Atopic Eczema/ Atopic Dermatitis

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ATOPIC ECZEMA / ATOPIC DERMATITIS

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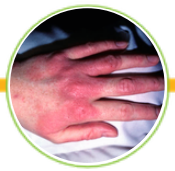
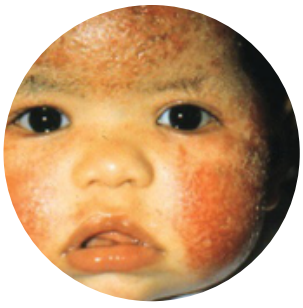
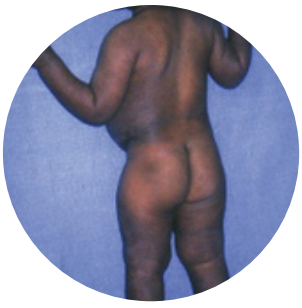


- Atopic dermatitis / eczema is a common, chronic, itchy skin rash that tends to affect people with other allergies like hay-fever and asthma. Atopic dermatitis may be known as atopic eczema, eczema or infantile eczema.
- Eczema most often begins in infancy and may persist into adulthood.

WHAT IS ATOPIC ECZEMA?

- The rash of eczema starts because the skin cells don't fit together properly and this lets water out, making the skin dry and itchy.
- The abnormal skin barrier function not only lets water out, but it also lets irritants (like soap and water) and allergens (like pollens or house dust mites) penetrate into the skin.
- The immune system responds to this by becoming sensitised to allergens and by an increase in inflammation.
- The skin then reacts easily to irritants and occasionally to food and environmental allergens.
- The skin of a person with eczema has "flares": episodes where it becomes red, flaky and very itchy and vulnerable to infections caused by bacteria and viruses.
- It usually starts after the 3rd month of life as a red, oozing rash on the face and outer surfaces of arms and legs. In later childhood the rash usually changes to a dry scaly itchy rash on the inner creases of the elbows and knees. The rash may not be limited to these specific areas and any flexural area (skin folds) may be involved.





Eczema in young babies may be confused with cradle cap and in older children and adults may be confused with psoriasis.

HOW CAN ATOPIC ECZEMA BE TREATED?

Although there is no cure for eczema, it can be treated through a combination of a rigorous personal treatment plan, learning what triggers the allergic reactions and medical therapy.

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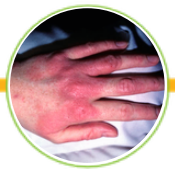

AVOIDING TRIGGERS

Heat

- Hot humid weather (and occasionally cold dry weather) can make the rash worse. Getting overheated and sweating a lot can cause a problem.

Clothing

- Woollen or synthetic clothing may irritate the skin.
- Cotton underwear, clothing and bed linen are recommended.

Soaps and detergents

- Soaps dry out the skin. People with eczema should not use soap at all.
- Emollients or aqueous cream should be used as soap substitutes. See our website page for examples of emollients with the AFSA Seal of Approval.
- The chlorine in swimming pools may irritate and dry out the skin. Rinse the skin off after swimming and apply moisturisers immediately.
- For washing of clothes, non- biological washing powders should be used, and fabric softeners should be avoided completely.
- Bubble baths, household antiseptics and medicated soaps are best avoided.

Washing

- Bath water should be lukewarm rather than hot.
- Soak in a bath for a maximum of 5-10 minutes not more than once a day and apply a moisturising emollient (see below) within 3 minutes of patting the skin dry (never rub the skin dry).
- Hair should be washed over a bath/basin to avoid shampoo coming into contact with the skin.

Night-time

- Cover as much skin as possible with lightweight cotton clothing, taking care not to overdress or overheat.
- Cotton gloves and cutting the fingernails short may reduce skin damage from scratching.
- If house dust mite allergy is present, use special bedding to reduce the amount of house dust mites in the bed. (see house dust mite allergy)

Immunisations

- Routine childhood immunisations should be given.
- Consult your doctor if you have any concerns about these immunisations.

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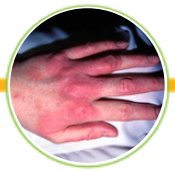

MEDICAL TREATMENT

Moisturising emollients

- The skin becomes dry because of the abnormal barrier function.
- Moisturising ointments are the most important treatment for eczema. One way they work is by making an oily layer on top of the skin, creating an artificial barrier that prevents the water from getting out and the skin from becoming dry. Another way it works is by replacing the moisture in the skin.
- Moisturising is the single most effective regular treatment.
- Emollients are safe.The moisture does not penetrate the skin, rather it's the layer on top of the skin that counts... so when the emollient can't be seen or felt properly, it's time to apply some more!
- They should be applied in large quantities and frequently. In severe eczema applying it as many times as 6-8 times a day will make a huge difference
- A nice tip is that every time the skin itches ... instead of scratching apply more emollient.
- There are many different emollients available. Most people have their own personal favourite emollient, depending on how it makes them feel. The best emollient is one that the patient and family likes because they are then likely to use it more often!
- Aqueous cream (with sodium lauryl sulphate) should not be used as a moisturiser as it is likely to irritate the skin if it is left on. It is used as a soap substitute and then rinsed off, but is not an emollient.

Treating a flare

- Steroid / cortisone / corticosteroid creams and ointments work against the inflammation in the skin.
- They are the most effective therapy for rapid relief and are used to settle eczema flare- ups.
- Steroid ointments must be used when there is a flare. During a flare the skin is being damaged by the eczema and the steroid ointment will prevent that damage.
- Once a flare is under control a lower strength ointment should be used and then slowly reduced until it can be stopped and just the emollient continued.
- Emollients must be continued at the same time as steroid ointments are used. Most doctors advise the steroid ointment is applied directly to the skin with a layer of the emollient put on top of this to seal it in.
- Non-steroid ointments and creams include the topical calcineurin inhibitors and PDE4 inhibitors. They are not as strong as topical steroids, however they cannot cause severe side effects and are useful for sensitive skin areas such as the eyelids, around the mouth, in the groin and under the arms.They are wonderful for prevention (pro-active) therapy.

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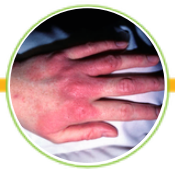


Prevention (pro-active) therapy

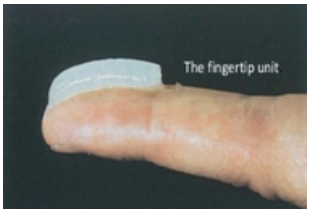
- Once a flare is under control, the strength of the steroid ointment can be reduced or switched to a non-steroid cream or ointment.
- Once the skin is healed, the ointments can be reduced and stopped altogether. We aim to limit daily steroid use to 2 weeks, but a maximum of 4 weeks is allowed.
- For areas that are prone to recur, prevention therapy can stop flares form recurring or reduce their frequency.
- Prevention therapy is long-term, low dose topical anti-inflammatory therapy used intermittently a few times a week in normal looking skin that has been previously affected areas.
- Prevention therapy with steroids, and non-steroid creams and ointments has been shown to be safe and effective at preventing or reducing flares.

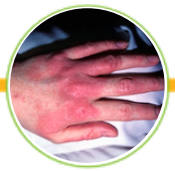
Wet wraps

- Wet wraps or occlusive dressings are used to treat severe atopic eczema or severe flares. (See wet wraps)
- To use wet wraps, apply a medicated cream or ointment to the affected skin, and then cover it with slightly wet bandages or our Allergy Foundation's Kiddy-Calmwear clothing.

- The wet layer helps to keep the medication in contact with the skin for longer, which can be especially helpful for severe or persistent symptoms. Never use wet wraps if there is a skin infection.

Steroids can be used with "the fingertip method" so that enough is used, but not so much as to waste it. A fingertip unit is the amount of ointment squeezed from a tube from the last skin-crease to the tip of the index finger of an adult. The number of finger tip units you need on different parts of the body depends on the child's age.





	Face and neck	Arm and hand	Leg and foot	Front of trunk	Back of trunk
Age	**Number of FTUs**				
3-6 months	1	1	1 ½	1	1 ½
1-2 years	1 ½	1 ½	2	2	3
3-5 years	1 ½	2	3	3	3 ½
6-10 years	2	2 ½	4 ½	3 ½	5

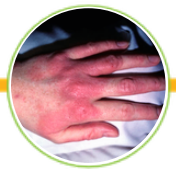
- Steroids come in different strengths, from very mild to very strong.
- Very strong steroid ointments must not be used all the time, especially on normal skin as they can then have side effects such as thinning of the skin. Mild steroids have very few side effects.
- Cortisone tablets or injections are not recommended. While they may provide short term improvement, they may also cause a worsening of eczema when stopped and have very unpleasant long-term side effects.

Antibiotics

- Eczema sufferers are more prone to infections of the skin. These can be caused by bacteria, fungi and viruses such as herpes and the common wart.
- Antibiotic creams and occasionally oral antibiotics are used to treat infected eczema which may present as sudden development of yellow crusting, oozing and redness of the skin.

Antihistamines

- The older sedating-type antihistamine tablets or syrups may make you sleepy so that you scratch less at night.
- Antihistamine creams are usually not effective and can irritate the skin. They should be avoided.



PREVENTION

General allergy prevention measures should be done for “high risk infants”: those with parents or siblings who have allergy (see preventing allergy).

- Parents should not smoke during pregnancy and after birth.Children should preferably be exclusively breast fed until at least 4 months of age.
- The evidence for the use of prebiotics or probiotics during and after pregnancy is not clear, but it seems as if it may have some effects on reducing eczema.
- It may be useful to apply emollients on the skin of high-risk babies even before any symptoms of eczema occur.
- About 30% of young children with moderate to severe or difficult to control eczema will develop food allergy. This is much rarer in children with mild or moderate eczema.
- It is important that a proper diagnosis of food allergy is made before making any changes to the diet of young infants. This is best assessed by a doctor with a special interest in food allergy (see brochures on food allergy).

A medical specialist with a special interest and skill in allergy might be able to help. See the list of health professionals with skills in allergy on the AFSA website.