

ATOPIC ECZEMA/ ATOPIC DERMATITIS

- Atopic eczema is a common, chronic, itchy skin rash that tends to affect people with other allergies like hayfever and asthma.
- Atopic eczema most often begins in infancy and may persist into adulthood.
- It is also called atopic dermatitis or infantile eczema.

WHAT IS ATOPIC ECZEMA?

- The rash of atopic dermatitis starts because the skin cells don't fit together properly and this makes the skin dry and itchy.
- The skin then reacts easily to irritants and occasionally to food and environmental allergens.
- The skin of a person with atopic eczema has "flares": episodes where it becomes red, flaky and very itchy and vulnerable to infections caused by bacteria.
- 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.



- Atopic dermatitis 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 atopic eczema, it can be treated through a combination of 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 severe eczema should not use soap at all.
- If eczema is very mild, some people do use soap, however non perfumed soap with high moisturiser content is recommended.
- If non-perfumed soaps irritate the skin then try aqueous cream or an "emollient" as a soap substitute.

- The chlorine in swimming pools may irritate and dry out the skin.
- 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 too hot.
- Soaking in a bath is fine, as long as moisturising emollients (see below) are applied to the skin 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

- Moisturising ointments are the most important treatment for eczema.
- They work by making an oily layer on top of the skin, preventing the water from getting out and the skin from becoming dry.
- This deals with the underlying problem of eczema and is the single most effective regular treatment.
- Emollients are safe. The moisture does not really penetrate the skin, rather it's the layer on top of the skin that counts....so when the emollient cant be seen or felt properly, its time to put on some more!
- They should be applied in large quantities and frequently ... with severe eczema as often as possible, even 6 or 8 times a day.
- A nice tip is that every time the skin itches ... instead of scratching put on more emollient.
- There are many different emollients available. Some people find that a product irritates their skin; if this occurs another one should be tried. Most people have their own personal favourite emollient, depending on how it makes them feel.
- Sometimes coal-tar is used to treat thickened skin.
- Aqueous cream should not be used as a moisturiser as if it is left on the skin it is likely to irritate it. It is used as a soap substitute but is not an emollient.

Steroid creams

- 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 the steroid ointments are used. Most people 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.

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- 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.

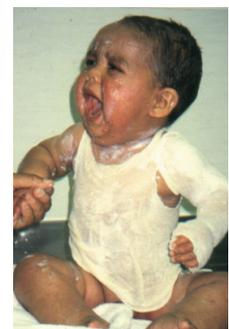


	Face and neck	Arm and hand	Leg and foot	Front of trunk	Back of trunk
Age	Number of FTUs				
3-6 months	1	1	1 ½	1	1 ½
1-2 years	1 ½	1 ½	2	2	3
3-5 years	1 ½	2	3	3	3 ½
6-10 years	2	2 ½	4 ½	3 ½	5

- 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 and have very unpleasant side effects.

Wet wraps

Wet wraps or occlusive dressings are used to treat severe atopic eczema or severe flares. Wet wraps can be easily applied at home after you have been taught how to use them. (See wet wraps)



Antibiotics

- Eczema sufferers are more prone to infections on 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 crusting, oozing and redness of the skin.

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Antihistamines

- The older sedating-type antihistamine tablets or syrups may reduce itching especially at night.
- Antihistamine creams are usually not effective at all 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 and after pregnancy and after birth. Children should preferably be breast fed until at least 4 months of age.
- The evidence for the use of pro-biotics during and after pregnancy is not certain, but it seems as if it may have some effects on reducing eczema.
- It may be useful to put 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 the diet of young infants. This is best assessed by a doctor with a special interest in food allergy (see brochures on food allergy).

Your medication chart is continued on the next page>>>



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.

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YOUR MEDICATION

Wash with _____

Moisturising emollient _____ Use _____ times a day

Other medicines: Antihistamine? _____ Nose spray? _____

Eye drops? _____ Asthma? _____

Steroid ointments

