



## PODIATRY

Footwear advice for adults living with epidermolysis bullosa (EB)

**This is how life feels  
to people with EB.**



#### **WHAT IS EPIDERMOLYSIS BULLOSA?**

**EB is a group of rare genetic disorders characterised by fragility of the skin and mucous membranes and mechanically induced blistering. EB comprises four main types - EB simplex (EBS), junctional EB (JEB), dystrophic EB (DEB), and Kindler EB (KEB), with more than 30 subtypes. EB is clinically heterogeneous including a broad spectrum of severity.**



Diane Laverne Inns, living with EB simplex, aged 53, United Kingdom

- ABOUT THIS BOOKLET ..... 07**
- WHY IS FOOTWEAR IMPORTANT FOR EB? ..... 08**
- FOOTWEAR ADVICE ..... 10**
- CUSHIONING, INSOLES, AND SOCKS ..... 16**
- OTHER CONSIDERATIONS ..... 19**
- WOUND CARE AND PAIN MANAGEMENT ..... 20**
- STAYING ACTIVE AND MOBILE ..... 23**
- HELP FROM YOUR PODIATRIST ..... 24**
- GET INVOLVED ..... 26**
- GENERAL INFORMATION ..... 28**
- CREDITS INFORMATION ..... 30**
- CONTACT INFORMATION ..... 32**
- NOTES ..... 33**
- NATIONAL DEBRA GROUPS ..... 34**



Juliene Matos Fernandes, living with EB simplex, aged 29, Brazil (photo credit: Suelen Szymanski)

## Who is this booklet for?

This booklet is for adults (16+ years old) living with any of the following types of EB:

- ▶ EB simplex (EBS)
- ▶ dystrophic EB (DEB)
- ▶ junctional EB (JEB)
- ▶ Kindler EB (KEB)
- ▶ EB acquisita (EBA) - autoimmune, not genetic\*

\*There was no evidence found in this population group for the CPG. However, it is assumed that they would require the same support.

## What is this booklet about?

This booklet provides advice on footwear for adults living with EB.

Topics covered in this booklet include:

- ▶ why is footwear important for EB?
- ▶ footwear advice
- ▶ cushioning materials, insoles, and socks
- ▶ other considerations
- ▶ wound care and pain management
- ▶ staying active and mobile
- ▶ how your podiatrist can help

## Where does the information in this booklet come from?

The information and recommendations in this booklet are derived from the “Foot care in Epidermolysis bullosa: Evidence-based Guideline”. The guideline was written in 2018 by a group of EB healthcare professionals, individuals living with EB, and family members. The information and recommendations in the guideline come from a variety of sources including clinical research and expert opinion.

There are three different types of recommendations in this booklet:



**STRONG RECOMMENDATION**  
based on good-quality  
research evidence



**RECOMMENDATION**  
based on research  
evidence



**RECOMMENDATION**  
based on clinical  
experience



This icon signposts to recommendations that overlap with those from other EB clinical practice guidelines (CPGs). These are referenced to on page 29.



“ After some years of experience, I know that shoes have to fit perfectly before buying them. If not, it’s just a waste of money. If new shoes are painful I will not use them. New shoes have to feel perfect when I’m buying them. If not I can buy something else. ”

Kari Anne Bø, living with EB simplex Oigna, aged 36, Norway

EB is a genetic skin blistering condition. Depending on the EB type and severity, it can affect any area of skin. Typically, it is prone to blistering and scarring in areas exposed to repeated application of pressure or friction. It is therefore not surprising to find that EB typically affects the feet. Although, due to the nature of EB, blistering in the feet is often inevitable, there are certain methods that can limit their creation, and the pain and discomfort that they bring.

EB feet are typically affected by your footwear.

### Recommendation

Wear suitable footwear.

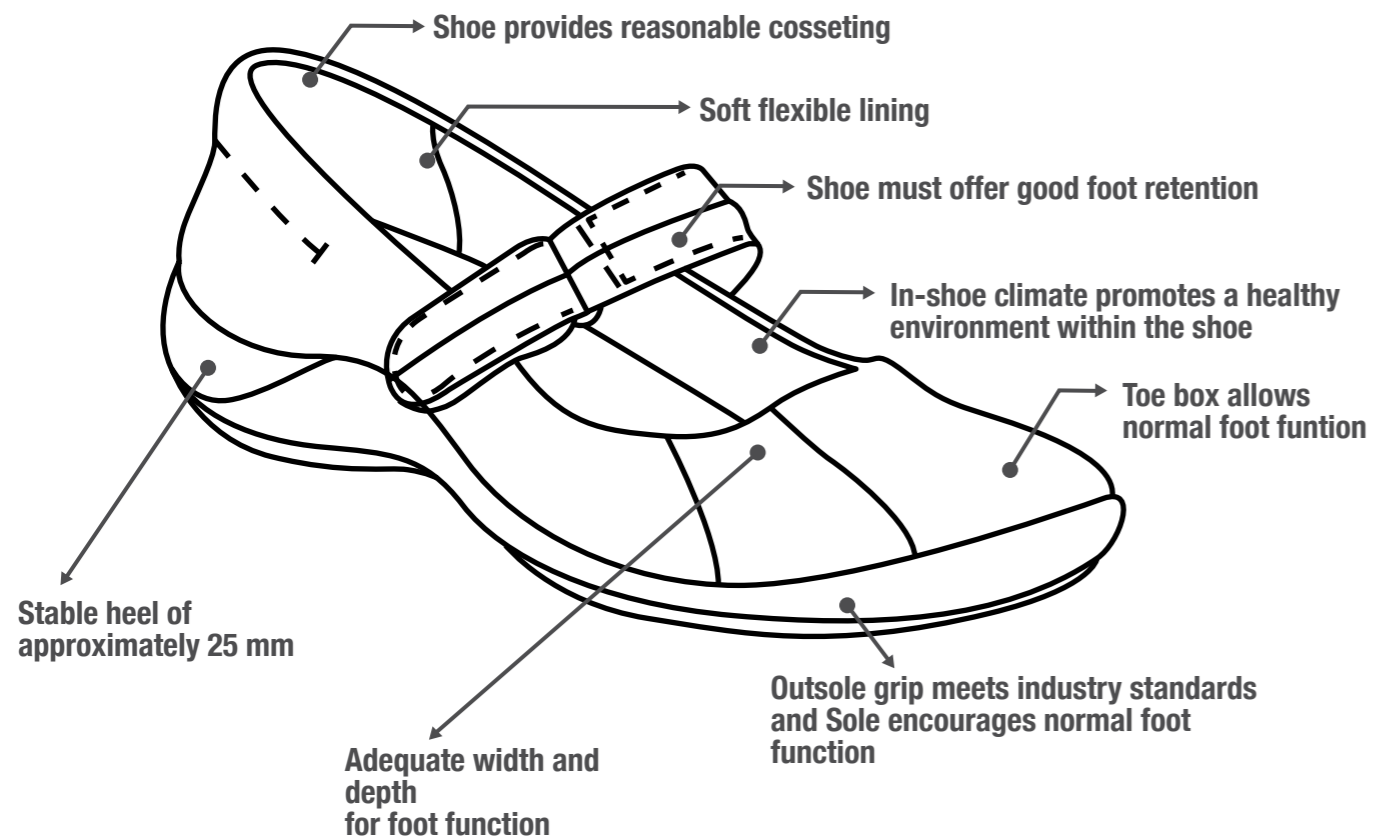


### Recommendation

Ensure that your footwear is soft and breathable.



This illustration shows key features of a suitable shoe.



The more active you are going to be on any given day, the more likely the footwear advice above will be beneficial.

For you to enjoy a healthy active life, taking good care of your feet is vital. Footwear can have a significant effect on your foot health and well-being. Choosing suitable shoes is essential.

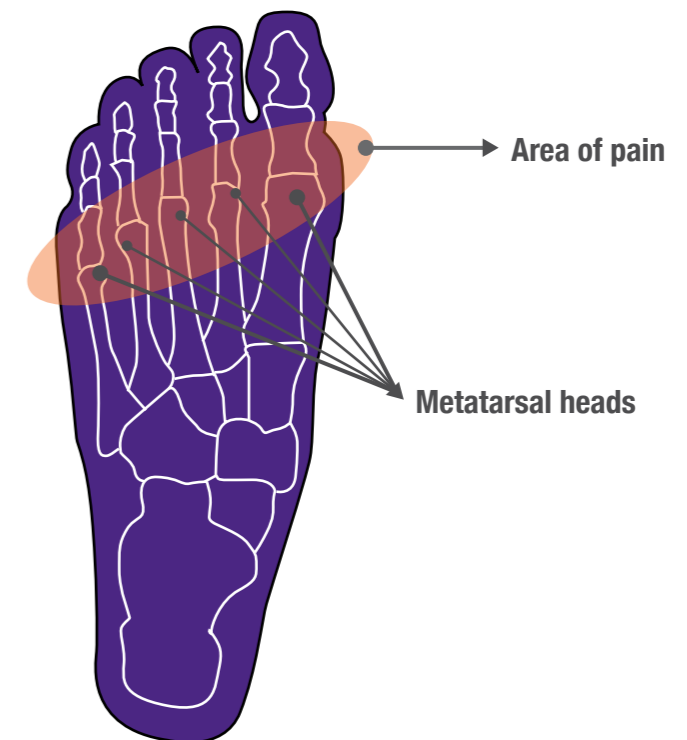
Feet are vulnerable areas of the body where footwear aims to protect, secure, and offer comfort through the changes of the day. Footwear is very specific to each person with EB. What works for one person may not work for another. However, symptoms in a fully developed foot are often improved if you are able to support your feet with a stiff soled shoe or trainer.



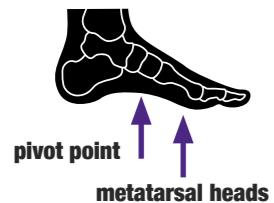
**Tips**

- ▶ Make sure you are aware of your correct foot size (this can vary over time and between shoe brands or manufacturers).
- ▶ Footwear with fastenings provides the greatest support.
- ▶ Check there is enough room in the shoe to wiggle your toes (6 mm between the tip of your longest toe and the end of the shoe).
- ▶ There should be enough width in the shoe to accommodate the whole foot; there should be no pressure points.
- ▶ Shoes should not slip at the back (if they slip whilst walking, slide your foot to the back of the shoe and readjust the laces/straps).

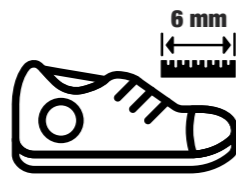
A supportive shoe can reduce the range of movement within your foot that results in blisters from friction. It is typically along the pivot point of the balls of the feet/metatarsal heads where blistering tends to be most prevalent.



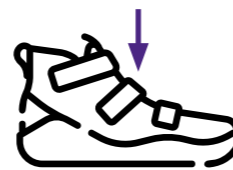
The images below demonstrate things to consider when choosing shoes.



The pivot point of the balls of the feet and metatarsal heads are where blistering tends to be most prevalent



There must be a minimum of 6 mm in front of the longest toe



Styles with a lace, touch and close fastening, or buckle provide most adjustment



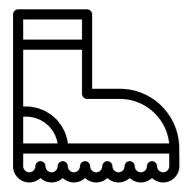
The heel must not slip up and down at the back



Ideally the tread pattern should extend over the whole sole and heel area



There should be enough width in the shoe to accommodate the whole foot; there should be no pressure points



Shoes with sheep skin inside can offer cushioning. Be aware of overheating



For summer choose shoes that let the feet breathe



Healthcare professionals and people with EB have reported the benefit of using corn starch on the soles of the feet and in between the toes to help control excessive moisture and reduce friction

### Changes in temperature and weather

Rigid soled, supportive footwear is easier to wear in colder periods; however, it can also cause the feet to get hot.

Footwear is problematic in hot weather when rigid soled footwear tends to be heavier and provides less ventilation than softer, more flexible shoes. There are options in the summer that will be preferable to a standard sandal.

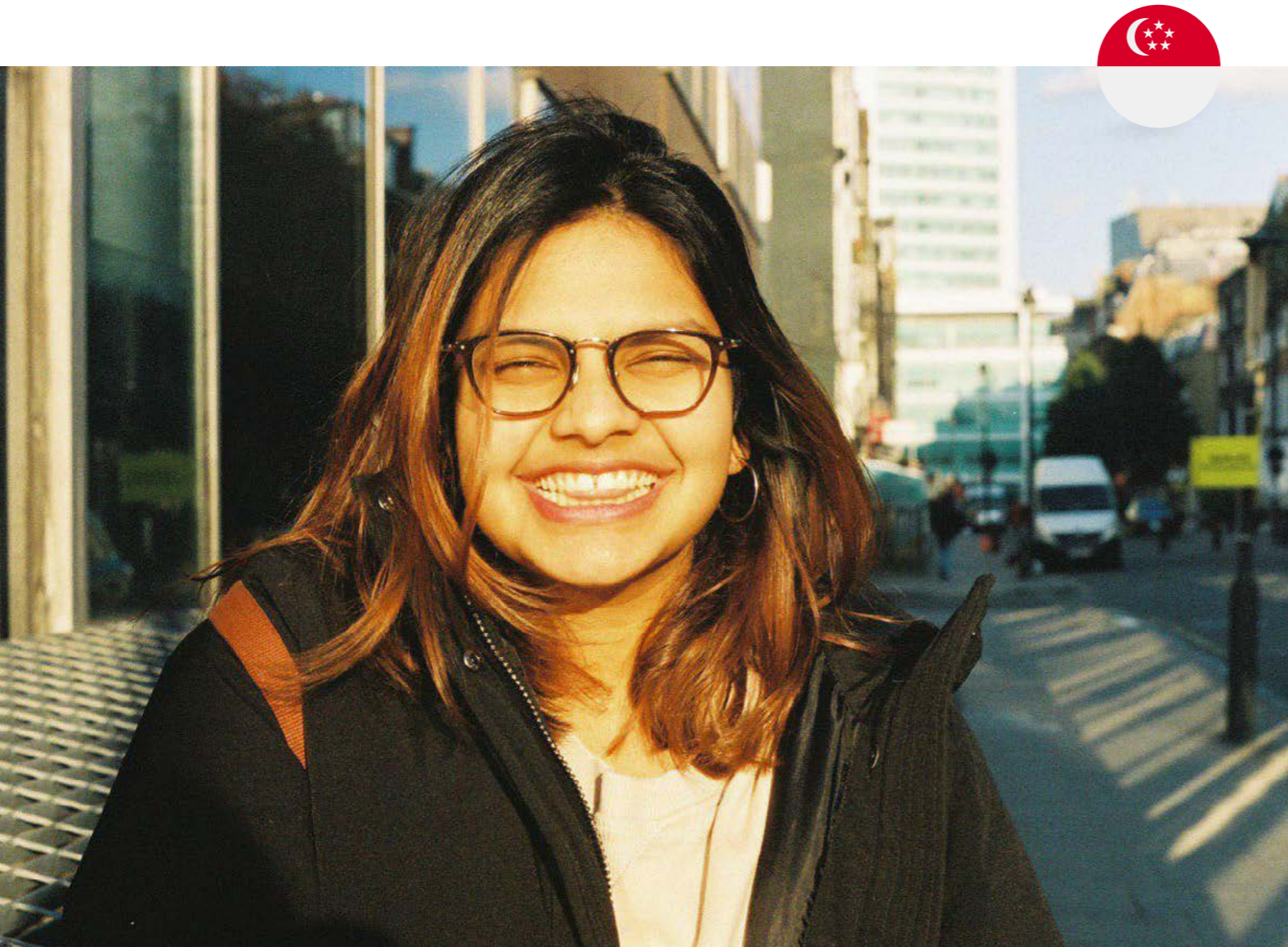
In this case, you need to decide what contributes more to blistering of your feet: heat or friction, and choose the more appropriate footwear accordingly. In certain cases, we find that footwear that provides a certain amount of support along with a lightweight/ventilated upper is a good compromise. One recent example of these are memory foam trainers.

Flexible footwear in warmer weather will often provide the most amount of ventilation as well as being the most lightweight. Both of these characteristics mean that this type of footwear is most often used in the hotter times of the year.

**For all those fashion conscious young adults and adults among you, it is important to at least restrict your activity as much as possible in this type of footwear due to the lack of support that they provide.**

“ Received the trainers today and I am so happy with them. My feet are like walking on cushions and are already helping. ”

**Rachel Watkins, living with Kindler EB, aged 29, United Kingdom**



“ I do wear high heels sometimes, I prefer wearing my mum’s shoes that have been worn in already though so it’s softer and more comfy. ”

Ira Jain, living with EB simplex, aged 20, Singapore

Your shoe size does not stay constant throughout life; it can change even when you are older. Have your foot measured if you are feeling discomfort with your normal shoe size.

### Tips from EB experts

- ▶ Make sure shoes are a comfortable fit: appropriate length and width, flexible, rounded end with plenty of room for the toes.
- ▶ A flat heel is better for heel support.
- ▶ Laces or straps prevent excessive movement or slipping of the foot inside the shoe.
- ▶ Seams should be flat or absent.
- ▶ The upper covering of the shoe should be made of leather or fabric mesh to allow air to circulate, rather than plastic or synthetic.

### Tips from the EB Community

- ▶ Shoes have to fit perfectly before buying them.
- ▶ Wear shoes little and often at first around the house and garden.
- ▶ Rub oil or Vaseline into leather shoes.
- ▶ Get someone with the same foot size (so as not to stretch the shoes too much) to wear them for a bit.



In conjunction with appropriate footwear, specialised cushioning insoles have proven to help reduce pressure and friction underneath the foot, which can stop or reduce the development of blisters.

In EB clinical centres with dedicated specialist EB trained podiatrists, they may examine your feet and walking style using a plantar pressure readout system. If you do not have access to a specialist EB trained podiatrist then it would be useful to try and find a local, certified podiatrist who can liaise with your EB team about what type of insole may help you. In some cases, you may find that anything that takes up additional room in your footwear (even a thin insole) may contribute to symptoms getting worse due to an increase in localised heat and/or a reduction in ventilation. It is always advisable to discuss this with your EB team prior to using something new.

There are certain accessories available that can help maintain comfortable feet. These include double layer socks, *Coolmesh* socks, silver socks, and silk. Silver socks can conduct heat away from the feet and help reduce friction; they also have antimicrobial properties. Silk, *Coolmesh* socks, and double layer socks also help to reduce friction. However, in some cases the extra layer of the double layer socks can increase heat and is therefore detrimental to some users.

Using dressings or barriers to prevent blisters can also be effective. Materials such as bi-stretch soft silicon *Spycra*, *Mepitel*, fixation bandage *Soft-One*, or hydrogel sheets *Kerralite Cool* can help cool the skin and reduce pain. Access to these materials will vary depending on where in the world you are. These materials can be easily cut to wrap around toes or cover larger areas where repeated blistering or scarring is a concern.

## Recommendations

- ▶ Wear suitable footwear and appropriate insoles for all types of EB.
- ▶ Suitable footwear should be supportive and minimise blistering by reducing friction.

“ The insoles that you [podiatrist] put on completely do the job...the material is so smooth and the shoes are light enough for me to walk comfortably and with much more confidence. ”

Male, living with EB, aged 37, United Kingdom



“ Ira hates insoles mostly as the edges of the insoles give her blisters. Absorbent foam dressing works better. Sometimes, insoles trap heat and increase blistering. Thin socks work better in the tropical climates as we don't like heat to be trapped. So, silk or similar material - keeping cool is important especially since Ira regularly wears absorbent foam, atraumatic dressing to prevent/delay blistering. ”

Ritu Jain, mother of Ira living with EB simplex, aged 20, Singapore



Paula de Almeida Alves Santos, living with dominant dystrophic EB, aged 27, Brazil (photo credit: Suelen Szymanski)

Dystrophic (thickened) toenails are also a common development. If this is the case, it can also cause significant discomfort when wearing footwear as the thick nails can be squeezed by the shoe. This injury to the toe/toenails makes it more likely that the nails will continue to thicken over time and make the problem worse. In this case it is advisable to find a qualified podiatrist to provide professional care. Toenail removal may be possible for some people but in the majority of cases, ongoing professional nail care will provide the best outcome.

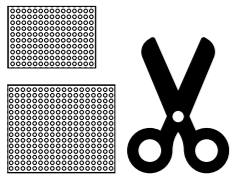
Unfortunately, once a nail is thickened, the damage is irreversible so will need ongoing attention. If you do not have access to regular podiatry care, self-management by filing across the top of the nail can help relieve the symptoms of pressure within footwear.



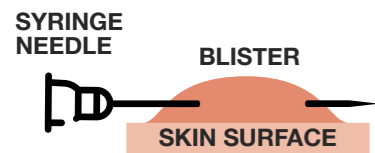
### Tip

Healthcare professionals and people living with EB have reported the benefit of applying dry corn flour on the soles of the feet and in between the toes to help control excessive moisture and reduce friction. This can help control blistering and callus development on a day-to-day basis. Prevent the corn flour from getting wet or turning into a paste-like consistency as this can cause blisters.

Bigger blisters = bigger wounds! Pop a blister as soon as you see it. Cleaning and removing debris/dead tissue helps to reduce bacteria in wounds and promote wound healing.



**01** Prepare all dressing material in suitable sizes and amounts in advance to keep dressing changing times shorter.



**02** Use a clean needle to create an entry and exit hole so the fluid can escape



**03** Roll a soft clean cloth over the blister to expel fluid



**04** The roof should be left on the blister to protect the wound



**05** Remove dead skin around the open wound

As EB blisters are not self-limiting and can spread, intact blisters should be lanced and fully drained even at the areas of the feet and toes. Your specialist EB trained podiatrist or EB team may have shown you how to do this but you can also find advice in the skin and wound care CPG and from the illustration on page 20 of this booklet.



## Recommendation from the skin and wound care CPG

You should lance intact blisters and fully drain them or they will refill.



Wound dressings, insoles, and socks will also need to be considered when using footwear. If dressings are worn daily on the feet then foot size should be measured with dressings in place when choosing suitable footwear.

Painful feet and neuropathic pain are common complaints with EB. Neuropathic pain is caused by damage or injury to the nerves that transfer pain information. This pain is often described as a 'burning' pain on the soles of the feet. Some of these issues are addressed in the pain management CPG. They emphasise that an important aspect of pain care for individuals is to have careful or professional attention to their footwear, nails, orthotics, and hyperkeratosis management. Hyperkeratosis refers to thickening of the outer skin layer made of keratin protein.



## Strong recommendation from the pain management CPG

Discuss how to optimise your pain control with your specialist EB trained podiatrist or EB team.



## Recommendation from the pain management CPG

Discuss with your specialist EB trained podiatrist or EB team to see if there are any topical therapies you could use.





Larissa Miranda Teixeira, living with dystrophic EB, aged 22, Brazil (photo credit: Pedro Mendes/P9 Marketing)



Problems such as blistering, hyperkeratosis (callus), nail loss, altered gait, and deformity can result in reduced mobility and, eventually, wheelchair use. Preventing these problems can help you to stay mobile for longer and improve your quality of life.



## Recommendations

- ▶ Preventing these problems can help adults of all subtypes of EB to stay mobile for longer and improve their quality of life.
- ▶ Podiatric treatment can help you stay active and mobile for longer.
- ▶ Discuss how to access programs to optimise your mobility with your specialist EB trained podiatrist or EB team.



## Recommendation

Exercise and staying active are also possible with EB and an important part of overall health.



### How your podiatrist can help

Specialist EB trained podiatrists should be available to:

- ▶ examine your feet
- ▶ develop podiatry treatment plans and recommend suitable footwear
- ▶ offer treatment at a specialist clinic, such as for the development of bespoke footwear
- ▶ recommend appropriately trained podiatry services near your home.

Please contact your national DEBRA group for more information on your local EB specialist clinic.

When people want to go privately we advise them to check the podiatrist is registered with their governing body.

Leticia Paula de Souza, living with recessive dystrophic EB, aged 26, Brazil (photo credit: Suelen Szymanski)



### Tell us what you think

Have your say in the future patient versions of clinical practice guidelines (CPGs) for epidermolysis bullosa (EB)

The purposes of this survey are to:

- ▶ assess the quality of the information, presentation, and delivery of the patient versions
- ▶ help us to develop a standard for all patient versions now and in the future.

The data collected will help us to improve the information provided and experience of the user in all future CPG patient versions. The data may be used to report the development steps taken to improve their quality; this may be done through conference presentations, posters, abstracts, or studies.

We want to make sure that all patient information provided meets the needs of everyone living with EB.

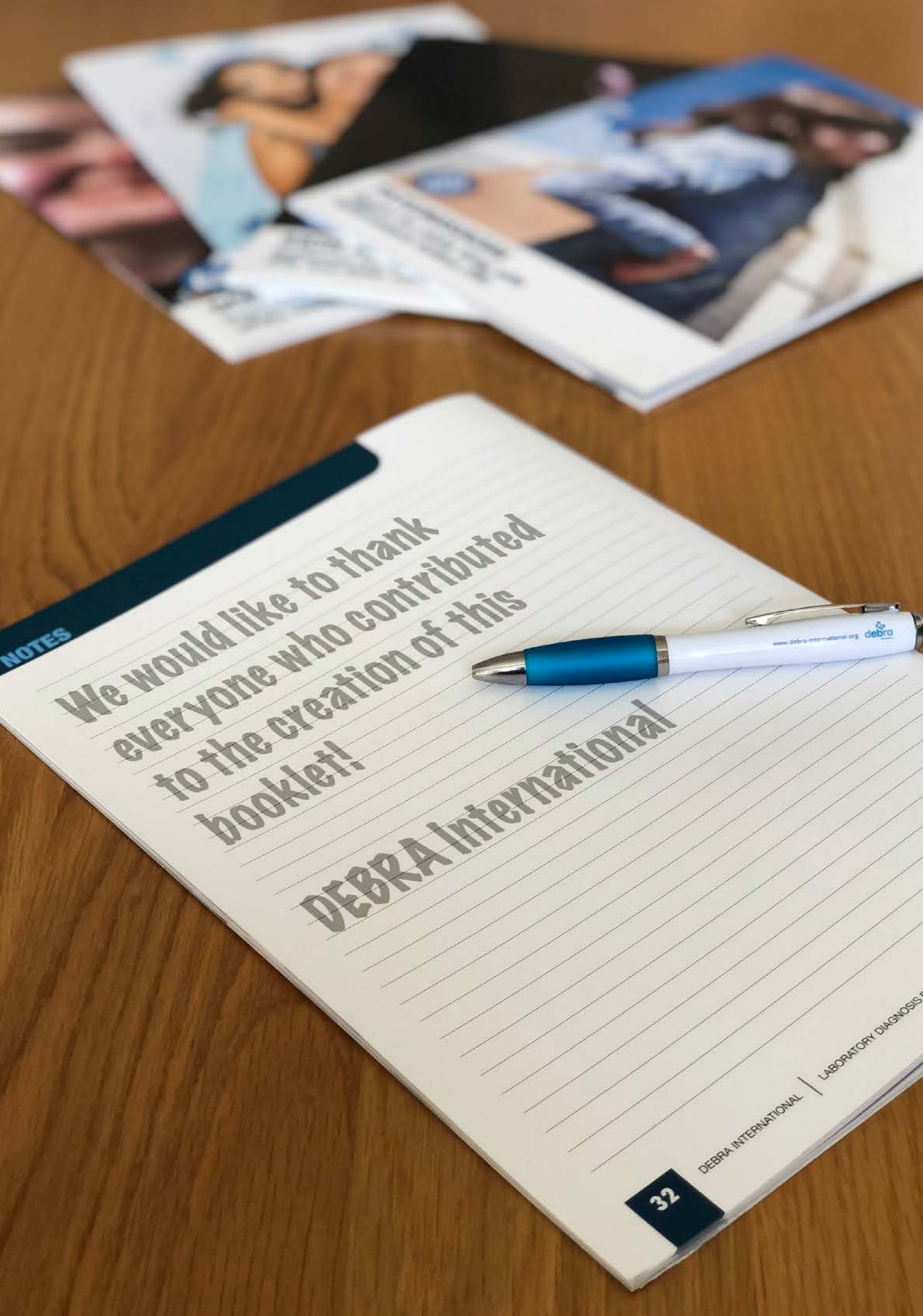
### Help us create new CPGs and patient versions

All responses to the above survey are confidential unless you decide to join the DEBRA International CPG network. Please consider joining the network if you are interested in becoming involved in the development of CPGs and patient versions in the future. To join the network, please complete question 1 on page 7. If you do not complete this question, we will not receive any of your personal details and you will remain anonymous. Joining the CPG network is entirely voluntary and you may choose to opt out at any time by contacting DEBRA International.

If you have any questions when completing this survey or about joining the CPG network, please contact the DEBRA International CPG Coordinator, Kattya Mayre-Chilton by email at: [kattya.mayre-chilton@debra-international.org](mailto:kattya.mayre-chilton@debra-international.org)

### TELL US WHAT YOU THINK!

Answer the survey to help us improve the patient versions of the CPGs:  
[www.surveymhero.com/c/PatientVersionsSurvey](http://www.surveymhero.com/c/PatientVersionsSurvey)





**Matt Lightfoot, living with dominant dystrophic EB, aged 26, United Kingdom**

## Disclaimer

The information contained in this booklet does not indicate an exclusive course of action or serve as a standard of medical care. Variations, taking individual circumstances into account, may be appropriate. The authors of this booklet have made considerable effort to ensure that the information contained within accurately reflects the content of the guidelines on which it is based. The authors, DEBRA UK, and DEBRA International accept no responsibility for any inaccuracies, information perceived as misleading, or the success of any recommendations, advice, or suggestions detailed in this booklet. The information provided on the following pages is subject to change without notice. For the most up-to-date information on available clinical practice guidelines, booklets, and contact information, please visit: [www.debra-international.org](http://www.debra-international.org)

## Copyright

© Copyright DEBRA International 2020. All rights reserved. This work is licensed under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivatives License](https://creativecommons.org/licenses/by-nc-nd/4.0/), which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial, and no modifications or adaptations are made.

## Development source

### Foot care in Epidermolysis bullosa: Evidence-based guidelines

This CPG was approved by DEBRA International and funded by DEBRA UK.

To access the following CPGs and patient version booklets, please visit: [www.debra-international.org](http://www.debra-international.org)



## Podiatry booklets

- ▶ Podiatry dystrophic nail care for people living with epidermolysis bullosa (EB)
- ▶ Podiatry hyperkeratosis (callus) care for adults living with epidermolysis bullosa (EB)
- ▶ Podiatry footwear advice for parents caring for a child living with epidermolysis bullosa (EB)



## Other CPG topics referred to in this booklet



- ▶ International Consensus Best Practice Guidelines for Skin and Wound Care in Epidermolysis Bullosa
- ▶ Pain care for patients with epidermolysis bullosa: Best care practice guidelines

## Other CPG topics

- ▶ Clinical Practice Guidelines for Epidermolysis Bullosa Laboratory Diagnosis
- ▶ Management of Cutaneous Squamous Cell Carcinoma in Patients with Epidermolysis Bullosa: Best Clinical Practice Guidelines
- ▶ Occupational therapy for epidermolysis bullosa: clinical practice guidelines
- ▶ Oral Health Care for Patients with Epidermolysis Bullosa - Best Clinical Practice Guidelines
- ▶ Psychosocial recommendations for the care of children and adults with epidermolysis bullosa and their family: evidence based guidelines

## Other languages

We are happy to consider requests for this booklet to be provided in other languages. Please send all enquiries to: [office@debra-international.org](mailto:office@debra-international.org)

## How was the Foot care guideline produced?

- ▶ The CPG development group consisted of EB experts: podiatrists, dermatologists, a physiotherapist, a dietitian, and patient representatives.
- ▶ All panel members completed written conflict of interest and code of conduct declarations.
- ▶ During guideline development, they conducted several panel meetings where six to nine members would meet in person and virtually. They discussed the clinical questions and methodology; reviewed the evidence (publications in the field of EB podiatry research); formulated recommendations; and agreed on the guideline's structure and wording.
- ▶ CPGs are based on a critical, extensive, and exhaustive review of the most relevant publications in the field of EB podiatry and foot care research together with the personal experiences of the panel members.
- ▶ To identify publications, seven electronic search engines were accessed, including Wiley Online Library, Google Scholar, Athens, ResearchGate, Net and PubFacts.com. The search period ended in December 2018.
- ▶ Out of 46 papers appraised, 36 were chosen for the final recommendations by six panel members according to the Critical Appraisal Skills Programme (CASP) and Scottish Intercollegiate Guidelines Network (SIGN) quality rating.

## Panel group

- ▶ M T Khan - CPG Lead (United Kingdom / Australia)  
Specialist EB Paediatric Podiatrist - Great Ormond Street Hospital for Sick Children, London; Royal London Hospital for Integrated Medicine, UCLH, London; St George Hospital, Sydney, NSW; Barts and The London NHS Foundation Trust, London
- ▶ M O'Sullivan - CPG Co-lead (United Kingdom)  
Specialist EB Adult Podiatrist - University Hospitals Birmingham NHS Trust, Solihull Hospital, Solihull
- ▶ B Faitli - CPG Member (United Kingdom)  
Person living with EB
- ▶ J E Mellerio - CPG Member (United Kingdom)  
Consultant - St John's Institute of Dermatology, Guy's and St Thomas' Hospital NHS Foundation Trust, London
- ▶ R Fawkes - CPG Member (United Kingdom)  
Specialist EB Podiatrist (Retired) - St Thomas' Hospital NHS Foundation Trust, London
- ▶ M Wood - CPG Member (United Kingdom)  
Specialist EB Paediatric Physiotherapist - Great Ormond Street Hospital for Sick Children, London
- ▶ L D Hubbard - CPG Member (United Kingdom)  
Principal dietitian in adult EB - St Thomas' Hospital NHS Foundation Trust, London

- ▶ A G Harris - CPG Member (Australia)  
Dermatologist - St George Hospital, Sydney, NSW; Department of Dermatology, Concord Hospital, Sydney, NSW
- ▶ L Iacobaccio - CPG Member, CPG patient version Lead (Australia)  
Specialist EB Adult Podiatrist - The Royal Melbourne Hospital, Melbourne, VIC
- ▶ T Vlahovic - CPG Member (United States)  
Specialist EB Podiatrist - Temple University, Philadelphia, PA
- ▶ L James - CPG Member (United Kingdom)  
Specialist EB Adult Podiatrist - University Hospitals Birmingham NHS Trust, Solihull Hospital, Solihull
- ▶ L Brains - CPG Member; Patient version Co-lead (Australia)  
Person living with EB
- ▶ M Fitzpatrick - CPG Member (Australia)  
Person living with EB, DEBRA Australia
- ▶ K Mayre-Chilton - Methodologist, CPG Member (United Kingdom)  
DEBRA International CPG Coordinator; Specialist Adult Research Dietitian - Guy's and St Thomas' Hospitals NHS Foundation Trust, London

## External review group

- ▶ C Pankhurst (UK)  
Clinical Specialist - Guy's and St Thomas' Hospitals NHS Foundation Trust, London; Clinical Network: Foot Care (Co-chair); British Association of Prosthetists and Orthotists; (Professional Affairs Committee Co-vice-chair); Foot in Diabetes UK (Vice-chair)
- ▶ K A Bø (Norway)  
Person living with EB

## DEBRA International project team

- ▶ K Mayre-Chilton - CPG patient version project lead (United Kingdom)  
CPG Coordinator - DEBRA International
- ▶ O Mullins - Editorial and format lead (United Kingdom)  
Business Manager - DEBRA International
- ▶ L A Taguchi - Branding and design lead (Brazil)  
Mother of a person born with EB; Marketing Director - DEBRA Brazil
- ▶ M Cardoza - Graphic designer (United Kingdom)
- ▶ A Winter - Design assistant (United Kingdom)  
Fundraising Events Coordinator - DEBRA UK



**DEBRA International**

DEBRA International is the umbrella organisation for a worldwide network of national groups that work on behalf of those affected by the rare genetic skin blistering condition, epidermolysis bullosa (EB). The first DEBRA was created over 40 years ago and is present in over 50 countries around the world.

[www.debra-international.org](http://www.debra-international.org)  
[office@debra-international.org](mailto:office@debra-international.org)

**EB Without Borders**

EB Without Borders is a key initiative of DEBRA International. Its mission is to help patients, families, and doctors in countries where there is no DEBRA structure to support them, and to assist new groups to form and develop.

[ebwb@debra-international.org](mailto:ebwb@debra-international.org)

**EB-CLINET**

EB-CLINET is the global clinical network of EB centres and experts.

[www.eb-clinet.org](http://www.eb-clinet.org)  
[office@eb-clinet.org](mailto:office@eb-clinet.org)

Lined area for notes on page 33.

-  ▶ **Argentina**  
www.debraargentina.org  
info@debraargentina.org  
+54 (011) 3965 4298
-  ▶ **Australia**  
www.debra.org.au  
admin@debra.org.au  
+61 (0) 427 937 003
-  ▶ **Austria**  
www.debra-austria.org  
office@debra-austria.org  
+43 1 876 40 30
-  ▶ **Belgium**  
www.debra-belgium.org  
info@debra-belgium.org  
+32 (0) 4 267 54 86
-  ▶ **Bosnia & Herzegovina**  
www.debra.ba  
djeca.leptiri@hotmail.com  
+387 33 328 284
-  ▶ **Brazil**  
www.debrabrasil.com.br  
web@debrabrasil.com.br  
+55 (047) 3237 6243
-  ▶ **Bulgaria**  
www.debrabg.net  
contact@debrabg.net  
+359 (0) 882 919 167
-  ▶ **Canada**  
www.debracanada.org  
debra@debracanada.org  
+1 800 313 3012
-  ▶ **Chile**  
www.debrachile.cl  
info@debrachile.cl  
+56 2 22 28 67 25
-  ▶ **China**  
www.debra.org.cn  
debra\_china@163.com  
+86 139 1850 3042
-  ▶ **Colombia**  
www.debracolombia.org  
info@debracolombia.org  
+57 1 62 365 09
-  ▶ **Costa Rica**  
www.debracr.org  
info@debracr.org  
+506 2244 3318
-  ▶ **Croatia**  
www.debra.hr  
info@debra-croatia.com  
+385 1 4555 200
-  ▶ **Cuba**  
debra\_cuba@yahoo.com
-  ▶ **Czech Republic**  
www.debra-cz.org  
info@debra-cz.org  
+420 532 234 318
-  ▶ **Finland**  
www.allergia.fi/suomen-eb-yhdistys-ry  
suomenebyhdistys.debrafinland@gmail.com  
+358 9 473351
-  ▶ **France**  
www.debra.fr  
contact@debra.fr  
+33 (0)7 78 95 83 44
-  ▶ **Germany**  
www.ieb-debra.de  
ieb@ieb-debra.de  
+49 (0) 6461 9260887
-  ▶ **Hungary**  
www.debra.hu  
posta@debra.hu  
+36 1 266 0465
-  ▶ **Ireland**  
www.debraireland.org  
info@debraireland.org  
+353 1 412 6924
-  ▶ **Italy**  
www.debraitalia.com  
info@debraitalia.com  
+39 02 3984 3633
-  ▶ **Italy (Südtirol - Alto Adige)**  
www.debra.it  
info@debra.it  
+39 335 10 30 23 5

-  ▶ **Japan**  
www.debra-japan.com  
info@debra.sakura.ne.jp  
+81 (0) 11 726 5170
-  ▶ **Malaysia**  
www.debramalaysia.blogspot.com  
debramalaysia@gmail.com  
+60 12 391 3328
-  ▶ **Mexico**  
www.debra.org.mx  
debramexico@gmail.com  
+81 8008 0352
-  ▶ **Netherlands**  
www.debra.nl  
voorzitter@debra.nl  
+31 030 6569635
-  ▶ **New Zealand**  
www.debra.org.nz  
debra@debra.org.nz  
+64 04 389 7316
-  ▶ **Norway**  
www.debra.no
-  ▶ **Poland**  
www.debra-kd.pl  
sekretariat@debra-kd.pl  
+48 501 239 031
-  ▶ **Romania**  
www.minidebra.ro  
contact@minidebra.ro  
+40 0763 141 326
-  ▶ **Russia**  
www.deti-bela.ru  
info@deti-bela.ru  
+7 (495) 410 48 88
-  ▶ **Serbia**  
www.debra.org.rs  
office@debra.org.rs  
+381 (0)64 308 6620
-  ▶ **Singapore**  
www.debrasingapore.com  
debrasingapore@gmail.com  
+65 9237 5823
-  ▶ **Slovakia**  
www.debra-slovakia.org  
debra.slovakia@gmail.com  
+421 940 566 667
-  ▶ **Slovenia**  
www.debra-slovenia.si  
info@debra-slovenia.si  
+386 31 348 303
-  ▶ **Spain**  
www.debra.es  
info@debra.es  
+34 952 816 434
-  ▶ **Sweden**  
www.ebforeningen.se  
malin.ch.net@gmail.com  
+46 (0)703 146 048
-  ▶ **Switzerland**  
www.schmetterlingskinder.ch  
debra@schmetterlingskinder.ch  
+41 62 534 16 90
-  ▶ **Taiwan**  
www.eb.org.tw  
taiwaneb2010@gmail.com  
+886 03 5734493  
+886 0966 521836
-  ▶ **Ukraine**  
www.debra-ukraine.org  
info@debra-ukraine.org  
svitdebra@gmail.com  
+380 50 331 94 97
-  ▶ **United Kingdom (UK)**  
www.debra.org.uk  
debra@debra.org.uk  
+44 (0)1344 771 961
-  ▶ **United States of America (USA)**  
www.debra.org  
staff@debra.org  
+1 (212) 868 1573  
+1 (855) CURE-4-EB

# Get involved with **DEBRA International**

THE WORLD'S LEADING EB PATIENT ADVOCACY AND SUPPORT NETWORK

DEBRA INTERNATIONAL IS REGISTERED AS A CHARITY IN AUSTRIA (ZVR 932762489)



[www.debra-international.org](http://www.debra-international.org)



[office@debra-international.org](mailto:office@debra-international.org)



[@DEBRAInternational](https://www.facebook.com/DEBRAInternational)



[@InterDEBRA](https://twitter.com/InterDEBRA)

