote, like, dirtier environments, almost had less allergies than people who grew up in cities and very sterilised environments and interestingly, though, this is not an encouragement to infect children with parasites, but parasitic infections have been shown to be protective against the development of allergic disease. This is thought to be potentially linked to something called the microbiome. So that's the population of microorganisms living in your body, and for fun fact, more than 50% of the cells of our body are not our own. So they're actually microorganisms. And so this, this diversity of this micro-organism, population has been thought to be linked with lots of autoimmune disease and allergic disease. So, in theory, the cleaner your environment is, there is a slight risk of more allergies developing, of course, it's still important to like clean your environment. Interestingly, that manifested in my own family. So my brother and I were born in a first world, western country, which was very sterilised while my sister was born in Malaysia, which is, arguably less first world. Guess which of the three of us then went on to develop allergies? So, me and my brother developed allergies, while my sister did not. Although it's only anecdotal, that to me, is quite telling.

Matt Gass 12:31

Yeah, a good illustration, perhaps, of this hypothesis in action. I think it's really interesting. So, it's the more highly sterilised, inverted commas, cleaner environments, in which you're more likely to develop atopic conditions like eczema, okay,

Harriet Dalwood 12:52

That's really fascinating.

Dr Gavin Fong 12:53

These are all mainly observations, they're still trying to prove it and it's hard to prove these things, but it's just what people have observed.

Matt Gass 13:01

Yeah,

Harriet Dalwood 13:01

Yeah. Cool.

Matt Gass 13:02

I think that's really good to clarify, as well. We like to be quite open, where there's some quite strong evidence but it still needs to be proven. So that's, that's good to clarify.

Harriet Dalwood 13:13

So, Gavin, in your talk, you mentioned a turning point in your childhood, when you move to the USA.,could you maybe describe to our listeners, what happened.

Dr Gavin Fong 13:24

So a bit of context prior to that I've been, I've been admitted to the hospital quite a few times within the past year, because of eczema and I had lost for a few months of school, because of how bad my eczema was at that time. Then my dad went to the USA for work. and he thought, okay, while he's there, why not move, like, why not get us to go over to maybe see a specialist there, because maybe they have better understanding and treatments. So I went there, and I saw one of the dermatology specialists there, and they recommended something called wet wraps. I'm not sure if people know what that is. So, in people with very bad eczema, what they do is they apply the cream, and then they wrap it with wet cloth, or in my case, I wore wet pyjamas, and then another layer of dry pyjamas on top. So emollients steroids, and then wet wraps. What this does is it cools the skin, which makes it more comfortable for the child and also reduces the pain and discomfort associated with the very aggravated eczema. It also helps increase the steroid absorption and improves the moisturisation and at that time, it was not known as a method in Malaysia then. That really helped, so, I did that quite regularly for a few weeks and I didn't need to be admitted to hospital anymore from eczema. Although it was not perfect, it was much better control than how it was prior to that

Matt Gass 14:47

Whilst you're talking about wet wraps. One thing I should probably say actually is that, on our patient hub, we have video guides on how to apply wet raps and information like that. So definitely, if it's something that doctors are recommending for people, and then we have, hopefully really helpful guides on how to go about doing that.

Dr Gavin Fong 15:09

If wet wraps is something you're considering, I would always check with your doctor first to see whether it's the right treatment for you.

Matt Gass 15:16

Absolutely.

Dr Gavin Fong 15:17

The other treatment I had, which was very helpful was phototherapy. So, that's where you get UV rays. So, the sun is known to have an anti-inflammatory effect on skin, which is why it's used both in severe eczema and severe psoriasis. So I managed to have that treatment while I was in the USA which also helped calm my eczema down a bit and because I was given that treatment, in my brief time in the USA, I was able to continue it when I came back, and again that continued. Phototherapy helped my eczema get better, alongside with the new wet wrap technique that we had learned there. And with the wet wraps came more judicious use of my emollients, which I had avoided like the plague because it's very uncomfortable as a child to put emollients on, especially in a hot and humid country like Malaysia.

Matt Gass 16:05

Yeah, I mean, it's incredibly challenging, I think for a lot of parents and young people to just have that adherence to the treatment plans and stuff like that. Because, I think we all know, we've all experienced it, you know, even if it's just applying some cream, even if you haven't had eczema, I think everybody's had that experience of applying creams, and it's not necessarily the most pleasant thing in the world, particularly with eczema, you know, on the whole, it's a case of greasier to the better and that that is something that is really hard to, obviously, get young people on board with I imagine.

Dr Gavin Fong 16:40

Oh, yeah, but what I have found is, at least for me, is to go with what you actually used. I think that is the approach that is being taught at the moment, at least when I went through med school. Yes, the greasy are the better. Yes. But if you're not going to use the greasiest, then there's no point.

Matt Gass 16:59

Exactly. I mean, yeah, that's definitely something that we say, in our messaging as well, obviously, greasier is better but the best emollient is the one that you use regularly. So yeah, I think that is a

really important thing to get across to people and not to necessarily feel guilty if they can't use the greasiest thing out there.

Dr Gavin Fong 17:19

Yeah. If you're already putting an emollient on at this stage, you're doing better than I was as a child and as a teenager.

Matt Gass 17:26

Yeah. Well, it'd be great to talk a little bit about your teenage years with eczema. Because, as we said, eczema is often characterised as a skin disease of childhood, but that wasn't your experience and I believe that you still manage your eczema to this day.

Dr Gavin Fong 17:42

Yes.

Matt Gass 17:43

Can you maybe explain to people what it was like being a teenager with eczema and maybe, how it impacted your life and your sense of self, I suppose, and your day to day.

Dr Gavin Fong 17:54

One of the key things that throughout my experience was that as a child, I was told that we would just grow out of it. I guess that's what the knowledge was at that time, that eczema would somehow just magically disappear when you're older and so when I did reach that teenage milestone, and it was still there, still being a big nuisance, I was very frustrated, and very disappointed. That was the sentiment I was bringing into my teenage years and as you know, teenagers are rebellious, and so I still didn't really like the creams, nor did I want to put them on, especially as a teenager, because there's the whole like, image and self and the girls won't find me attractive if I'm looking oily. I didn't touch on this as a child, but there was a lot of self-confidence issues I had. So I didn't look straight into people's eyes because of how lowly I felt of myself because my skin was so bad and I felt like no one wanted to look at me because of how bad my skin was at that time and that carried on as a teenager. It was made worse during my time as a teenager, because you've become so self aware of your how you look and how you appear to others. So it was it was a very difficult time, I would say the childhood years were more difficult physically because of how bad my skin was. But I think my teenage years were more difficult psychologically, in terms of eczema. I was very shy, didn't really want to talk to people because of how bad it was at that time. Although it wasn't as bad as how it was in my childhood. At that time, we were getting quite desperate because we thought this would be finished by now because we were told that it's only in childhood then you will grow out of it and with each teenage year passing by and it was still there and we got more and more frustrated. That's when we started looking into alternative medicines and so we tried lots of herbal remedies and various herbal drinks and it didn't help my eczema and at some points even made it worse. The lowest point I went to was when I touched on this briefly in my talk when I tried something colon cleansing which is where they put a tube up the back passage and pump some sort of chemical inside to cleanse the colon because their theory was cleansing the colon would help your skin get

better. They also made you just have a liquid diet throughout that time and that was that was a horrible experience. And I wouldn't I wouldn't wish this on anyone.

Matt Gass 20:20

Yeah, I mean, it sounds so challenging, but I think it illustrates really well, how desperate, uncontrolled eczema, almost any uncontrolled skin disease really, I think there's a lot of parallels with other conditions, how it can drive patients to try all kinds of things.

Harriet Dalwood 20:39

Absolutely.

Dr Gavin Fong 20:41

So at that time, we still didn't really understand the biology behind eczema and my adherence to creams was very patchy. At times when my skin was very, very bad and I was prescribed steroids, I would refuse to use them because we were afraid that we will become like dependent on the steroids, like how someone is dependent on drugs, for example, which is a very big misconception. There's a lot of steroid fear out there, I think, which needs to be addressed, because steroids are important, and they are lifesaving drugs for many conditions. Another key factor that I wish someone had told me was that it doesn't get cured, but you can manage it, because I think that tweaking expectations would have helped a lot to know that this is something that you need to manage and live with, and that your skin is not your enemy, but it is part of you that you need to manage. I think that would have helped me rather than the wishful thinking that was implanted, that it would somehow just disappear one day.

Harriet Dalwood 21:41

Yeah, absolutely. I think just having that wishful thinking, obviously, was so disappointing when obviously, it didn't go away during your teenage years, which probably also added, like you're already obviously saying that you're quite self-conscious as well. So just a very disheartening experience, as you mentioned, I know you obviously touched on confidence throughout your teenage years. But do you think more can be done to help those who experience similar confidence issues because of skin conditions?

Dr Gavin Fong 22:12

Absolutely. So, I did not only have confidence issues, I was depressed at some points, even so far as to, I didn't want to have children because I didn't want to get them to inherit what I had to go through there is definitely a role for like psychology, psychological support, because of especially how visible the skin is. Everyone can see it and even as normal people I'm sure you notice the little stairs and the glances from others, That is heightened a lot more when you have eczema and we're almost like hyper aware of how people perceive us. We often find ourselves already unsightly and so it's all just like a big combination of a lot of factors that can make someone more predisposed to having like poor mental health. And the poor mental health makes your eczema worse because stress makes eczema worse, and then that just makes your mental health worse. And it just goes

round and round. So yes, definitely psychological support would, I think would be very helpful, I would have found it helpful as a child, if I had that. And as a teenager,

Matt Gass 22:24

One of the recurring themes you've touched on today, and that you touched on in your talk is the importance of understanding the disease, but also understanding the treatment and the impact this might have on your adherence and the temptation to try alternative treatments. Can you explain this to us a little bit, and maybe just talk about that light bulb moment and why it's so important to understand how these things actually work.

Dr Gavin Fong 23:41

I think back, so this is like 10 or 20 years ago, the culture was a lot more, Oh, we are the healthcare professionals, you listen to us and our medications, you just do what we tell you and I'll be sorted. So not much education was given to us as to what's going on with eczema and why we need these treatments and the skin barrier defect example and even if there was, it was mainly directed at my parents, which is understandable, but then the one you need to convince to put the creams on this the child and it's it can be hard for the parents to explain it to the child as well because they don't have the understanding that the healthcare professionals do. It's different from your usual treatment so I think healthcare professionals are used to prescribing one-off antibiotics that okay, yeah, fine. If if you need me to take a course of antibiotics. Yeah, I'll take that for seven days. I can follow that, I understand that, but to have to ask me to put creams on every day for the rest of my life. I will need some convincing to do that, especially when they're uncomfortable and sticky and greasy. You need to sell it to me, or at least tell me why I need to put these things on. And so I think if I had better explanation, and I understand this is difficult in the very stretched service we have at the moment, but better explanations and education is very important, especially targeted at young children.

Harriet Dalwood 25:00

Yeah, that makes sense. And yeah, if you're putting creams on every day, you obviously want to have a bit of background because it does take a little bit of time and obviously it is dedication. Obviously, we've gone over your teenage years, and you have atopic eczema still, as an adult, what are the lasting effects of atopic eczema, for our listeners who might also have it, or have a child who has it?

Dr Gavin Fong 25:23

So even entering into uni days, I still had eczema. As a medical student, I still didn't want to put my creams, I still didn't want to put the steroids on, even though I was a medical student, because I still didn't understand and the light bulb moment came when I did a master's in allergy, I was finally taught in very great detail about the biology around eczema. So all that I described earlier about the skin barrier being dysfunctional, the inflammation and the role of that organism, that all was taught to me throughout my course and that was the key lightbulb moment that made me realise that this is how to manage it. So, that was one of the bigger turning points in my life. And since then I feel my skin has been a lot better controlled. At the start of my adulthood, it was still a bother, it affected my uni exams, because when I get stressed, it makes my skin worse. And that affects my

performance in exams as well and affects my ability to study. But after that turning point, when I did my masters, it's now more of like an inconvenience, I still get like occasional flares of my skin, I still get hand eczema at times and that's sometimes troublesome because of my job. I also have all the other atopic diseases, which can be somewhat attributed to eczema. But that is, but you can't fully attribute it to eczema as well. And I think the main fallout was the psychological fallout, I still have some lasting confidence issues and self-consciousness issues, because of everything that happened throughout my childhood. That would be the lasting effects, I would say.

Matt Gass 26:53

Yeah, I mean, I have got to say though, the talk that you gave at the annual meeting was amazingly well received and I think there's lots of great dermatologists out there, loads of them who are fantastic at this but I think even the best dermatologists have a lot to learn from somebody like yourself, who can talk from the experience of somebody who's had severe eczema throughout their life and understands the challenges because they were somebody who struggled to adhere to treatment who didn't necessarily understand what was happening and to then has had that that moment of understanding and can talk people through it. But obviously, yours happened to be a masters in allergy, but, it doesn't necessarily have to be that level of detail. I think if you ask anybody to do anything every day for the rest of life, and it's not pleasant, you should be giving them a very good reason why they're doing that thing and so yeah, I just think it's brilliant and also some of the ways you've explained eczema today, I think it's just really excellent.

Harriet Dalwood 27:52

Yeah, incredibly invaluable.

Dr Gavin Fong 27:53

Thank you.

Matt Gass 27:54

I think if you understand what's gone wrong, and what the treatments doing to try and resolve what's gone wrong and compensate for what's gone wrong. I do think it's far easier to follow treatment plans and stuff like that.

Dr Gavin Fong 28:07

I'd just like to say that, although this was my experience of eczema, I know that's not everyone's experience and I know lots of adults who still struggle with troublesome eczema and I feel you and I would say, don't be shy to seek help psychologically, or for your eczema. I know there have been a lot of advances in the understanding of eczema and the treatments available for eczema. So, if you wanted to be referred to secondary care, now's a good time to do so because there are a lot of options there to help you. You don't have to suffer alone and dermatologists can help if you need it.

Matt Gass 28:40

I think that's a really good thing to emphasise, and there's quite a few people out there who maybe have had eczema for a long, long time and haven't necessarily gone back to a doctor in that period.

There are people that could potentially benefit from advances that aren't doing so at the moment. I mean, one of the things that you said during your talk was that if some of the treatments that are around today, were around when you were younger, you probably would have been eligible for them and probably would have had a much easier time.

Dr Gavin Fong 29:09

Yeah,

Harriet Dalwood 29:09

So, Gavin, obviously this might not work for everyone, but it would be great to hear what has worked for you. And just to get some insight. Obviously, as you said, there are a lot of options available now but it would be great to hear sort of your insight on that.

Dr Gavin Fong 29:25

I'd also like to caveat to say that my skin isn't perfect as well. There's still a bit of eczema here and there but it's much less of a nuisance than how it was when I was a young adult, or younger adult. So what has helped me is being religious with my emollients, so, I would clean my skin every day and put on my emollients immediately after and that prevents, so if you take a shower and you wait too long time then your skin dries up very quickly and so it's important to put your emollients immediately after and then your steroids if required, because that is the prime time when your skin can absorb it and I tried to put my emollients on, two or three times a day, but, even at this point, I'm still not the best, but at least once, once or twice a day, I also have adopted a more proactive approach rather than reactive approach to eczema, at least my own eczema. So in the past, I would have a flare and I would just ignore it until it gets really, really bad before I try and do something about it. But now when I do have a flare, I try to treat it proactively with dermal and with steroids. So, dermal might not help everyone, but I think it helps me because it, as I said, the staph aureus burden is associated with flares of your eczema.

So, when staph aureus becomes more concentrated, it's associated with flares, we're not sure whether that's the chicken or the egg, but it's associated. And so they're more helps me, I think it helps like kill off some of the staph aureus, which then helps the recovery of the skin, I used to have a lot of steroid fear, but now I do use it when I need it, I don't put it off, for example, if I do require steroid treatment for my skin and another thing is, I'm trying better to manage my stress and anxiety and my emotions, because the mind and the body are quite linked and we do know that stress makes eczema worse, and vice versa. This is primarily true with my faith in Christianity, but everyone has their own means of doing this and another thing is to not panic, when you get a flare because of the nature of eczema.

It is a sort of like waxing and waning disease, that it comes and goes. So, if you do get a flare, that's okay, you can manage it like you manage your car breakdown, for example. I think another mindset of mine, which has helped, as I mentioned earlier, that my skin is not my enemy, it's not something I've tried to get rid of because it has eczema, but it's it's a part of you. In fact, it's the largest organ we have, and you need to give it the care it needs and deserve. That's also what helps me manage my eczema today.

Harriet Dalwood 31:51

That's a great message and, it is the largest organ. So you're right, taking good care of it is important.

Dr Gavin Fong 31:57

Absolutely.

Matt Gass 31:58

So Gavin, as an eczema patient yourself. You obviously talked about a lot of developments in eczema going on at the moment, some new treatments, some might be new theories and you know, these don't necessarily have to be the finished article or anything like that. But what developments out there at the moment excite you as an eczema patient yourself?

Dr Gavin Fong 32:16

One of the most exciting ones for me is the introduction of something called monoclonal antibody treatment. So, these are highly specialist and quite expensive, very targeted treatments. The example I can think of is something called dupilumab. So, for example, in very severe psoriasis, when you've exhausted all the treatments such as methotrexate or phototherapy, you have biologic treatments, or monoclonal antibody treatments, which I like to step up to try and calm the psoriasis down because it targets very specific parts of the immune pathway, linked with psoriasis, and we never had that for eczema for many, many years until very recently. And so to me, that's a very exciting time to be an exact someone with eczema because you have essentially more options now, and this is the first of many, which are in the pipeline but the first one, the first one to be licenced in the UK is dupilumab. I've seen studies, and I've been to conferences where it has been presented and the results have been astonishingly good. I wish I had that as a child. Another thing that excites me a lot is the ongoing work looking into preventing eczema altogether. So some people in Japan and I think it's replicated in the western world also. They found that applying emollients on babies helped prevent eczema. And that helps prevent food allergy, for example. But then that is also under debate at the moment because some people show it actually makes you more likely to have eczema. So, that's still in the pipeline, but at least someone is looking at it.

Harriet Dalwood 33:43

Absolutely.

Dr Gavin Fong 33:44

Which I think is very exciting. Because preventing that would prevent everything else that might have come along with eczema, such as food allergy. So, to me they are the two most exciting things, as well as the rapidly increasing understanding behind the biology of eczema.

Harriet Dalwood 34:00

Yeah, that sounds Incredible. I think things are always in development or being researched and it is quite an exciting time. We touched on your childhood, I know that a lot of listeners probably do have children who have had eczema, atopic or other and it'd be good to hear what your advice would be for parents.

Dr Gavin Fong 34:21

I would say that it can be even more difficult for parents than the child who has eczema because you have to watch your child suffer. I think that is a profoundly difficult experience. I would recommend joining support groups such as like the National eczema society and the BAD I'm not sure if the BAD has one. I'm sure that can be very helpful to find support with something that can be very difficult.

Matt Gass 34:45

We have a list of patients for groups. So definitely, I think there's some really great ones for eczema and so I think yeah, definitely encourage I definitely agree with what you say in terms of as much for children with eczema or people with eczema, I think support for the parents through the support groups is excellent.

Dr Gavin Fong 35:02

My parents didn't have anyone around them, we didn't have any support groups around that time and I think it was difficult for them because no one else had the same experiences and that is quite isolating and challenging. I would also recommend finding creams that work for them, as we touched on before; it's not getting the best, greasiest cream because nobody wants that, to be honest. So, finding something they don't mind putting on would be helpful and the problem with the skin itself that causes the itch is not the itch that although yes, it makes the rash worse, but it is not the primary driving force. So, I don't think telling them to stop scratching is very helpful, to be honest.

Matt Gass 36:51

Yeah, I think that's really important message and obviously we don't want people to scratch. But I think yeah, as you say it's about helping them to stop scratching rather than telling them, don't scratch, because instruction is not the problem.

Dr Gavin Fong 37:06

And then I guess the overarching theme is to explain to them, why they need the creams that they might not like and how using the creams may potentially help them stop scratching because it calms

the skin down and it gives the skin what it needs, which is repairing or filling in that defective barrier and so working alongside them with the doctor, or the healthcare professional, because it is a condition that needs to be managed over some time and finding what they like and what works for them.

Matt Gass 37:34

We've talked a lot about the negative side of eczema, which is understandable, but it would be great to just hear from yourself the positives that you've taken from your experience.

Dr Gavin Fong 37:45

Sure. So I think one of the main positives I have from this experience is empathy. So whenever I see someone with eczema in the clinic, for example, I see my little self there. and I think, because I had eczema before I'm able to relate well with other patients, with other people with skin disease, I think that is a great bonus and a great privilege, It has also has given me a unwavering passion for this field in medicine and it is the reason I chose to pursue a career in medicine, to help other people with skin disease and allergic disease. and indirectly, it's led me to pursue the masters and indirectly that's how I met my wife. So I'm very happy about that.

Harriet Dalwood 38:27

And what advice would you give to any healthcare professionals that are listening right now?

Dr Gavin Fong 38:33

I think I'm coming at this mainly as a patient, because I don't think I'm qualified enough as a healthcare professional to be able to give that sort of advice. But the main one would be to take time to explain the treatments, why the treatments and how the treatments work, and the biology behind eczema to the patient. If it is with children and parents to the child as well as because as we said before, no one wants to be lathering sticky creams onto themselves unless they understand why and I understand this is especially challenging and in GP, for example, where there's such heavy pressure. So, it might be something you can ask the practice nurse to help with. Another thing I would suggest is to not just look at the skin, but to also look at them as a person and how their skin is affecting them psychologically because as I mentioned earlier, if they have a low mood or stress, for example, because of the skin that just makes the eczema worse and there's a whole itch stress cycle I would say that goes on and on and on, so tackling one aspect can help the other. There has been lots of studies that show that eczema is associated with poor mental health and depression for example and so that is something worth keeping an eye on, especially if they've had it for a while. Another thing would be to treat the eczema aggressively and treat it well especially in children because it may help prevent development of subsequent like allergies and food allergies. Finally I

would like to say that If you are struggling to manage an eczema, you can consider referring to secondary care because there are a lot more options now rather than just let it fester and fester. It's important to work with the patient as to define what creams and treatments work for them. Finally, I would like to say, the little bit the healthcare professional does for a person's skin goes a long, long way. I had an experience in medical school where I had quite bad skin and one of the doctors pulled me aside and gave me very good advice on how to manage it then and I am still grateful to her for that up to this day. I'm still grateful to that doctor in the USA who taught me to do wet wraps. Yeah, so, the little bit you do for someone's skin goes a long way, especially because how visible it is.

Matt Gass 40:48

Yeah, I mean, it sounds like it's a common story that you hear, but you know, the doctors that really helps you, stays with you for the rest of your life. Their advice will stay with you for the rest of your life. I mean, the other thing that you mentioned already, but it's worth reiterating is to manage expectations.

Dr Gavin Fong 41:06

Yes, yes.

Matt Gass 41:07

I suppose this idea that it's a childhood disease, and that people will grow out of it. I think that's something that you hear less these days, but it's certainly I think it parallels with acne, which is often seen as a disease of adolescence, which we all grow out of, and actually many people don't grow out of it. And I think giving people that expectation, yes, you may be right, they may grow out of it, but if they don't, it's very damaging, as you've described. So, I think that's a really useful piece of advice that you mentioned earlier. Gavin, thank you so much for joining us today and thank you so much for taking so much time to to explain your experience and pass on what you've learned throughout it all. It's been really interesting. And it's so wonderful to have a doctor who is so open about their experiences and can help other doctors learn and patients. I think you'll give a lot of hope and patients will get a lot of benefit from listening in to this episode. So thank you,

Harriet Dalwood 42:04

thank you so much for coming on.

Dr Gavin Fong 42:06

You're very welcome. I hope it does help.

Matt Gass 42:09

Thank you so much for our guest today. That's Gavin Fong. What a brilliant talk actually, I'm really glad that it was brought to our attention, his talk at the annual conference, because it's really great to get the perspective that looks both ways, I suppose from the doctors perspective, but also from from a lifelong patient, you know, somebody has lived with eczema for so long. And I mean, Gavin just seems to have such clear insights into to what made a difference to him as a patient and how doctors can help people who are in a similar position.

Harriet Dalwood 42:40

Absolutely. Yeah, it was really, really insightful and I learnt a lot and we hope that you know, it helps some people who might be listening who suffer with atopic eczema or have a child who suffers with atopic eczema, or even just one of the healthcare professionals who obviously want to give the best advice to their patients.

Matt Gass 42:57

Yeah, definitely, I think it's great and I think the good thing about Gavin's talk is that undoubtedly, you know, as somebody that's lived with severe atopic eczema for a long time, and particularly, Gavin talks about the difficulty that he had with adhering to treatments and so that's always going to mean that dealing with uncontrolled eczema is going to be really challenging, and it's gonna be a lot of negatives, but I really like how Gavin talks about the positives that come out of his experience and through sharing those publicly, I think it helps other people learn from the positive things that have happened to him.

Harriet Dalwood 43:31

Yeah, absolutely.

Matt Gass 43:32

Well, that's it for this week. We'll be back in two weeks' time. So we look forward to you joining us then.

Harriet Dalwood 43:37

Right, see you later, guys.