



Atopic dermatitis The **SWISS** experience

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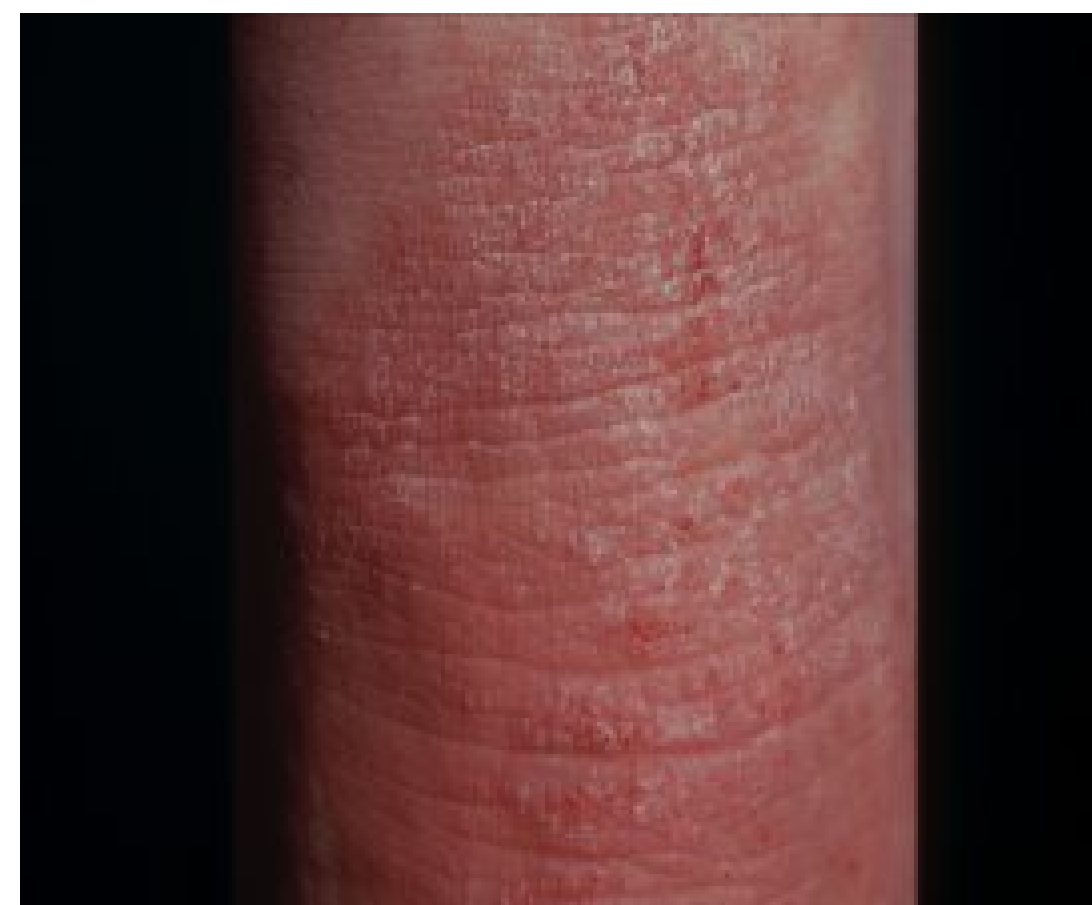
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A common disease also in



Dry, irritative skin



Itch



Inflammation

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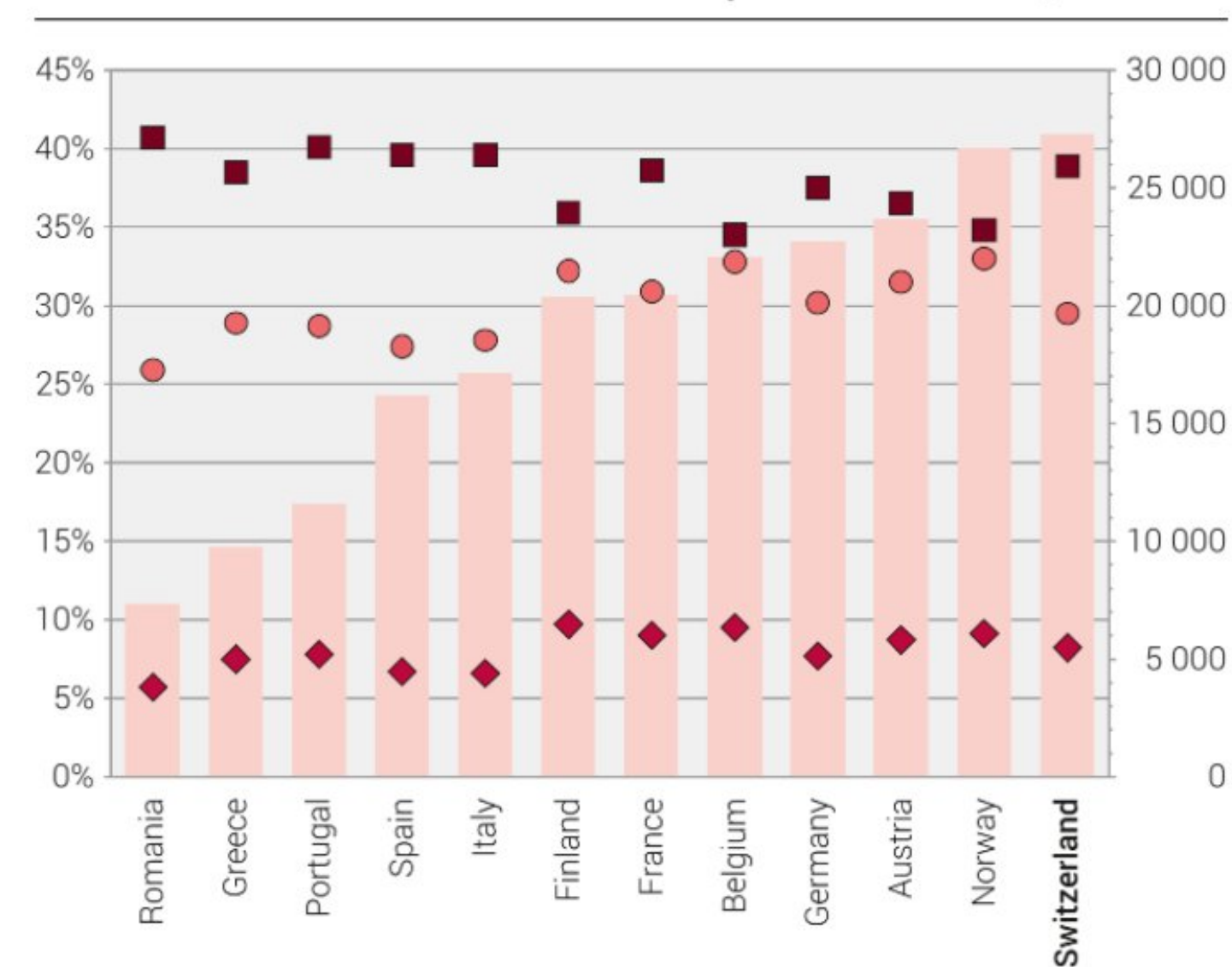
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Switzerland

7.89 Mio inhabitants

4 official languages (German, French, Italian, Rumantsch)

Standard of living and inequality of distribution of income for a selection of European countries, 2019



Share of the total equivalent disposable income:

- held by the wealthiest 20%
- the lowest 50% of the population in terms of income
- ◆ held by the poorest 20%
- median equivalent disposable income in PPS (right-hand scale)

BSP 706,2 Billion Swiss Francs (around 650 US\$)

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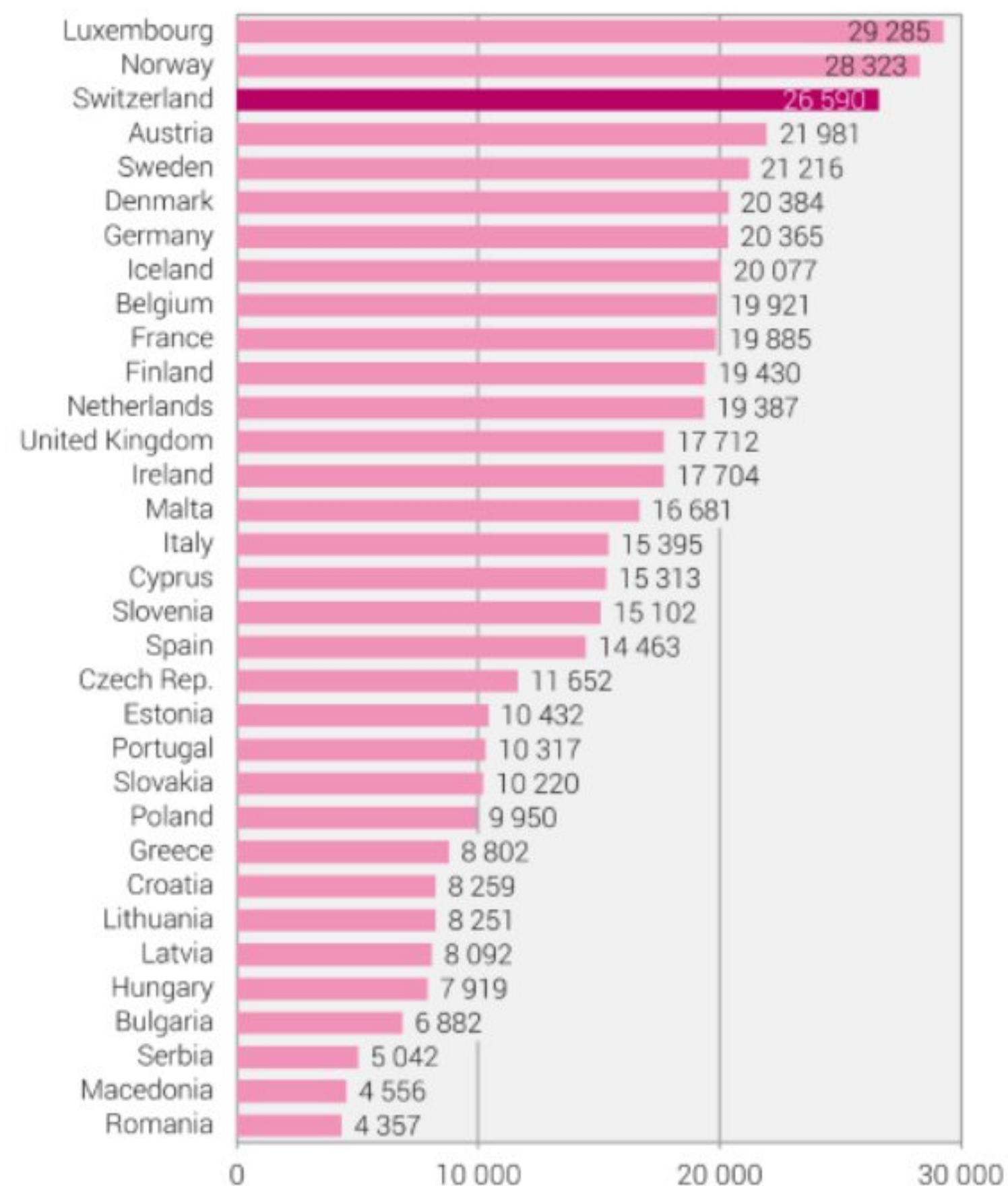
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Switzerland

8.61 Mio inhabitants

Median equivalised disposable income in Europe, 2015

In purchasing power standard (PPS)



In 2019, [OECD reported](#) that the average annual salary in Switzerland was CHF 60,847 (US\$ 69'000)

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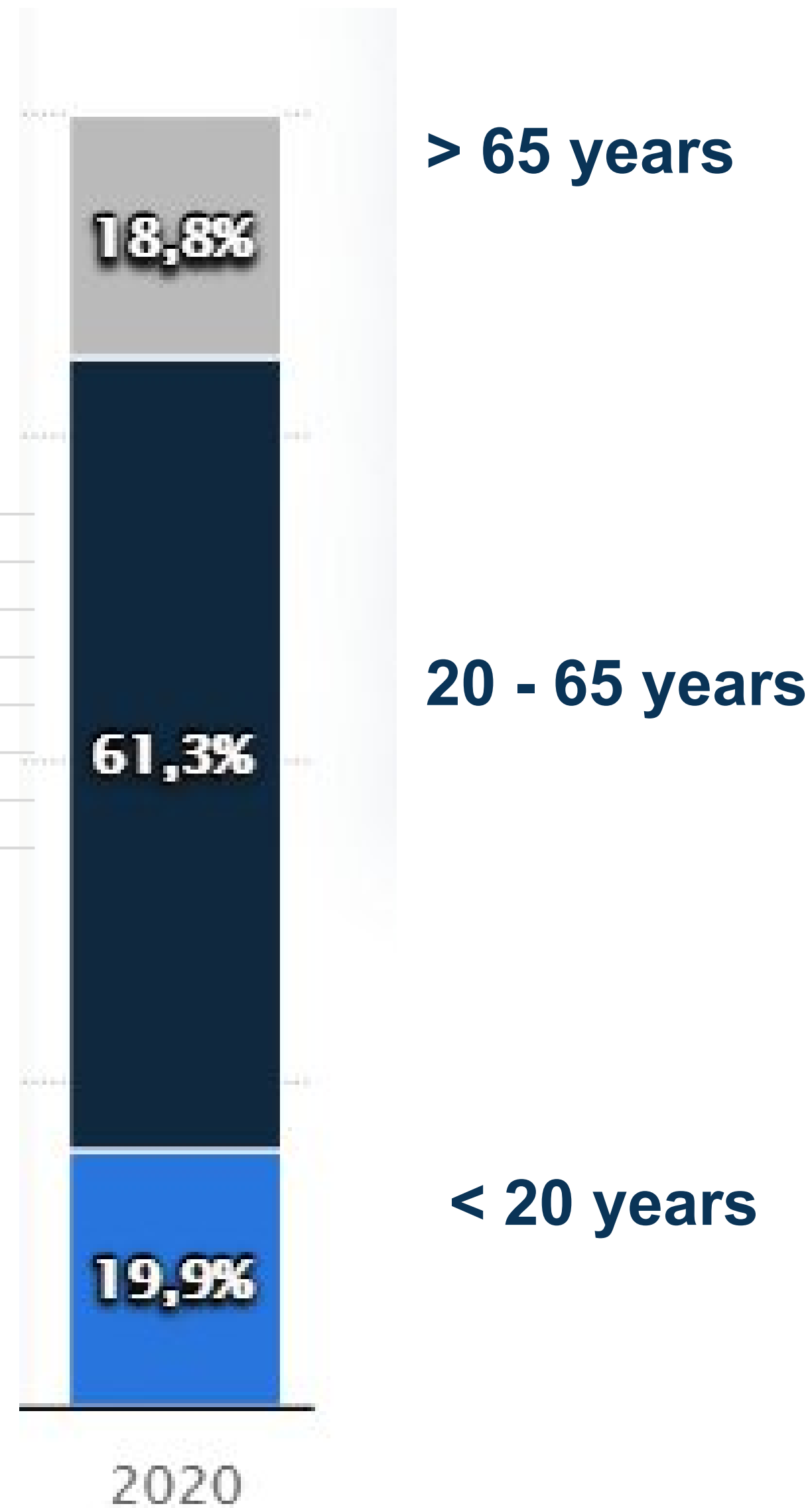
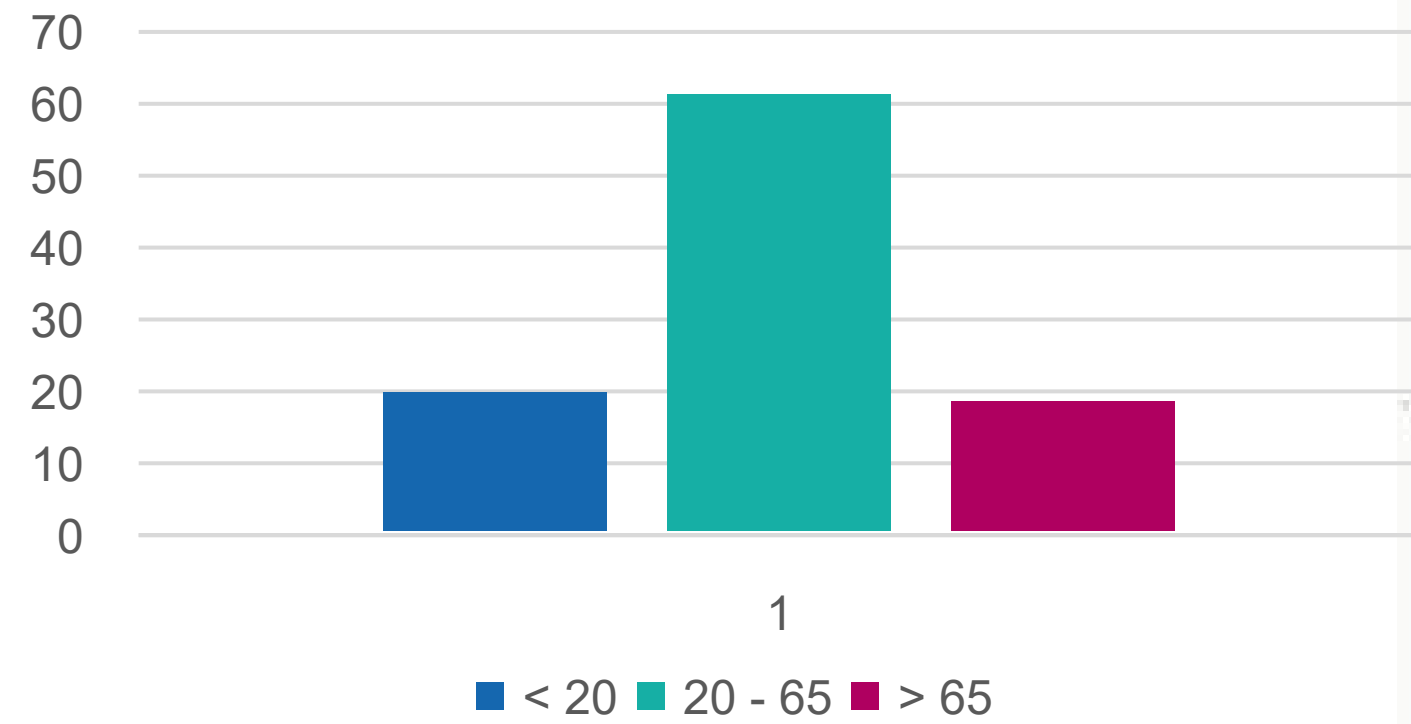
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Age structure



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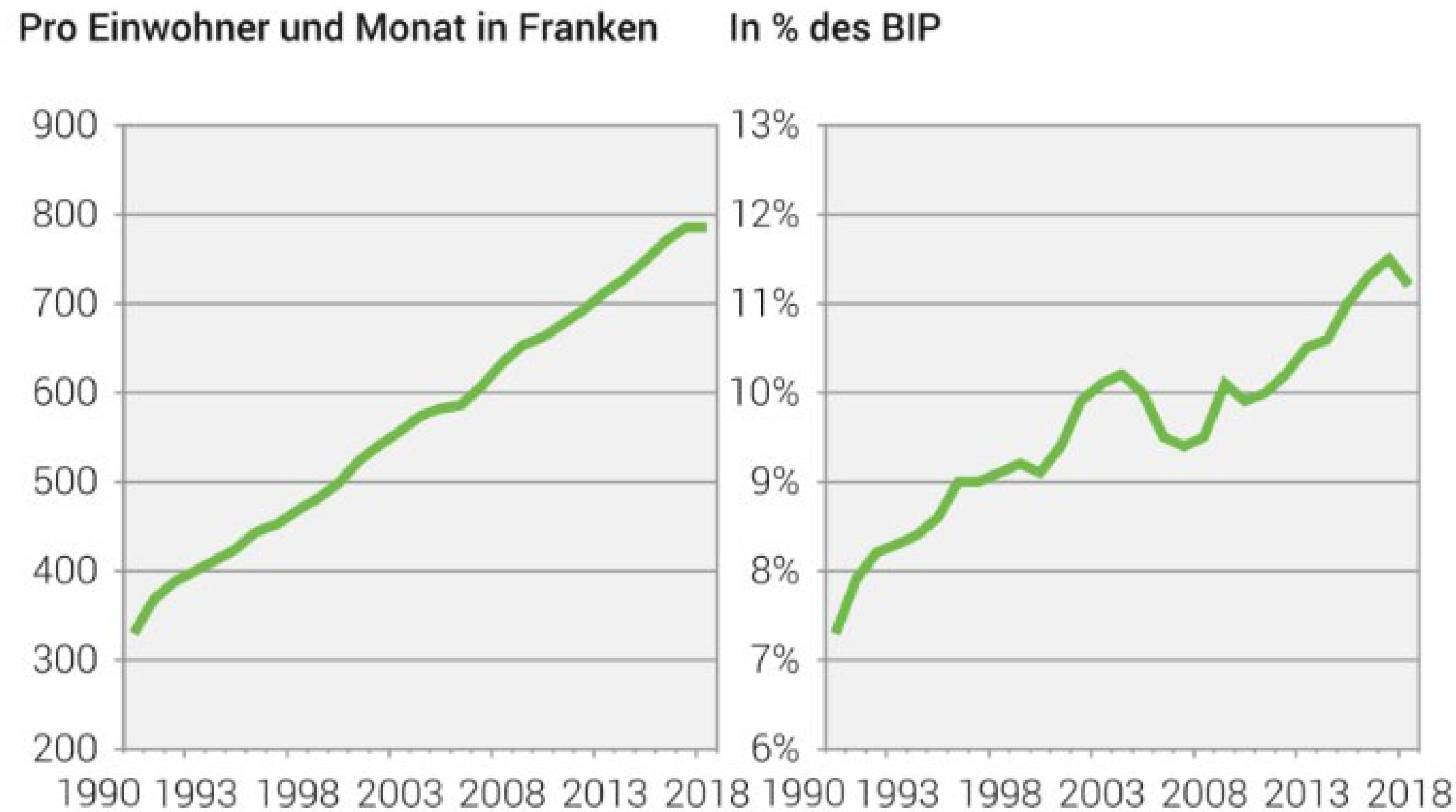
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Switzerland

Health costs development

Currently 740 US\$ per month and inhabitant

Entwicklung der Gesundheitsausgaben



Quellen: BFS – Kosten und Finanzierung des Gesundheitswesens, VGR ESPOP, STATPOP

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Health costs coverage

Currently 740 US\$ per month and inhabitant

Healthcare systems - Switzerland vs USA

The Swiss and U.S. healthcare systems have one thing in common: they are among the most expensive systems in the world. Otherwise, they are worlds apart. In the USA, citizens can choose whether to take out state or private insurance. However, the costs are so high that many people don't have any health insurance. In contrast, everyone in Switzerland has to take out **basic insurance** by law. In the USA there are several public health insurance schemes, including Medicare for senior citizens over 65 and people with disabilities, Medicaid for people with low incomes, and Tricare for military personnel and veterans. Although there are around 60 different health insurers in Switzerland, they all offer the same benefits under basic insurance. In addition, all health insurers in Switzerland are legally obliged to admit all applicants to basic insurance, thus ensuring that everyone has access to high-quality medical care.

United States	Switzerland
Affordable Care Act provides a mandate that everyone needs to be insured. If you don't take out health insurance, you have to pay a fee. Subject to extensive legal debate.	Universal mandatory healthcare provided by private companies
Private health insurance is predominant. Government options at federal level, such as Medicare and Medicaid, exist. Private plans vary.	Private health insurance available, e.g. travel insurance or greater luxury in hospital (e.g. single room instead of multi-bed room)
Insurance often comes through employer, but employees are ultimately paying it through their paycheck.	Paid by insured, not by employer
Can be paid by an individual. However, an individual can get insurance that covers family by adding dependents. Children and spouse covered.	Paid by person, not by family
Insurance premiums are decided by private companies and rates vary due to a number of factors. However, insurance cannot be denied to those with pre-existing conditions.	Premium depends on region where insured lives, age and insurance model chosen
Dental insurance is completely separate. Does not have to be covered.	Dental care not included; covered by private insurance
Depends on plan. But generally, if you pay more per month, you get more benefits, i.e. lower deductible (general trend).	Adult deductible can be chosen between CHF 300 and 2,500 per year -> the higher it is, the lower the monthly premium
Depends on plan	Copayment of 10%, but not more than CHF 700 per year for adults or CHF 350 for children
If below a certain income, you may qualify for Medicaid. You can have both Medicare + private insurance.	Low income situations: government subsidises regular healthcare plans (no separate health insurance). Insurance premiums not dependent on income (billionaires pay same price as everyone else)
Separate plan (Medicare) exists for retired individuals, but is not mandatory (you can still use private insurance).	No separate healthcare plan for retired people

Both among the most expensive
In the world



16.4%

Mandatory health care, provided
By private companies

Insurance paid by insured,
Individually (not family)

Costs

f (Place of living, income, age, insurance model)

Low income: government subsidies fully



12.2 % of the BSP

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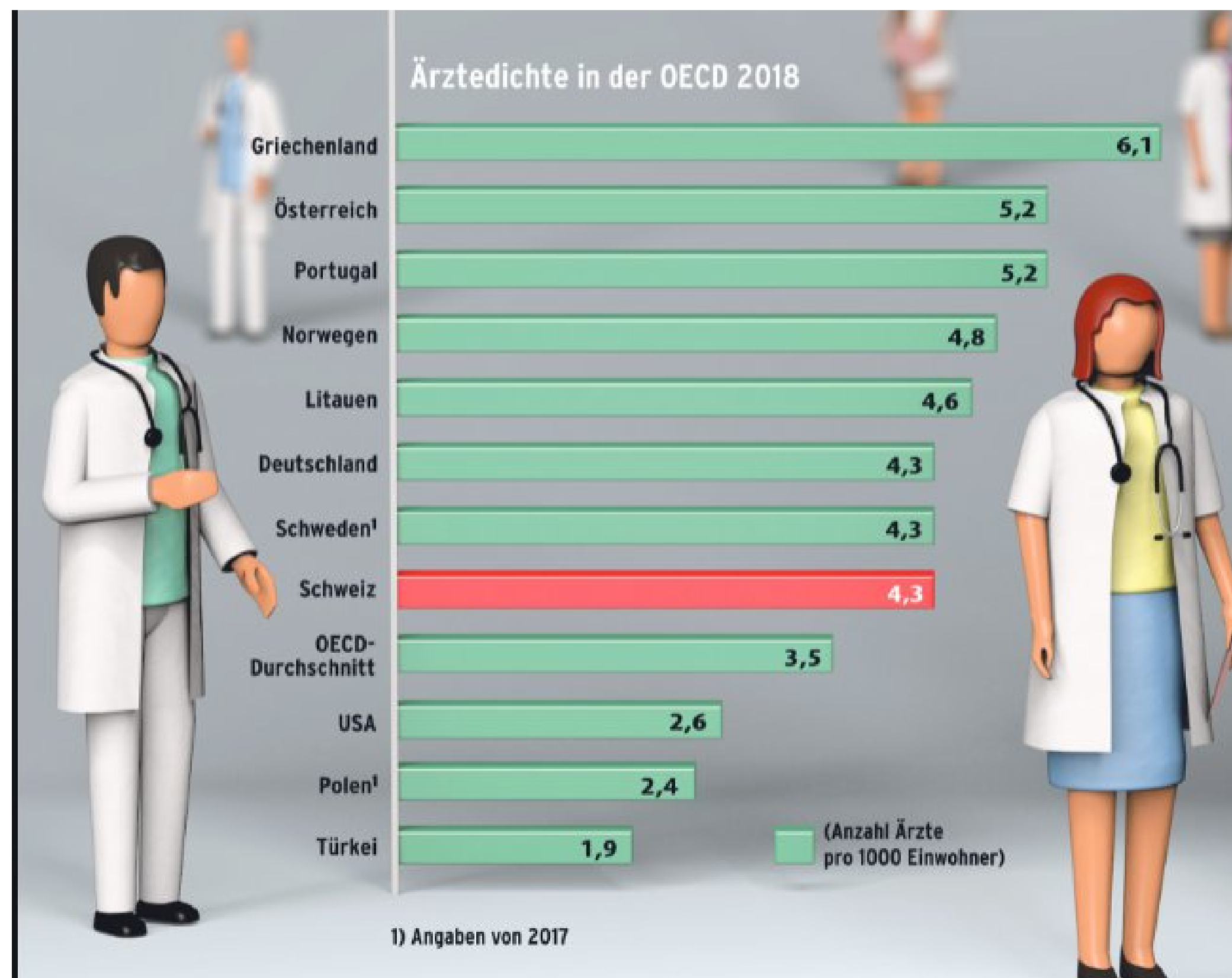
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Number of medical persons



37'600 physicians
53% in private practice
43 % in hospitals
3% Industry, Admin

GP 8200
Pediatrician 1920

Dermatology 580
Allergology 190

4.3 physicians /100'000 inhabitants

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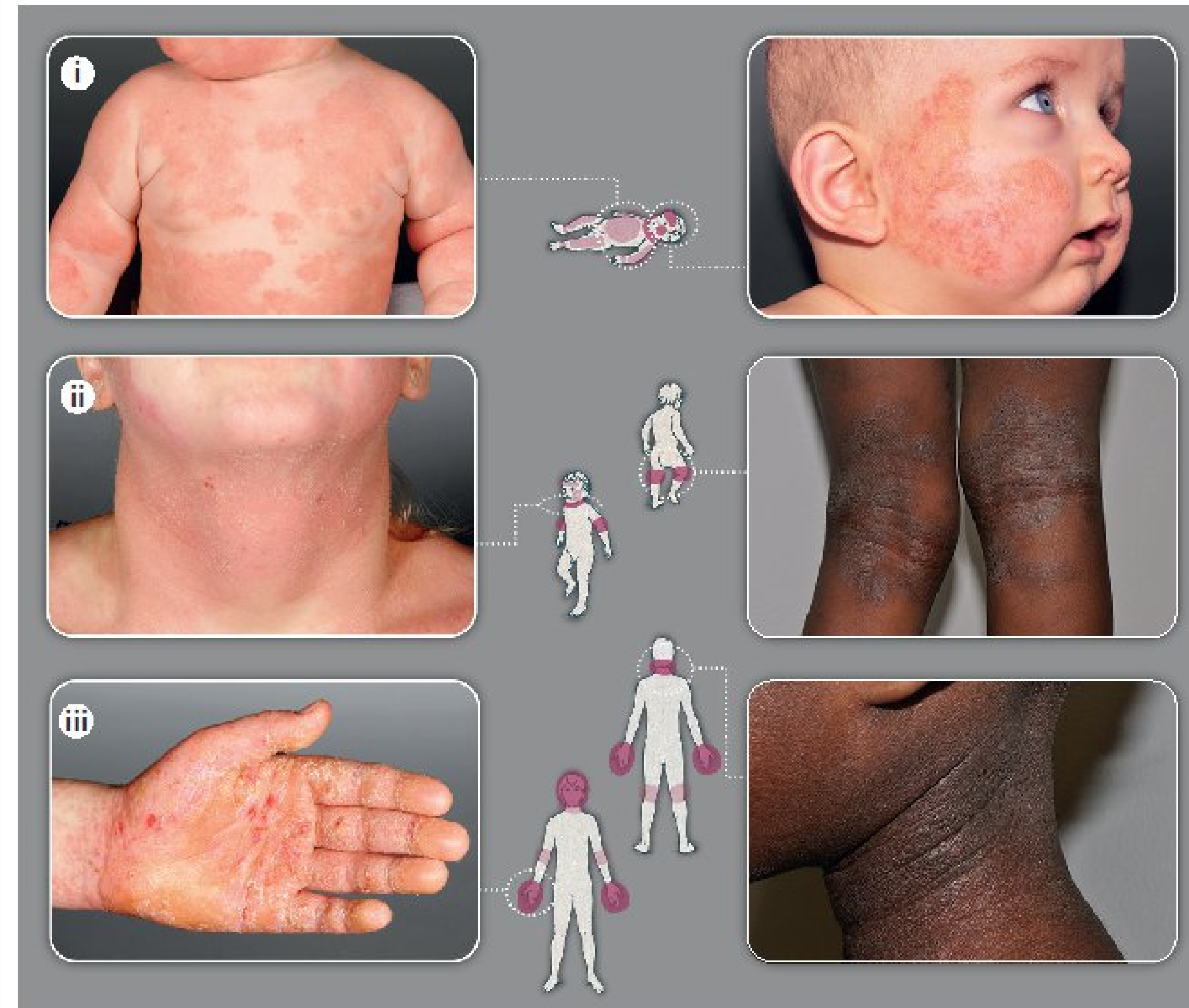
Atopic Dermatitis: Stratification based on age-related clinical picture

a) Neonates;

b) Infants

c) Adolescents and adults

A Typical clinical appearance and location of atopic dermatitis at different ages



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Prevalence:

16-18% in children

8-11 % in adults

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Who sees all these patients

16-18% in children

80% by Ped 10% Ped Derm 10% Gen Derm

8-11 % in adults

60 % GP 40% Derm



Patient has free choice of doctor

(direct access to specialist)

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Treatment for AD



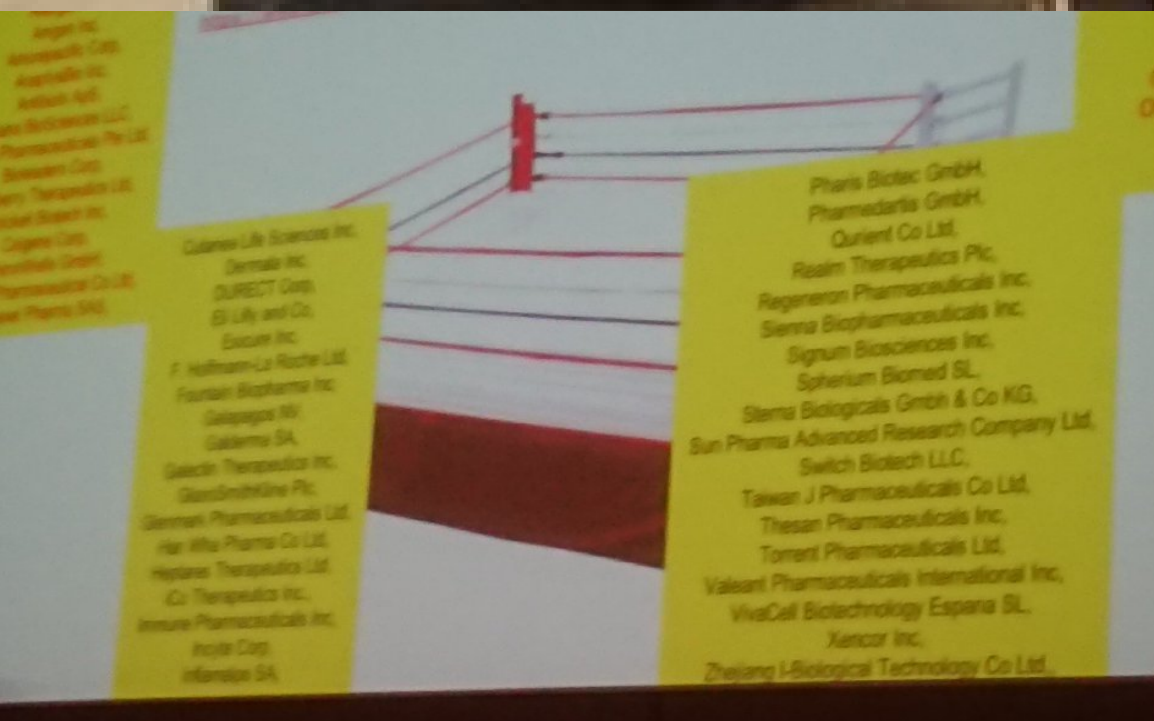
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GUIDELINES

Consensus-based European guidelines for treatment of atopic eczema (atopic dermatitis) in adults and children: part I

A. Wollenberg,^{1,2,*} S. Barbarot,³ T. Bieber,⁴ S. Christen-Zaech,⁵ M. Deleuran,⁶ A. Fink-Wagner,⁷ U. Gieler,^{8,9} G. Girolomoni,¹⁰ S. Lau,¹¹ A. Muraro,¹² M. Czarnecka-Operacz,¹³ T. Schäfer,¹⁴ P. Schmid-Grendelmeier,^{15,16} D. Simon,¹⁷ Z. Szalai,¹⁸ J.C. Szepietowski,¹⁹ A. Taïeb,²⁰ A. Torrelo,²¹ T. Werfel,²² J. Ring,^{16,23} For the European Dermatology Forum (EDF), the European Academy of Dermatology and Venereology (EADV), the European Academy of Allergy and Clinical Dermatitis (ETFAD), European Federation of European Society for Dermatology and (ESPD), Global Allergy and Asthma European Specialists (UEMS)

(a) Treatment recommendation for atopic eczema: adult

- For every phase, additional therapeutic options should be considered
- Add antiseptics / antibiotics in cases of superinfection
- Consider compliance and diagnosis, if therapy has insufficient effect
- Refer to guideline text for restrictions, especially for treatment marked with ¹
- Licensed indication are marked with ², off-label treatment options are marked with ³

**SEVERE:
SCORAD >50 / or
persistent eczema**

Hospitalization; systemic immunosuppression: cyclosporine A², short course of oral glucocorticosteroids², dupilumab^{1,2}, methotrexate³, azathioprin³, mycophenolate mofetil³; PUVA¹; alitretinoin^{1,3}

**MODERATE:
SCORAD 25-50 / or
recurrent eczema**

Proactive therapy with topical tacrolimus² or class II or class III topical glucocorticosteroids³, wet wrap therapy, UV therapy (UVB 311 nm, medium dose UVA1), psychosomatic counseling, climate therapy

**MILD:
SCORAD <25 / or
transient eczema**

Reactive therapy with topical glucocorticosteroids class II² or depending on local cofactors: topical calcineurin inhibitors², antiseptics incl. silver², silver coated textiles¹

**BASELINE:
Basic therapy**

Educational programmes, emollients, bath oils, avoidance of clinically relevant allergens (encasings, if diagnosed by allergy tests)

Treatment recommendation for atopic eczema: adult

- For every phase, add
- Add antiseptics / ant
- Consider complianc
- Refer to guideline to

Skin care is absolutely essential in AD



 UniversitätsSpital
Zürich

BASELINE
Basic Therapy

USZ Universitäts
Spital Zürich

Educational programmes, emollients, bath oils, avoidance of clinically relevant allergens (encasings, if diagnosed by allergy tests)

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 **ISAD**
INTERNATIONAL SOCIETY OF ATOPIC DERMATITIS

Treatment recommendation for atopic eczema: children

- For every phase, *additional* therapeutic options should be considered
- Add antiseptics / antibiotics in cases of superinfection
- Consider compliance and diagnosis, if therapy has insufficient effect
- Refer to guideline text for restrictions, especially for treatment marked with an *

SEVERE:
SCORAD >50 / or
persistent eczema

Hospitalization, systemic immuno-
suppression: ~~short course of oral glucocorticosteroids~~, cyclosporin A, methotrexate, azathioprin, mycophenolate mofetil, PUVA*, Alitretinoin*

MODERATE: SCORAD
25-50 / or recurrent
eczema

Proactive therapy with topical tacrolimus or class II or class III topical glucocorticosteroids, wet wrap therapy, UV therapy (UVB 311 nm, ~~medium-dose UVA1~~), psychosomatic counseling, climate therapy

MILD: SCORAD <25 /
or transient eczema

BASELINE
Basic Therapy

USZ Universitäts
Spital Zürich

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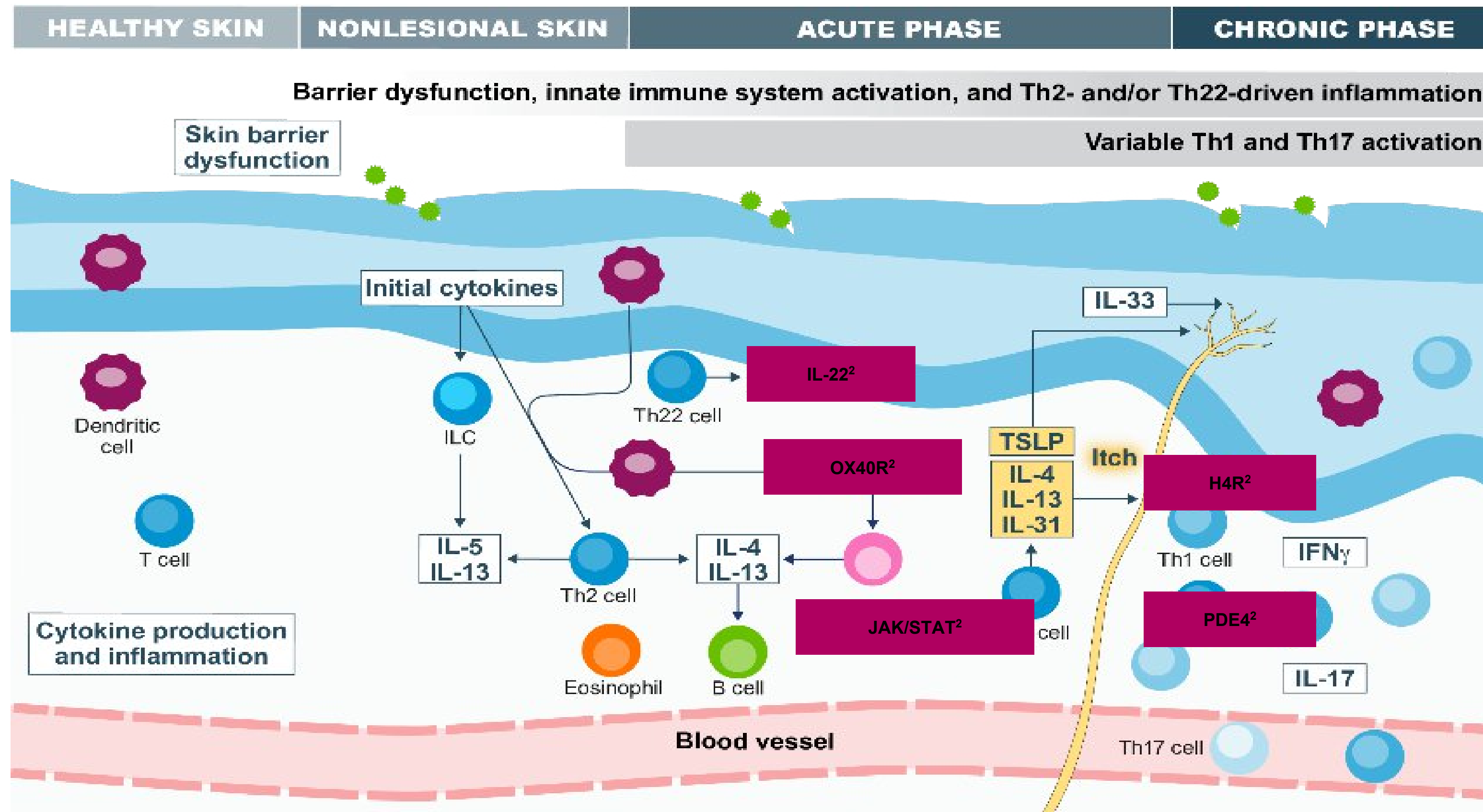
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Many Inflammatory Cytokines and Pathways Are Being Explored as Therapeutic Targets in AD



H4R=histamine H4 receptor; AD=atopic dermatitis; JAK=Janus Kinase; STAT=Signal Transducer and activation of transcription;

1. Weidinger S, et al. *Nat Rev Dis Primers*. 2018;4(1):1. 2. Brunner PM, et al. *J Allergy Clin Immunol*. 2017;139(4 suppl):S65-S76.

ORIGINAL ARTICLE

Two Phase 3 Trials of Dupilumab versus Placebo in Atopic Dermatitis

E.L. Simpson, T. Bieber, E. Guttman-Yassky, L.A. Beck, A. Blauvelt, M.J. Cork, J.I. Silverberg, M. Deleuran, Y. Kataoka, J.-P. Lacour, K. Kingo, M. Worm, Y. Poulin, A. Wollenberg, Y. Soo, N.M.H. Graham, G. Pirozzi, B. Akinlade, H. Staudinger, V. Mastey, L. Eckert, A. Gadkari, N. Stahl, G.D. Yancopoulos, and M. Ardeleanu, for the SOLO 1 and SOLO 2 Investigators*

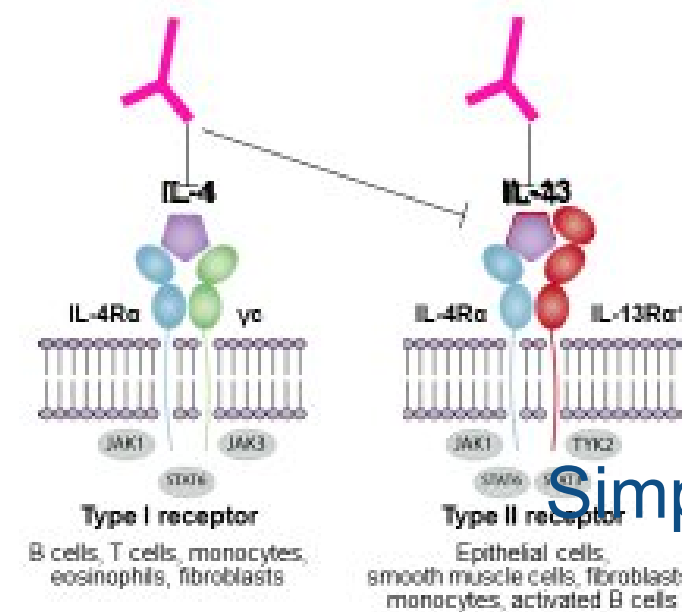
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Dupilumab mechanism of action

- Atopic dermatitis (AD) is a chronic inflammatory skin disease often associated with atopic comorbidities
- IL-4 and IL-13 are type 2/Th2 cytokines that are thought to mediate many features of AD
- Dupilumab is a fully human monoclonal antibody directed against the IL-4R α subunit of the IL-4 and IL-13 receptors



γ c, common gamma chain; IL, interleukin; IL-4R α , IL-4 receptor alpha; IL-13R α 1, IL-13 receptor alpha; JAK, Janus kinase; STAT, signal transducer and activator of transcription; TYK2, tyrosine kinase type 2. 02US.DUP.18.09.2128

Simpson E et al *New Engl J Med* 2017

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Dupilumab
Licenced since 2017
Fully reimbursed if
SCORAD > 50
Other immunosuppressive not working/not possible
Age < 12 yrs (Age 6-12 y under revision)

monoclonal antibody directed against the IL-4R α subunit of the IL-4 and IL-13 receptors

Type I receptor
B cells, T cells, monocytes, eosinophils, fibroblasts

Type II receptor
Epithelial cells, smooth muscle cells, fibroblasts, monocytes, activated B cells

* γ c, common gamma chain; IL, interleukin; IL-4R α , IL-4 receptor alpha; IL-13R α , IL-13 receptor alpha; JAK, Janus kinase; STAT, signal transducer and activator of transcription; TYK2, tyrosine kinase type 2.

Simpson E et al *New Engl J Med* 2017

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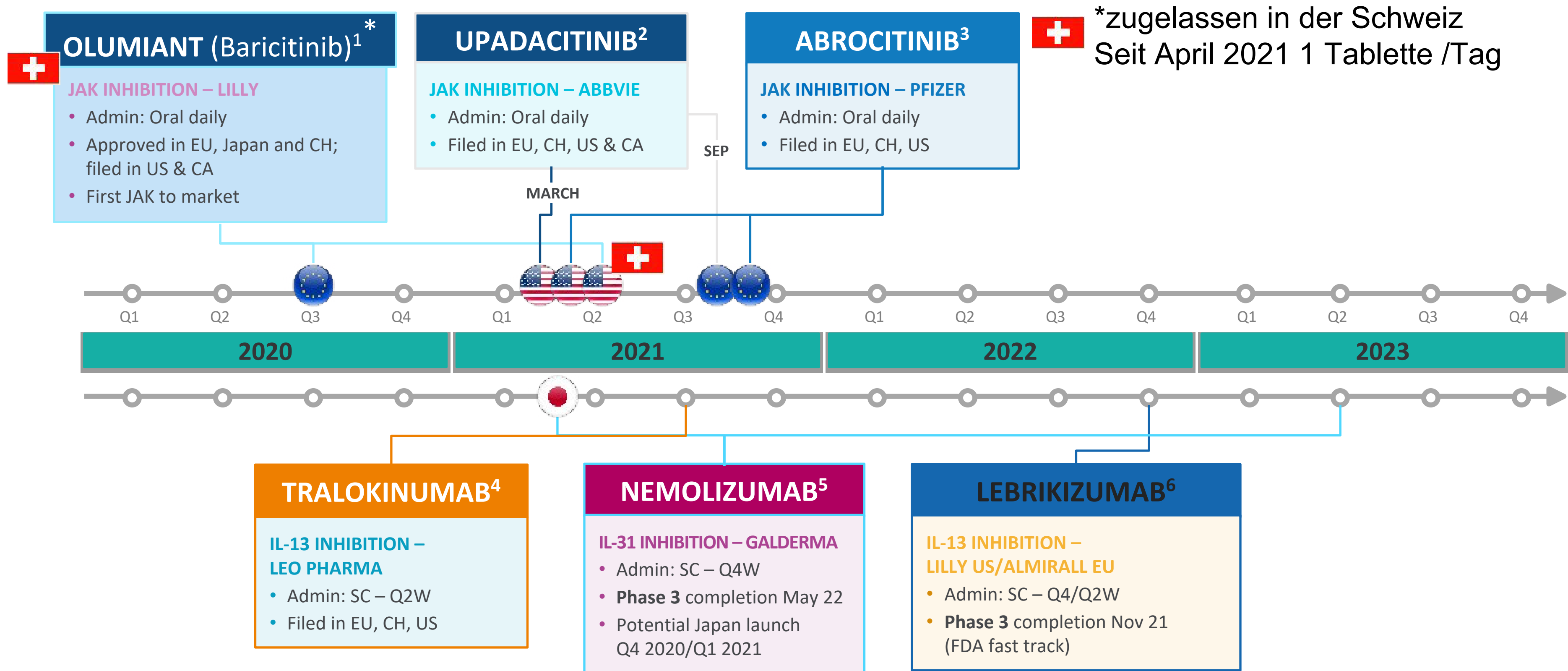
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Pipeline for AD: Systemic therapies (Oct 2021)



AD, atopic dermatitis; FDA, Food and Drug Administration; JAK, Janus kinase; Q2W, every 2 weeks; Q, quarter; Q4W, every 4 weeks; Q12W, every 12 weeks; SC, subcutaneous; TCS, topical corticosteroids.
 1. <https://www.ema.europa.eu/en/news/new-oral-treatment-moderate-severe-atopic-dermatitis>; 2. <https://www.clinicaltrials.gov/ct2/show/NCT04195698?term=upadacitinib&draw=2&rank=1>;
 3. <https://www.clinicaltrials.gov/ct2/show/NCT04345367?term=abrocitinib&draw=2&rank=1>; 4. Simpson EL. et al. *Br J Dermatol* 2020, Published: January 05, 2020. DOI: <https://doi.org/10.1111/bjd.18898>;
 5. <https://www.clinicaltrials.gov/ct2/show/NCT03985943?term=nemolizumab&draw=2&rank=7>; 6. <https://www.clinicaltrials.gov/ct2/show/NCT04178967?term=lebrikizumab&cond=Atopic+Dermatitis&draw=2&rank=3>;
 7. <https://www.clinicaltrials.gov/ct2/show/NCT03706040?term=riskizumab&cond=Atopic+Dermatitis&draw=2&rank=1>

Use of upadacitinib, abrocitinib, nemolizumab, tralokinumab and lebrikizumab in AD is not approved and its safety and efficacy have not been evaluated by regulatory authorities in Switzerland.

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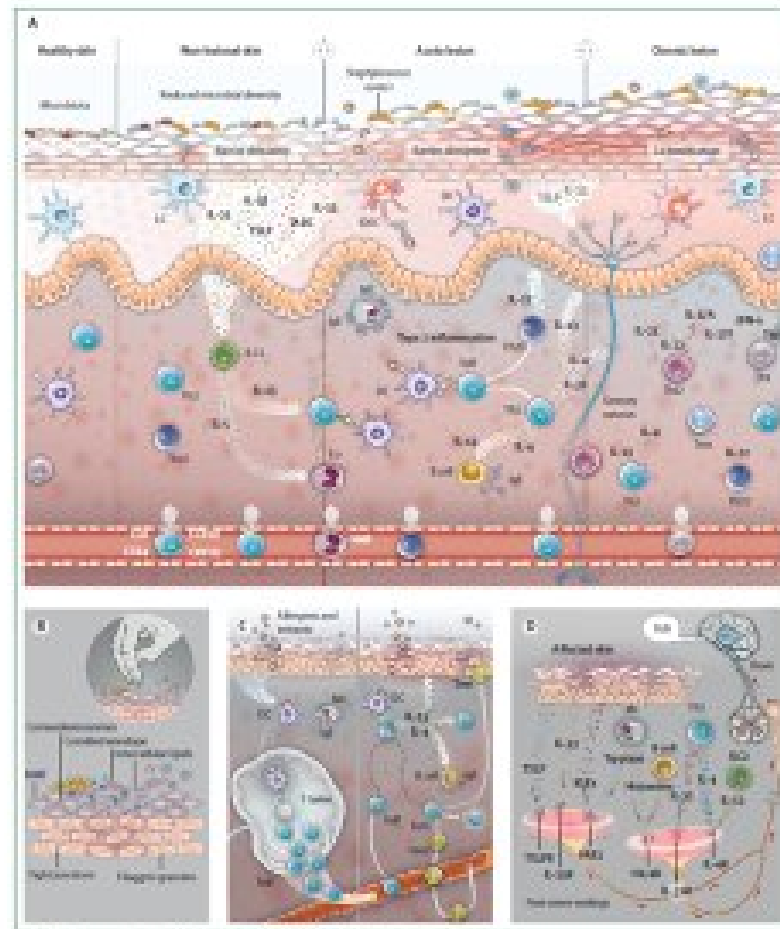
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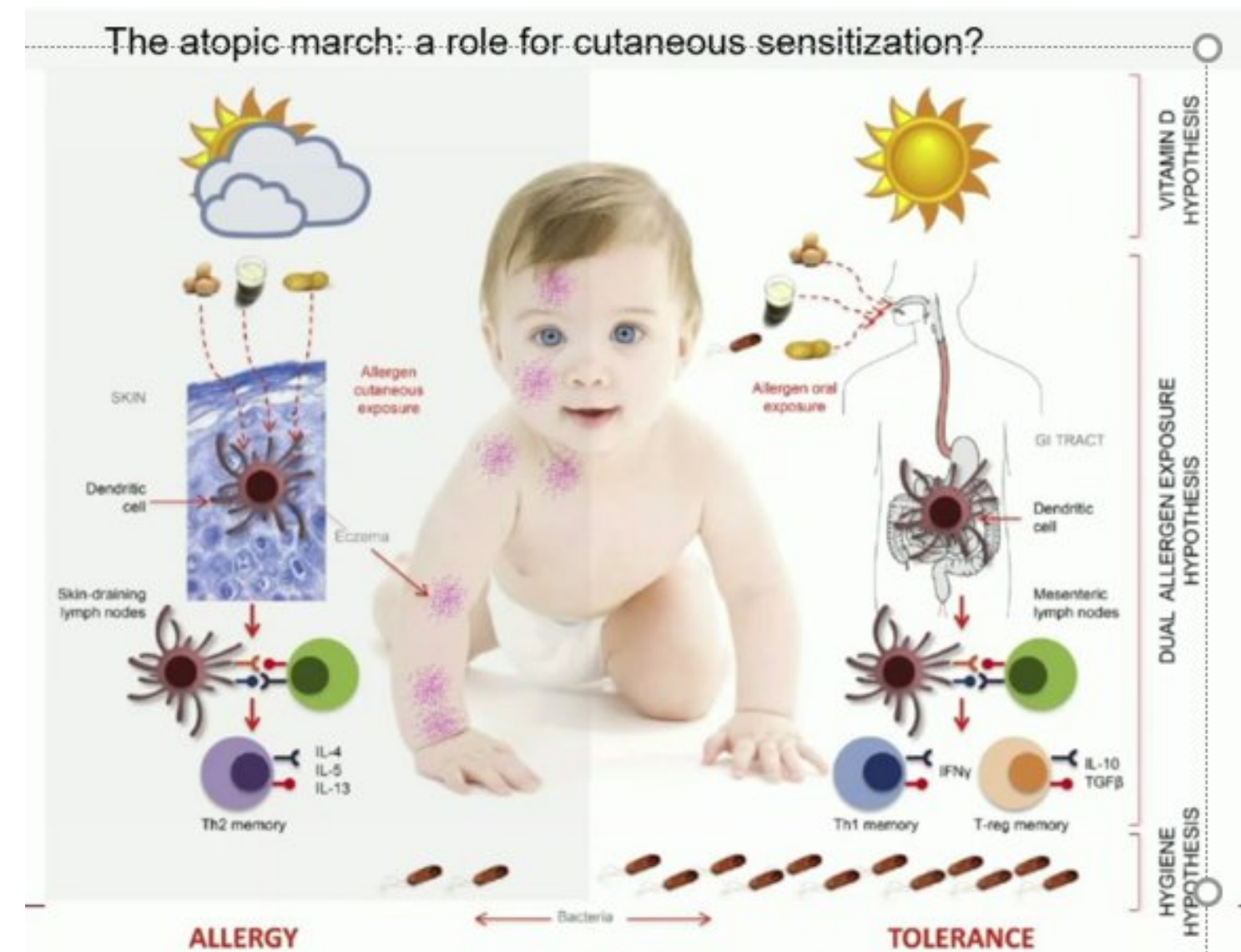
Research on AD in Switzerland

Pathophysiology and mechanism of AD



- Many new insights:
- Role of mediators and cell function
 - Disrupted barrier function
 - Role of environment
 - Microbiome
 - Mycobiome

Adapted from:
 Sinéad M Langan, Alan D Irvine, Stephan Weidinger.
 Atopic dermatitis. *Lancet* 2020; 396: 345-60



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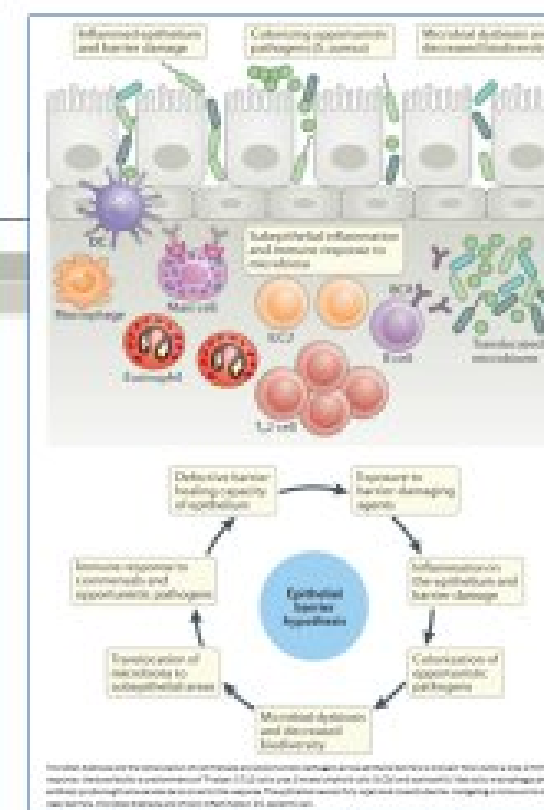
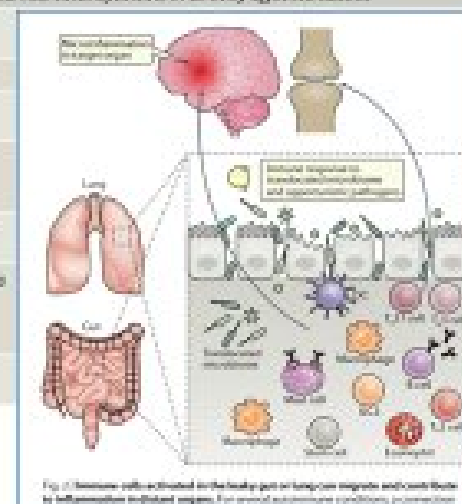
Review Article | Published: 12 April 2021

Does the epithelial barrier hypothesis explain the increase in allergy, autoimmunity and other chronic conditions?

Cezmi A. Akdis

Table 1 | Conditions in which epithelial barrier disruption has been linked to pathogenesis

Disease	Level of evidence for epithelial barrier disruption and its role in disease
Epithelial barrier defect and microbial dysbiosis in directly affected tissues	
Atopic dermatitis	High
Asthma	High
Chronic rhinosinusitis	High
Allergic rhinitis	High
Eosinophilic oesophagitis	High
Inflammatory bowel disease	High
Colic disease	High



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Disease **Level of evidence for epithelial barrier disruption and its role in disease**

Epithelial barrier defect and microbial dysbiosis in directly affected tissues

Atopic dermatitis
Asthma
Chronic rhinosinusitis
Allergic rhinitis
Eosinophilic oesophagitis
Inflammatory bowel disease
Coeliac disease

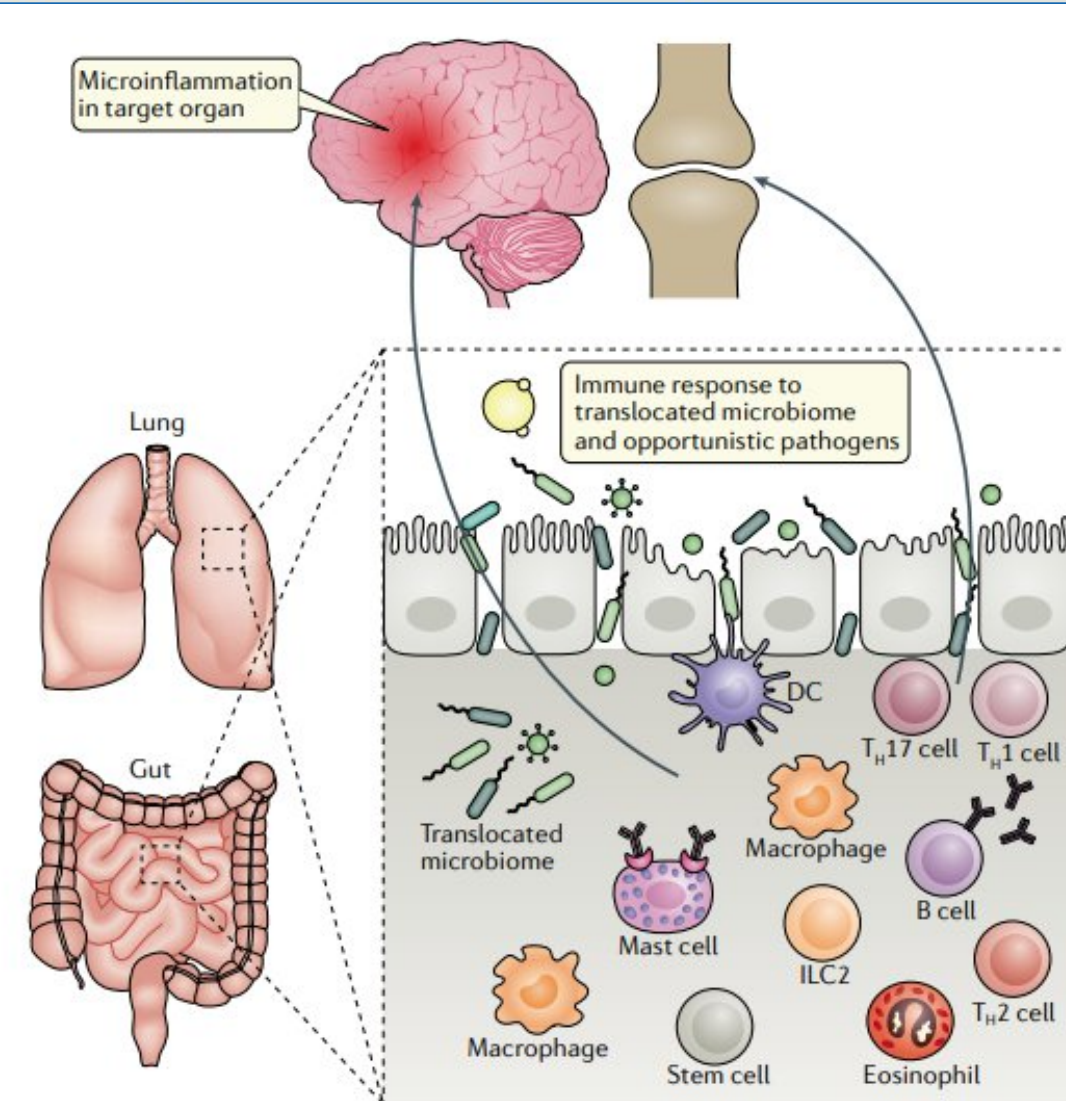
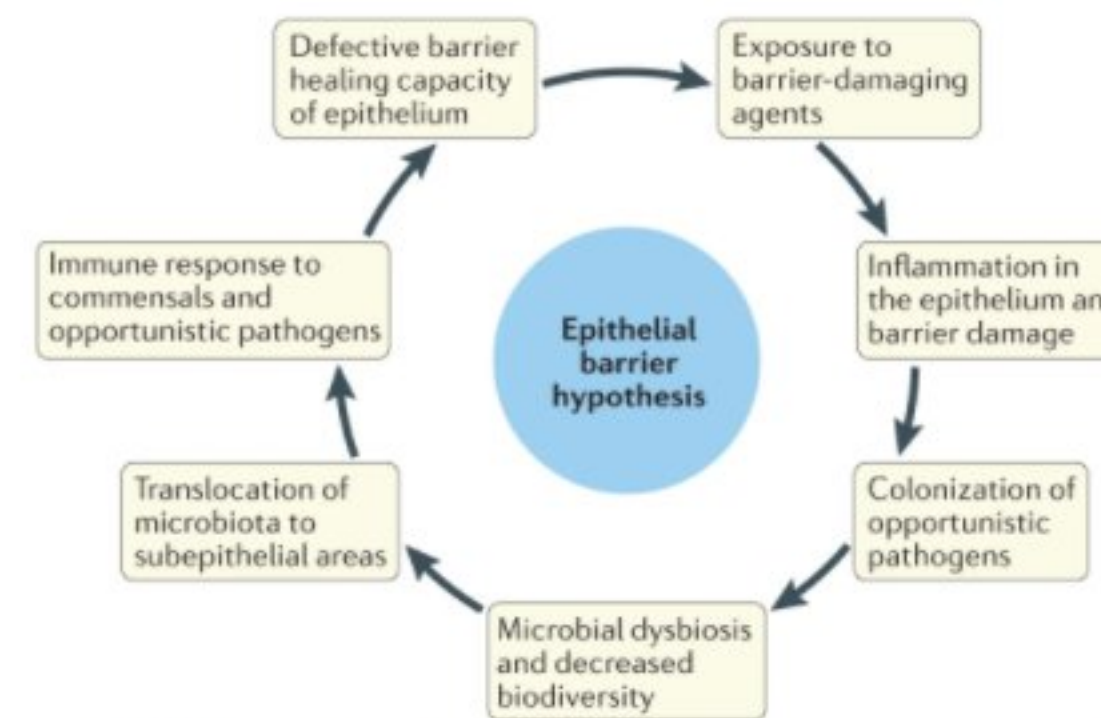
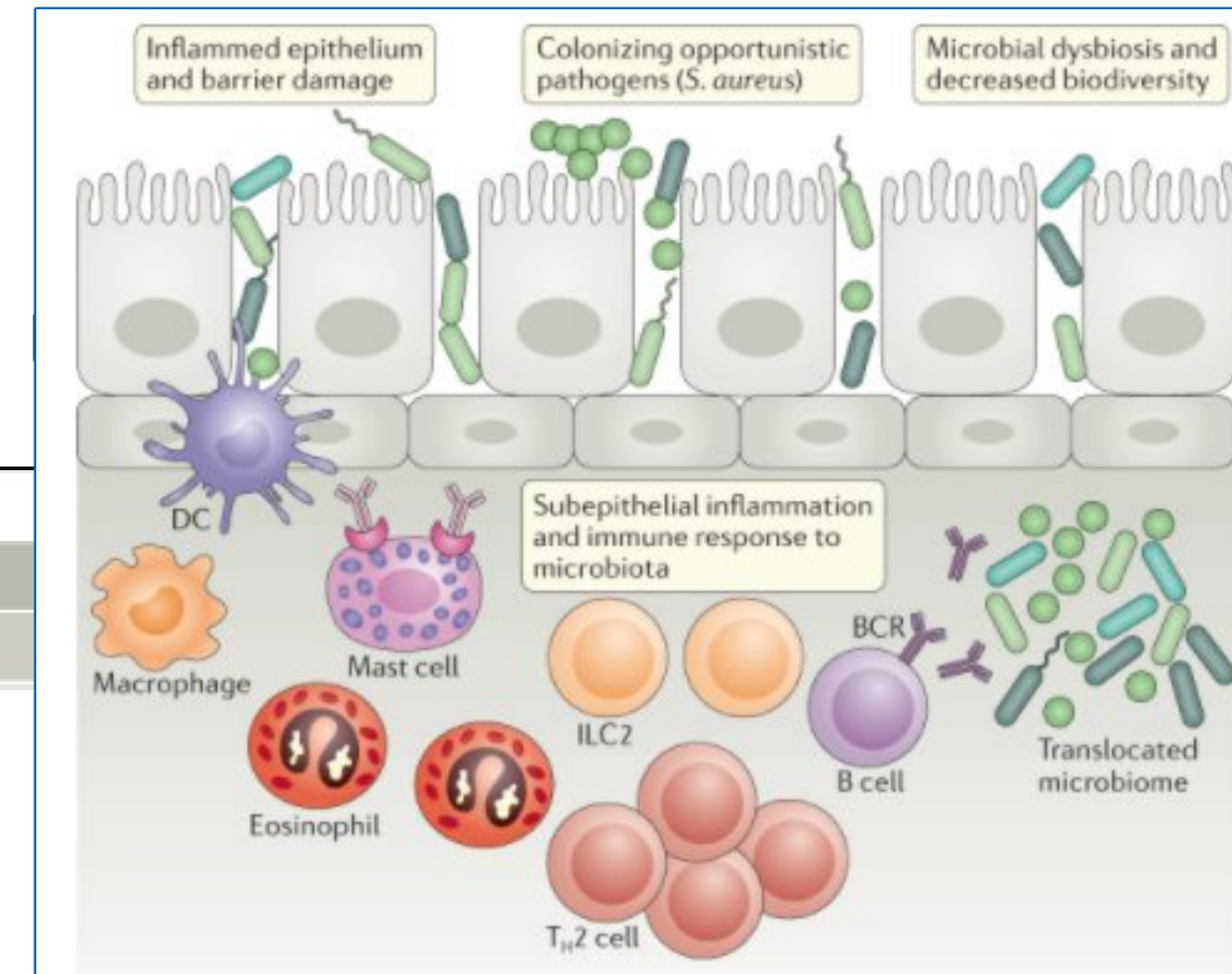


Fig. 2 | Immune cells activated in the leaky gut or lung can migrate and contribute to inflammation in distant organs. For several autoimmune conditions, a connection



Microbial dysbiosis and the translocation of commensals and opportunistic pathogens across epithelial barriers is typically followed by a type 2 immune response, characterized by a predominance of T helper 2 (T_H2) cells, type 2 innate lymphoid cells (ILC2s) and eosinophils. Mast cells, macrophages and antibody-producing B cells can also be involved in this response. The epithelium cannot fully repair and close the barrier, instigating a vicious circle of leaky barriers, microbial dysbiosis and chronic inflammation. DC, dendritic cell.

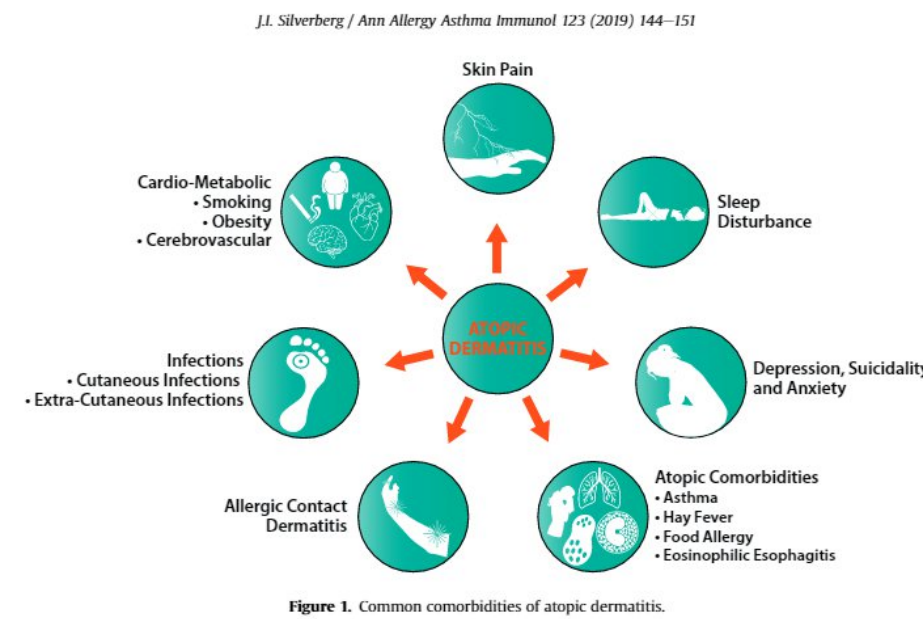
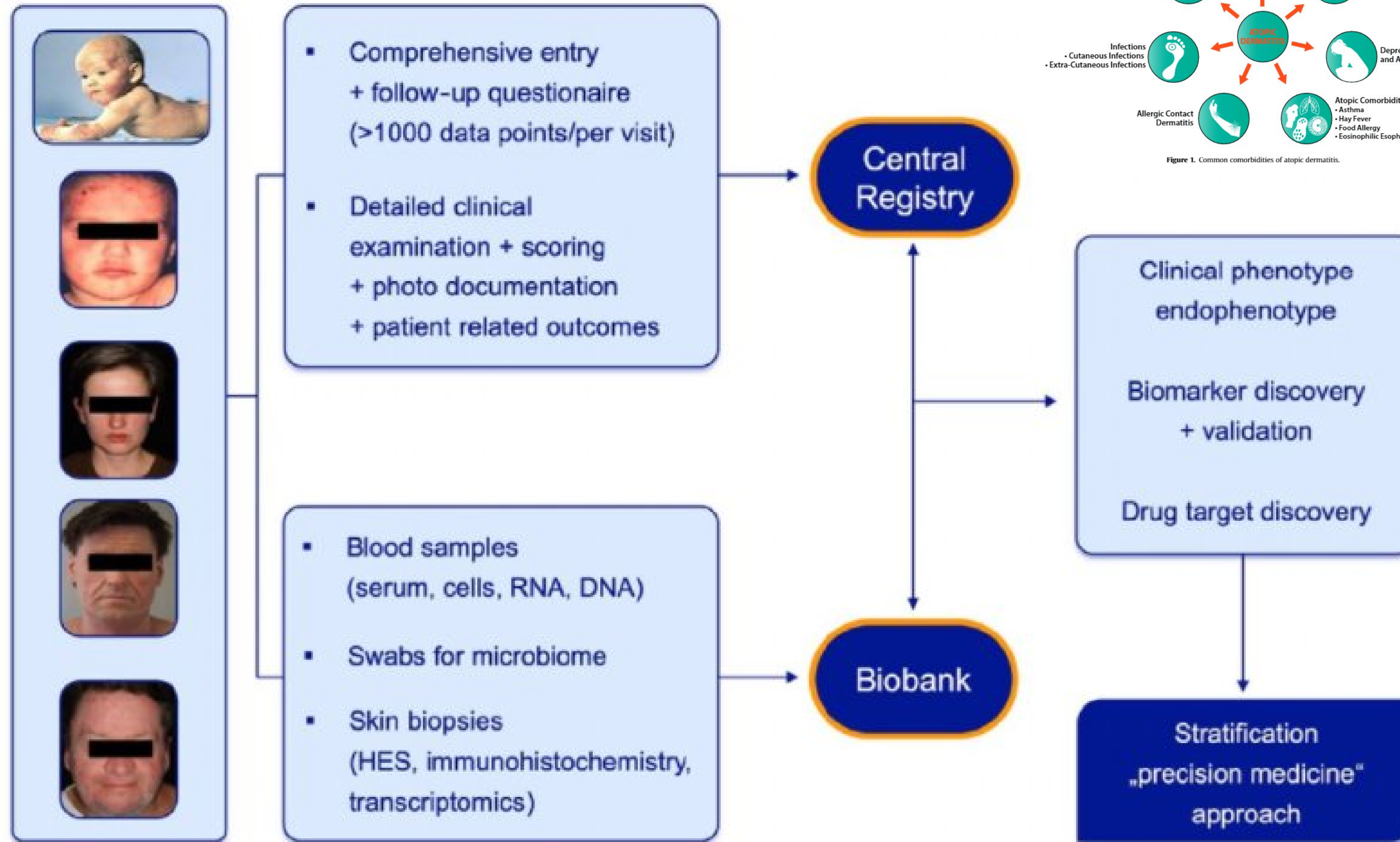
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Unraveling the complexity of atopic dermatitis: The CK-CARE approach toward precision medicine



3 centers in CH
 2 centers in Ger
 Nov 2021: > 1350 pts

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AROUND THE WORLD EXPERIENCES
 ORGANIZATION OF CARE IN ATOPIC DERMATITIS 2021 MEETING
 ONLINE SYMPOSIUM, NOVEMBER 26, 2021

ISAD
 INTERNATIONAL SOCIETY OF ATOPIC DERMATITIS

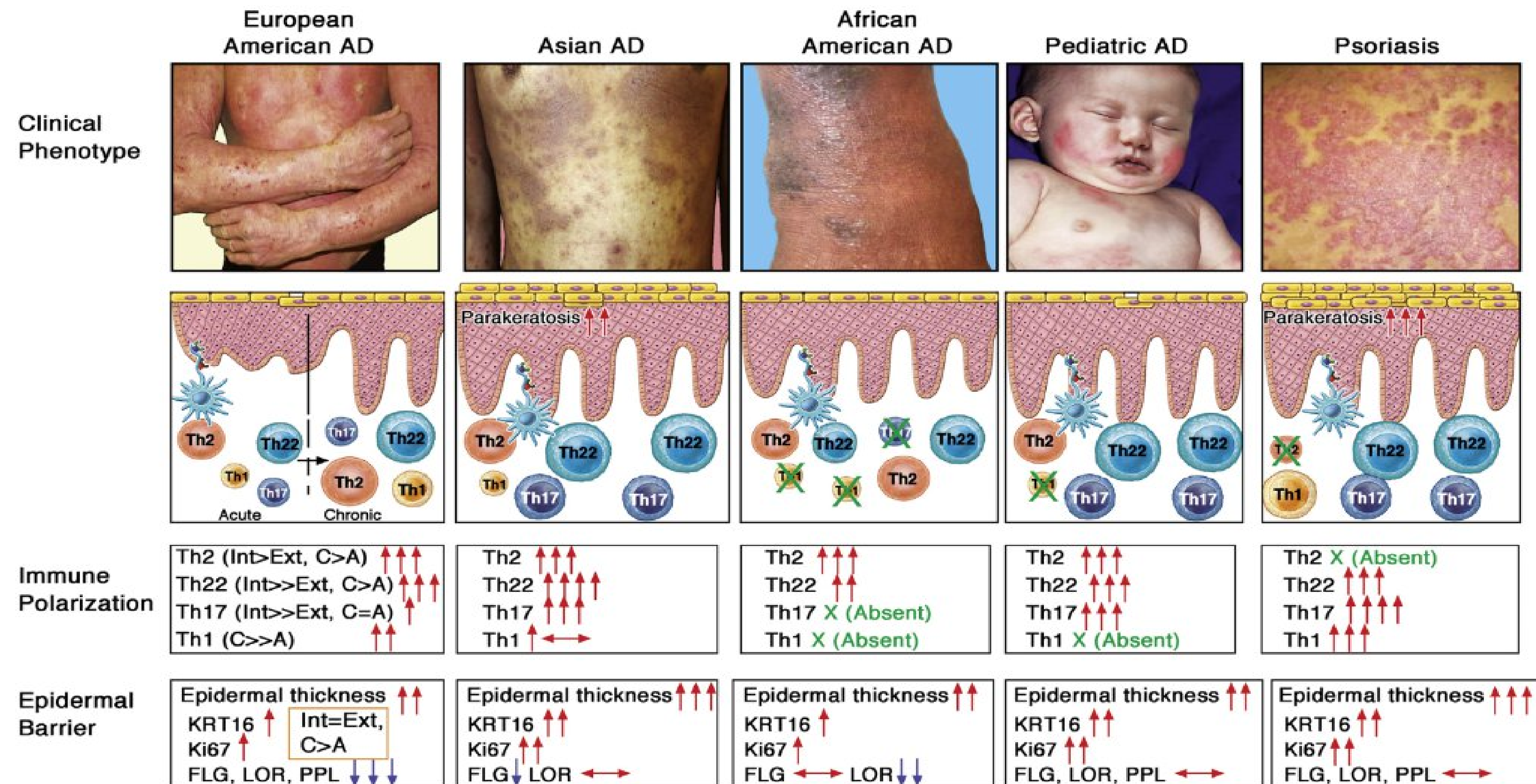


Atopic dermatitis endotypes and implications for targeted therapeutics

Tali Czarnowicki, MD, MSc,^{a,b} Helen He, BSc,^a James G. Krueger, MD, PhD,^b and Emma Guttman-Yassky, MD, PhD^{a,b} *New York, NY*

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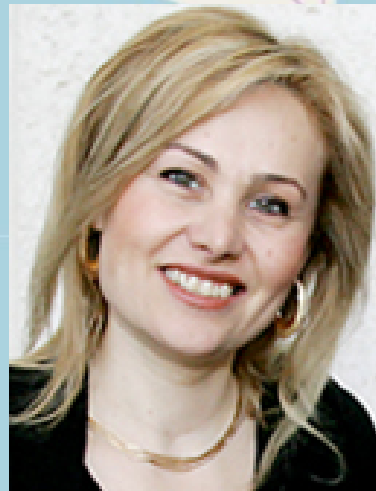


- Project:
- Atopic Dermatitis Tricontinental
- Zurich – Moshi – New York



CLC CARE

ProRaD
 Prospektive Längsschnittstudie zur Untersuchung der Remissionsphase bei Patienten mit atopischer Dermatitis und assoziierten Erkrankungen wie Asthma und allergischer Rhinitis (Heuschnupfen)



ProRaD:
 AD cohort with currently 1034 pts

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Patient characteristics

	AD TZ	AD CH	HC TZ	HC CH
Sex	F: 3 M: 7	F: 3 M: 7	F: 5 M: 5	F: 5 M: 5
Age (mean years \pm SD)	43 +/- 12	42 +/- 14	33 +/- 14	31 +/- 8
Disease severity	Moderate: 4 Severe: 6	Moderate: 3 Severe: 7	-	-
Allergic rhinoconjunctivitis	8/10	7/10	0/10	2/10
Allergic asthma	-	4/10	-	-
Food allergies	-	-	-	-

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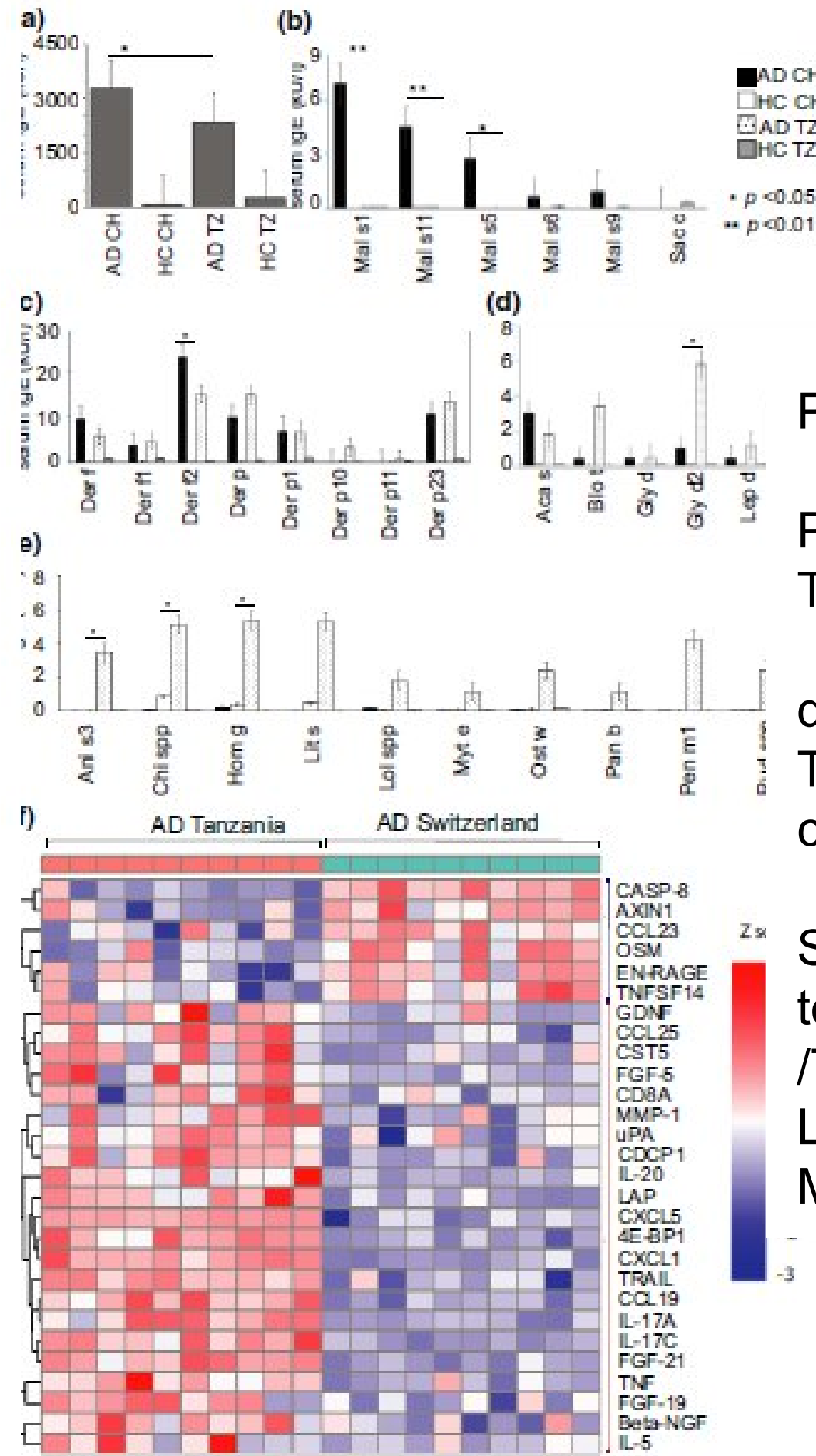
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A Lesional AD vs Normal skin in Tanzanian vs African-American patients



Preliminary findings

Pro-inflammatory, Th17-related mediators

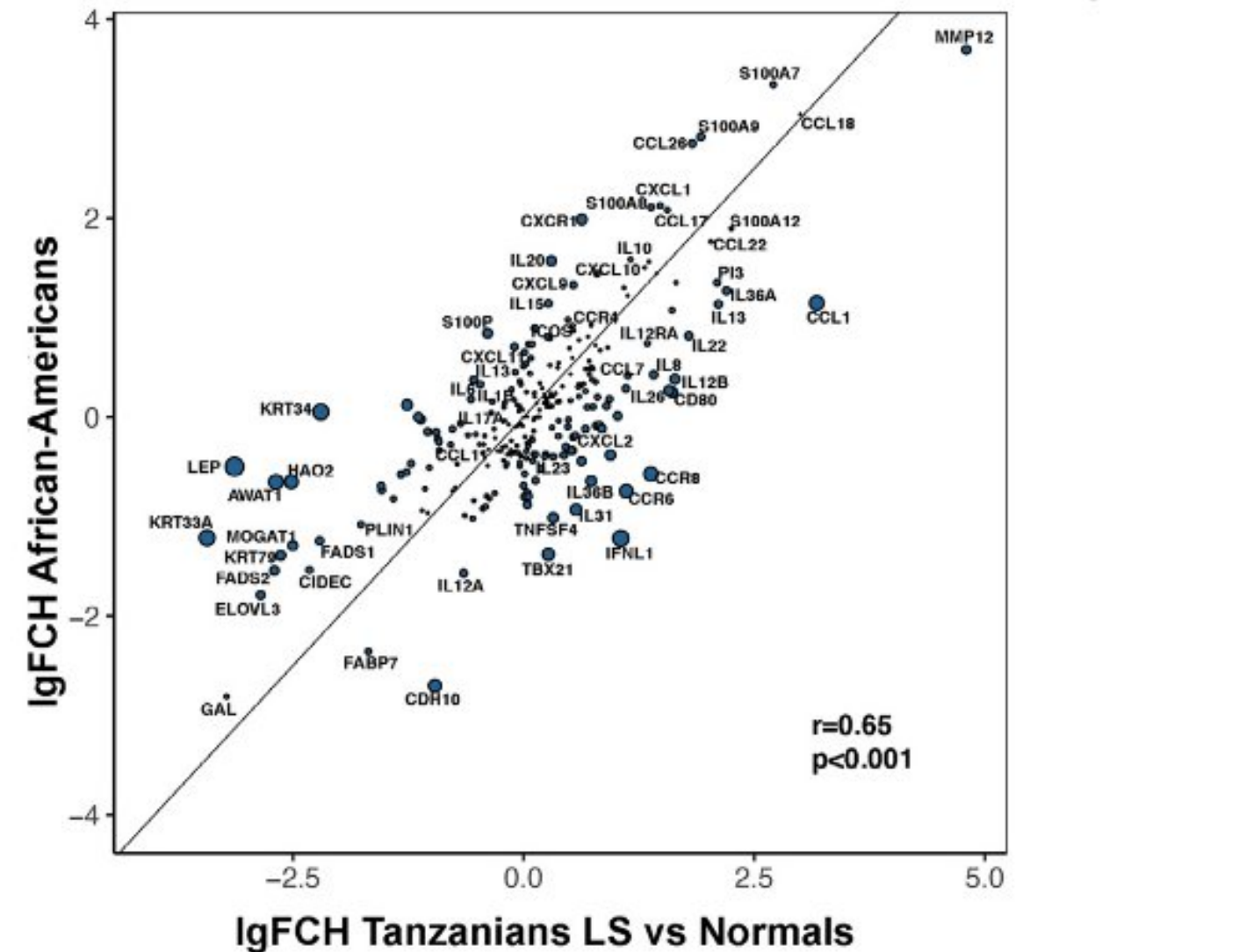
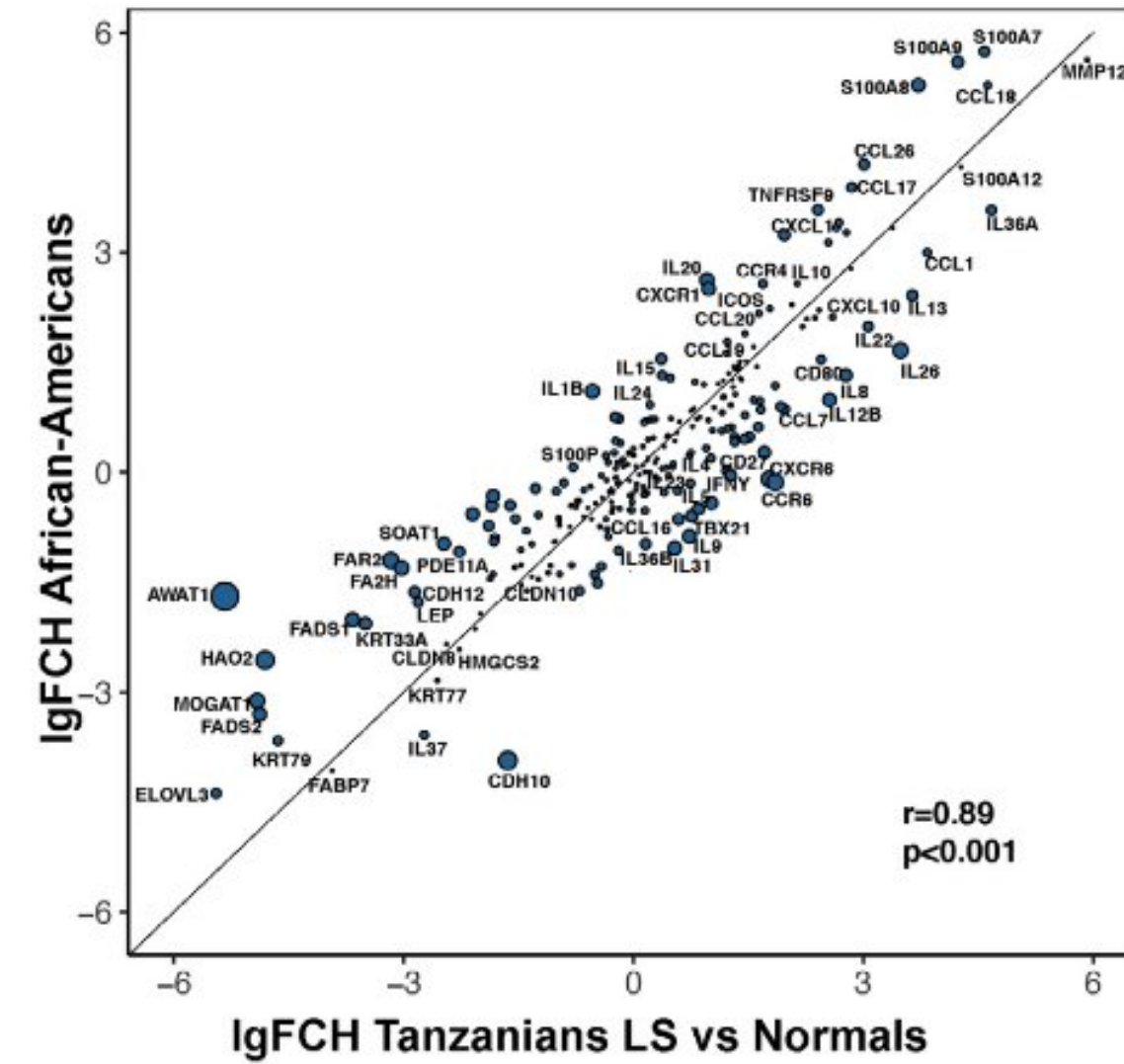
dominate in the serum of TZ AD patients compared to CH AD patients

Sensitization predominantly to House dust mites /Tropomyosin
Lacking sensitization to Malassezia spp

Figure 1 Sensitization patterns in Tanzanian and Swiss atopic der-

Lang CCV et al J EADV 2021

B Lesional AD vs Normal skin in Tanzanian vs African-American patients



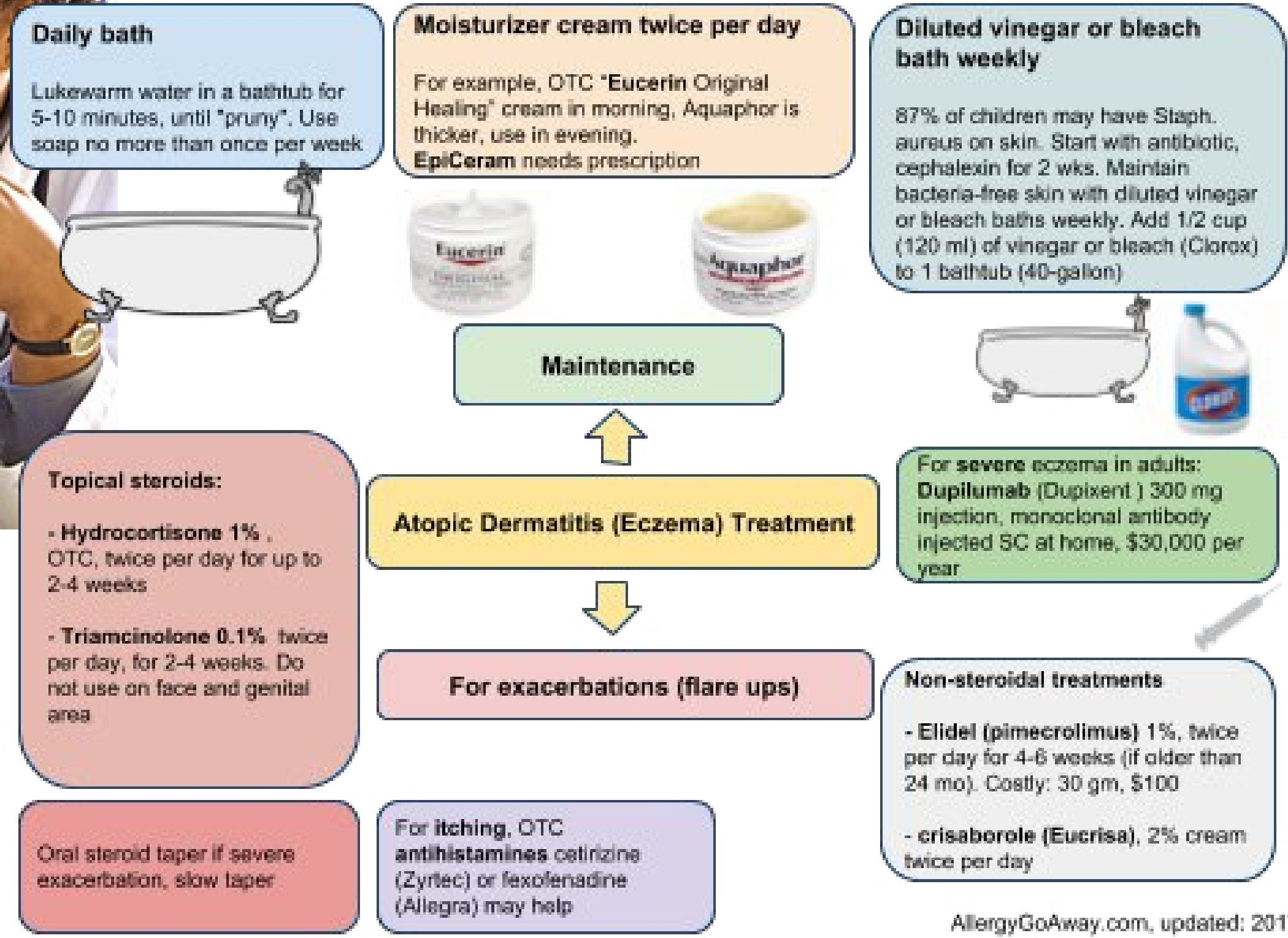
Lang CCV et al Ann Allergy Asthma Immunol 2021

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Educational Programmes



Baseline basic therapy

Educational programmes, emollients, bath oils, elimination diet in food-allergic patients, allergen avoidance (encasings, if diagnosed by allergy tests)

Patient Education in AD organized by AHA (Pat-Organisation) in collaboration with University centers and dermatologists in practice (in G, F and I)



Allergies and intolerances

Skin

Asthma

Skin

Atopic dermatitis (atopic eczema,
neurodermatitis)

Contact dermatitis

Urticaria (hives or nettle rash)

Angioedema

Chronic hand eczema

Sun allergy

Psoriasis

Vitiligo

Related topics



Allergy prevention

Although there is no sure way of preventing a child from developing an allergy, certain things can be done that help reduce the risk. >

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Education for parents of children with AD

■ Angebote / Schulungen und Kurse / Neurodermitis Elternschulung

Neurodermitis-Elternschulung

Für Eltern von Säuglingen und Kindern bis 10 Jahre mit Neurodermitis (atopischem Ekzem).



1- 2 day courses
5 evening courses (10h)
Online courses (6h)

MD
Dietician
Psychologist

Costs :
about 220 US\$
(about 1 ½ days income)
Free of costs for low income

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Education for adolescents with AD



The crocodile

Movie by Joel Chavez (19 years)
On Living with AD as child/ adolescent

Half day courses
2 evening courses (4h)
Online courses (3h)

MD
Dietician
Psychologist

Costs : about 120 US\$
Free of costs for low income

Education for children (4 – 8 years) with AD

Neurodermitis-Kinderschulung

Für Kinder zwischen 4 und 8 Jahren und ihre Eltern.



Hat ein Kind Neurodermitis (atopisches Ekzem), ist die ganze Familie betroffen. Darum bietet aha! Allergiezentrum Schweiz eine Schulung für betroffene Kinder und deren Eltern an. Die Schulung basiert auf wissenschaftlich fundierten Erkenntnissen und wird von ausgewiesenen Experten mit grosser Erfahrung aus den Bereichen Medizin, Pflege, Pädagogik und Psychologie durchgeführt.

Half day courses
3 hours

With «Phil and Bo»

MD



Costs : about 180 US\$
Free of costs for low income

Zeit	Inhalt
13.30 - 13.45	Anmeldung
13.45 - 14.15	Begrüssung: <ul style="list-style-type: none">• Einstimmung mit Phil und Bo• Gegenseitiges Kennenlernen• Erwartungen aufnehmen
14.15 - 15.35	Medizin: <ul style="list-style-type: none">• Ursachen, Einflussfaktoren, Symptome, Komplikationen• Basispflege: Hautreinigung und Hautpflege• Therapiemöglichkeiten• Kortison: Chancen & Risiken• Komplementäre Behandlungsmethoden
15.35 - 15.50	Pause
15.50 - 17.00	Atopisches Ekzem im Alltag <ul style="list-style-type: none">• Mögliche Herausforderungen (Kind, Eltern und Geschwister)• Ausarbeitung individueller Lösungsstrategien
17.00 - 17.30	Rückmeldungen aus dem Kinderteil Informationen zur Folgeberatung
17.30 - 18.00	Abschluss: <ul style="list-style-type: none">• Gemeinsames Essen• Zeit für den Austausch mit anderen Eltern• Überraschung von den Kindern

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Education for adults with AD (3 centers in Switerland)



1 day courses
Evening courses (3h)
Online courses (3h)

MD
Dietician
Psychologist

Costs :
about 130 US\$
(about 1 days income)
Free of costs for low income

Camps for children (8-12 years) and adolescents (13-16 y) with AD and Asthma organized by AHA Education and Fun



ALLERGIEZENTRUM SCHWEIZ
CENTRE D'ALLERGIE SUISSE
CENTRO ALLERGIE SVIZZERA

Allergies and intolerances

Skin



aha!jugendcamp

Auf geht's nach Schönried. Das Datum für das aha!jugendcamp 2022 ist online. Sie können Ihre Tochter / Ihren Sohn jetzt anmelden.



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plus local offers, partly in collaboration with AHA and CK-CARE

Neurodermitis-Consultancy Dermatology USZ Zürich

- ½- 1-stündige f t f consultancy by specially trained nurse on individual base
- Solutions for daily life on individual base (free of costs)



Karin Grando
Pflegefach-Expertin
Pflegeteam Allergiestation

Outpatient clinics specifically for AD patients

(by highly trained MD, 1 hour)

Dr. Claudia Lang, OAE

Dr. Joana Lanz

ProRaD-Studententeam

aha! Beratungsstellen

Wissensvermittlung und Beratung zu Neurodermitis.



Haben Sie Fragen und möchten diese in einem persönlichen Gespräch einer medizinischen Fachperson stellen? Sind Sie oder Ihr Kind betroffen? Die aha! Beratungsstellen sind offen und kostenlos für Erwachsene und Eltern.

Ziele der Beratung

- Vermittlung von Wissen zu Krankheitsbildern und Einflussfaktoren
- Entwicklung von individuellen Lösungsansätzen
- Stärkung des persönlichen Alltagsmanagements

aha! Beratungsstelle am UniversitätsSpital Zürich



Haben Sie Fragen zu Neurodermitis (atopische Dermatitis)? Die aha! Beratungsstelle am UniversitätsSpital Zürich USZ ist offen für betroffene Personen und ihre Angehörigen. >

aha! Beratungsstelle am Kinderspital (ZH)



Haben Sie Fragen zu Neurodermitis (atopische Dermatitis) bei Kindern? Die aha! Beratungsstelle am Kinderspital Zürich ist offen für betroffene Familien. >

Das Beratungsangebot in Zürich wird in Zusammenarbeit



tis)? Die aha! Beratungsstelle am UniversitätsSpital Zürich USZ ist offen für betroffene Personen und ihre Angehörigen. >

tis) bei Kindern? Die aha! Beratungsstelle am Kinderspital Zürich ist offen für betroffene Familien. >



Structured 2-weeks education programm on

- Skin care
- Nutrition
- Psychologic aspects
- Allergies
- Behavioural aspects

- **Hochgebirgsklinik Davos-Wolfgang
HGK**

- In enger Zusammenarbeit mit der Dermatologischen

- Leitung:

- PD Dr Matthias Möhrenschlager

- Prof. Dr. Charlotte Brüggemann

- www.hgk.ch

Hochgebirgsklinik Davos

Downloads | Qualitätsma

Die Klinik Ihr Aufenthalt Medizinisches Angebot Spezielle Angebote Therapien Betreuung Klima Aktuelles Übe

International Patients and VIPs
Let us help you plan your stay in the unique climate of Davos with all the information you need.

Eindrücke und Referenzen

- Patientenfeedbacks
- Klinikrundgang
- Sommer
- Winter

Klima / Wetter

Patients from all over the world

The Hochgebirgsklinik Davos is a highly specialised hospital and clinical rehabilitation center for diseases of the respiratory system and the skin (pneumology/pediatric pneumology, dermatology/pediatric dermatology, psychosomatic) and associated

Davos enjoys unique conditions of a dry, sunny location with a mountain climate which is almost free of allergens, pollutants and germs. It is dust mite free, and the internationally renowned and prestigious range of medical services on offer at the Hochgebirgsklinik



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Best thanks and greetings
from Switzerland



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