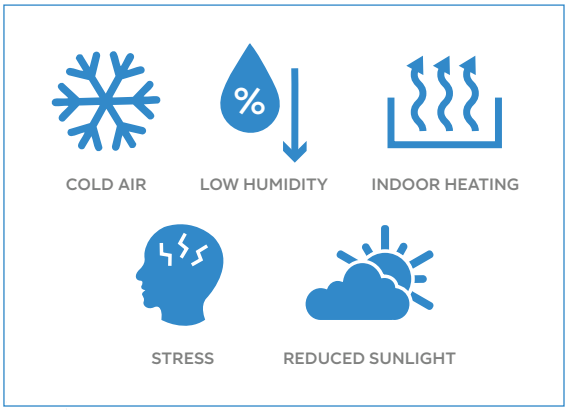
L'ORÉAL
Dermatological Beauty

CLINICAL SERIES

TREATING PATIENTS IN WINTER: SEASONAL STRATEGIES IN ATOPIC DERMATITIS (AD) AND PSORIASIS

AS TEMPERATURES DROP, DERMATOLOGY PRACTICES SEE A PREDICTABLE SURGE IN VISITS FOR AD AND PSORIASIS FLARES.[1,2]

Winter brings several environmental, psychological, and behavioral shifts that add stress for patients with AD and psoriasis. Colder, drier conditions, combined with changes in routines and sunlight exposure, can make symptom control more challenging.[3,4] Although many of these patterns are well recognized in practice, new evidence continues to clarify how these seasonal factors interact and how early adjustments can help reduce the likelihood or severity of winter flares.[2,5] This article reviews the current understanding of these mechanisms and offers practical approaches to support anticipatory counseling.



WHY WINTER CONDITIONS INTENSIFY DISEASE ACTIVITY

The colder months alter key factors that influence barrier integrity, inflammation, and symptom stability for patients with atopic dermatitis (AD) and psoriasis.[3,4,6,7] Lower ambient humidity and the drying effect of indoor heating accelerate transepidermal water loss and place added pressure on a stratum corneum that is already more vulnerable in both conditions.[3,6,8] Seasonal changes also bring less sunlight and shifts in daily routines, which can influence inflammatory activity and increase the likelihood of flares.[4,7,9] Taken together, these factors help explain the predictable rise in flare-related visits that many practices see during the colder months.[4,7]

THE IMPLICATIONS FOR SEASONAL DISEASE MANAGEMENT

Seasonal flares are highly predictable in both AD and psoriasis.[1,7] Proactive management during winter may help reduce flare frequency, improve symptom control, and can be part of your long-term treatment strategies.[1,4,5,10]

THE UNDERLYING VULNERABILITIES OF CHRONIC INFLAMMATORY DERMATOSES THAT MAKE WINTER PARTICULARLY DIFFICULT

Patients with chronic inflammatory dermatoses may face a baseline disadvantage during winter. Their skin barrier is already less efficient at retaining moisture and maintaining structural integrity, which increases sensitivity to fluctuations in humidity and temperature.[3,5,11] In colder and drier conditions, the balance between hydration, lipid content, and barrier function shifts more rapidly than in healthy skin.[3,5,6]

As temperatures drop, patients often shift to heavier clothing and layered outfits. Fabrics common in colder months, including wool and some synthetics, can cause friction and irritation.[3] Managing temperature by selecting breathable materials such as cotton can help reduce irritation that is common with these winter fabrics.[1,3]

Psoriasis responds to environmental change through additional pathways. Seasonal reductions in sunlight can influence cytokine activity and keratinocyte turnover, which increases the likelihood of plaque thickening or spreading.[4,7] Seasonal changes also alter daily habits, sleep patterns, and circadian cues.[7] These changes affect immune activity, potentially making psoriasis more reactive during the winter months.[7]

"Why do my flares get so much worse in winter?"

Winter air pulls moisture out of your skin faster than your body can replace it. Your skin is working overtime but losing the battle—it literally can't keep up on its own.[3,5,6]

OBSTACLES THAT LIMIT WINTER DISEASE STABILITY

Several factors make prevention in winter difficult. Many rely on long, hot showers to warm up, but higher water temperatures increase water loss and can irritate the skin.[3,10] Fragranced soaps and detergents are more noticeable in low-humidity months, when the barrier is more permeable and reactive.[3,5,13]

Indoor environments create an additional challenge.[3] Central heating reduces humidity throughout the home, which increases dryness even in patients who moisturize regularly.[3] This makes it harder to maintain consistent symptom control without adjustments in routine.

WINTER TRIGGERS[3,7,10]
Cold air
Low humidity
Indoor heating
Limited sunlight
Hot showers
Fragranced soaps or detergents
Wool or synthetic fabrics
Overheating in layered clothing
Wet gloves or socks
Friction from scarves, hats, or sleeves

PRACTICAL STEPS THAT SUPPORT PROACTIVE WINTER SKIN MANAGEMENT

In winter, patients benefit from clear guidance on how to adapt their routines before symptoms intensify. Seasonal shifts introduce a mix of environmental stressors and everyday habits that can undermine barrier stability, often in ways patients do not immediately recognize. Reviewing the most common winter triggers alongside simple, practical adjustments helps frame a focused conversation and gives patients a sense of control during a challenging time of year. The included tables offer a quick reference you can use to support counseling and reinforce key strategies for maintaining skin stability throughout the colder months.

"What changes should I be making in winter?"

Moisturize more often, keep showers warm, avoid fragrances, use softer fabrics, and add moisture to the air indoors. These steps help your barrier stay stable, and that stability helps reduce flares.[3,7,10]

SUPPORTING PATIENTS THROUGH WINTER

By helping patients recognize potential triggers and offering practical recommendations, clinicians can increase awareness and reinforce habit changes appropriate for colder, drier conditions. The goal is to support steadier control and greater comfort for patients with AD and psoriasis during winter.

PRACTICAL SUGGESTIONS[3,4,10,12]
Use thick creams or ointments
Moisturize immediately after bathing
Keep showers warm, not hot
Choose fragrance-free cleansers
Add a humidifier in common living areas
Use cotton or soft, breathable layers
Remove wet clothing and shoes quickly after coming in from the rain or snow
Protect exposed skin outdoors
Consider brief sunlight exposure when appropriate
Maintain regular use of prescribed medications

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