

## Dr. Peter Lio's Story

Provider, Researcher

*"This is a disease of vicious cycles. The same psychological stress and sleep deprivation that damages our skin barrier and decreases our ability to heal from wounds also drive our immune system crazy. They act as a double-edged sword, causing people with AD to feel unfocused and foggy, a state that can often extend beyond the patient to family and caregivers."*

—Peter A. Lio, MD

Peter Lio, MD is a Clinical Assistant Professor of Dermatology & Pediatrics at Northwestern University Feinberg School of Medicine and the founding director of the Chicago Integrative Eczema Center. He's been studying and treating eczema and atopic dermatitis (AD) for more than a decade and, in that time, has seen several new treatments become available. He has also been part of an evolution in how healthcare professionals perceive and manage eczema and AD. Through his research, Dr. Lio has also come to appreciate—and help communicate to fellow providers—the importance of seeking out new treatment options, both traditional and alternative, that can address the broad range and presentation of physical and emotional eczema symptoms. Just because the skin may not look bad to the naked eye, he explains, doesn't mean the condition is not having a deeply negative or painful impact on health and quality of life.

Flares are often not caused by a single trigger but rather an amalgam of factors, and Dr. Lio is particularly interested in research that focuses on how the skin, gut and respiratory systems interact with each other and with external environmental factors, such as summer wildfires, for example. With an emphasis on patient-reported outcomes, he is working to put the physical impacts (e.g., that itchy patch on your arm) into a bigger context of quality of life and psychological stress.

Moving forward, providers like Dr. Lio hope to be able to treat each patient as individually as possible, overcoming misconceptions about what works and why. That requires a scientific mindset, he explains—one that is open to exploring treatments outside the traditional standards of care and listening, really listening, to what patients and parents have to share about their experiences. It also requires dedicated funding and attention from scientists focused on this condition. With the addition of non-steroidal topicals in the early 2000s to, more recently, biologic agents and monoclonal antibodies, the treatment toolkit is already expanding. And clinical scientists like Dr. Lio continue to work on finding and improving access to new and better options.