

Atopic Dermatitis / Eczema

Advice provided by allergyuk.org



> Symptoms

Eczema, also known as 'atopic eczema' or 'atopic dermatitis', is a skin condition causing inflammation and intense irritation. Eczema symptoms tend to be caused by dry skin. The skin becomes hot, itchy and inflamed; it may also be red and appear irritated. Atopy, or being atopic, means having a genetic tendency for your immune system to make increased levels of IgE antibodies to certain allergens. An atopic individual is likely to have more than one allergic condition during their lifetime, such as eczema, asthma, hay fever or food allergy.

In young children, patches of dry, scaly skin, or (less commonly) wet, weepy skin, can appear anywhere on the body. In older children, the eczema usually appears on wrists, ankles, elbows, knees and face, including the eyelids. In adults, it may localise, affecting the face, hands, neck and scalp although it can affect any part of the body.

Skin that is affected by eczema gets sore and broken when it is scratched, it can look wet and may bleed. Scratching is hard to avoid since the main distressing symptom of eczema is unbearable itching but once the skin gets broken and cracked, infections can set in, causing even more discomfort. Those with severe eczema often feel cold when others are hot. This is because the skin is the largest organ of the body and one of its roles is helping to regulate body temperature. Conversely, being hot in bed causes severe irritation.

If you have any comments about this factsheet, contact the Allergy UK Helpline - 01322 619 898.

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> Disease

This skin condition can affect any age range and it is thought to be caused by a defect in the skin barrier that makes it more susceptible to inflammation and allows allergens and bacteria to make contact with the immune system.

Eczema can affect one's quality of life significantly and may also affect sleep patterns. Whilst this can make you irritable and frustrated, good management can help alleviate these problems. This skin condition is well understood and dermatologists (skin doctors) have developed effective skin treatment regimens to control and manage the symptoms. It can take some time to find the most suitable therapy for each individual, often causing embarrassment and daily frustration with the symptoms in the meantime. Many people do not understand that eczema is neither infectious nor contagious.

> Diagnosis

Generally, GPs can diagnose eczema and differentiate whether you have eczema or another skin condition. Seasons of the year (for example, in winter), or even emotional responses (such as stress), may cause eczema to worsen. However, a large number of eczema sufferers are not able to link a cause to their symptoms. It is essential that any known triggers are avoided and sometimes keeping a 'trigger symptom' diary at home may help you to realise what might be causing flares.



For more help, contact the Allergy UK helpline:
9am to 5pm,
Monday to Friday
01322 619 898

Key facts

> Eczema is not infectious or contagious

> 15million people in the UK could be living with eczema

> Nearly £170 million is spent on eczema treatments every year

Figure based on 23% of predicted population of 65,110,000 people in 2015, Office for National Statistics - "The prevalence of AD is estimated to be 15-20% in children and 1-3% in adults" source: S. Nutten, 'Atopic Dermatitis: Global Epidemiology and Risk Factors', Annuals of Nutrition and Metabolism 2015; 66 (suppl 1):8-16

Data obtained from Health and Social Care Information Centre. Prescription cost analysis. England 2015. April 2016.



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Important things to consider include bubble baths, shampoos, make-up products, chemicals such as cleaning products and occupational irritants such as hairdressing products or heavy oils and lubricants used in the motor industry or allergens, such as latex gloves, leather, cement or certain plants.

If further investigation is needed, or the skin's condition is not improving with barrier protection and prescribed treatment, your GP may make a referral to see a dermatologist to pinpoint the exact cause of the condition. Allergy patch tests can identify substances causing contact allergy. Allergy tests (either skin prick testing or a specific IgE blood test) may help to identify airborne or food allergens involved in flares, as many people with atopic dermatitis/eczema may also have asthma, allergic rhinitis/hay fever. Allergens that trigger these may also trigger symptoms in eczema, such as house dust mite, animal dander, mould spores, pollen or foods. You may need to be referred to an allergy clinic for skin prick or specific IgE blood tests.

> Can Food Allergies Cause Eczema?

No. Children are born with the tendency to have eczema and many things can make their eczema worse. These are known as 'triggers' for the eczema. Foods can be triggers for eczema especially in infants but the foods are not the primary cause of the eczema. If a food is found to make eczema worse, excluding that food may significantly improve symptoms but not cure the condition. A food that is not eaten often but causes symptoms may be easier to identify than one that is eaten daily, such as milk/dairy products, wheat or soya.

> Treatment of Eczema

Some patients with the IgE-associated variety of AEDS suffer from worsening of their skin symptoms after contact with certain airborne allergens, such as house dust mite, pollens, or animal hairs, and improve after appropriate allergen avoidance strategies are introduced.

> Emollients

Emollient lotions and creams are prescribed for eczema and dry skin, and are, in their simplest form, mixtures of oil and water. Some emollients may also contain slight amounts of antibacterial chemicals (to avoid infection in broken skin), or steroids (to reduce inflammation).

Emollient products range in their consistency, from being runny lotions to thick creams, and while they can be a very cooling and soothing treatment for eczema, the stickiness of the thicker products can sometimes make them a source of annoyance. It is important to find a product that is suitable for you.

Dry skin is more susceptible to eczema, and once the skin barrier is broken, it is open to potential infection and further irritation from allergens and other chemical irritants. Scratching also causes the body to release histamine, which further aggravates the symptoms. Emollients work to reduce eczema symptoms by creating a protective barrier on the top layer of the skin, moisturising it and reducing water loss. The oil also provides lubrication so that the dry skin, which is often itchy and rough, will not be as easily irritated.

Although emollients do not stop the underlying cause of eczema, they calm and soothe the skin, and give it time to repair itself. For emollients to work

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effectively, they need to be used as part of a regular treatment regimen. This means that they should be applied at set times of day, and should be used whether they appear to be needed or not.

Eczema can flare up at any time, in some instances due to infection, hormonal changes, stress or allergens, but also for no obvious reason. Even when emollients are used, there may be times when eczema seems to get worse. However, regular treatment can help to minimise the number and severity of flare ups.

Emollients should be continued, even when all traces of eczema have vanished. By keeping the skin moisturised, it will be better hydrated and with less chance of the skin barrier being broken, the risk of allergens and other irritants causing eczema is reduced.

Emollients are available as lotions, creams, ointments, shower and bath products and soap substitutes. These products should be used every day as emollients support the skin's barrier function by helping it to retain water and form a protective layer against allergens or bacteria. They can also help to relieve the 'itchy' symptoms typical of eczema.

Water can have a drying effect on skin and so emollients are also available as bath products, which help to hydrate and protect the skin while soaking in the water, although it is no longer advised to soak for more than 15 minutes. In addition, soap can also make eczema worse because it dries the skin further. Soap substitute emollients can also be prescribed, which can be rubbed on and rinsed off skin just like liquid soap.

You may find that you are prescribed several creams if your eczema symptoms vary and different creams may be more suitable for different times. For example, you may prefer to use a less oily cream during the day

and use a thicker cream or ointment treatment at night. Ointment also have the advantage of needing less or no preservatives, to which a few people can eventually react.

How to use

- You need to understand how and when to apply your treatments, so ask your healthcare professional for advice or a demonstration.
- Make sure your hands are clean because skin with eczema is vulnerable to infection. Many emollient creams come in dispensers with a pump top, but if not, use a clean spoon or similar utensil to dispense the emollient onto your hand. Don't put your hand in the tub, as you will then transfer bacteria from your hand into the emollient container!
- Dab the cream over the affected area and then smooth the cream in a downward direction so that the hair follicles are not irritated.
- After the cream has been applied, make sure that all bowls and other equipment are washed in hot, soapy water and kept only for use with the eczema treatment.
- It is particularly important to use emollients after a bath or shower. Gently dab your skin dry and then seal the moisture into the skin with plenty of emollient.
- Most soaps strip the skin of its natural oils so you may be prescribed emollients to be used in the bath. Most emollients may be applied before a bath then rinsed off, which will clean the skin.

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> Topical Steroid Creams

It is sometimes necessary to apply topical corticosteroids (e.g. hydrocortisone), as these reduce inflammation in the skin.

Many people worry when steroids are mentioned as a treatment option because of stories they may have heard in the media, particularly related to anabolic steroid abuse in sports. These, however, are not the same steroids that are used as medical treatments and, when used as directed by a physician, steroids have an important role to play in treating a range of ailments, including eczema.

Topical steroids are safe to use but it is important to always follow the instructions provided, making sure you understand which areas you apply the cream to and exactly how much. If you have any questions, then ask your doctor or nurse for further advice and information.

Steroid creams only need to be applied to the inflamed areas of skin. One fingertip of cream (where the cream is squeezed along the fingertip as far as the first joint) is usually enough to cover an area of skin twice the size of an adult's hand. Fingertip units are used as a guide for the amounts needed for different parts of the body.

Sometimes emollients and other creams (i.e. steroids and antibiotics) are needed in combination. It is important to leave an adequate gap between applying the different creams to allow one cream to be absorbed before applying another, ideally at least 10 minutes. If creams are applied too soon after each other they may be diluted so healing and control of the symptoms can take longer. Steroid creams, when used for a long time at a high dose, can cause skin to be thinned. This will not happen when steroid creams are prescribed at the appropriate strength, with less potent steroids being prescribed on the face than on

the body. It is also important to use steroid creams as early into flares as possible, as this will avoid the need for higher strength preparations, required when the eczema is severe. Doctors are also increasingly using steroid creams proactively for only a couple of days a week ('weekend therapy'), even when the eczema is well controlled, to prevent future flares, as this has been shown to reduce the amount of steroids needed in the long-term.

> Wet Wraps

Sometimes, special pyjama-like garments (known as 'wet wraps') that are used for children, may also help certain areas of your body that have not responded to the usual topical application of emollients and steroids. Wet wraps can also be useful if you suffer from itch at night and cannot sleep, allowing you to have a better quality of sleep during times when the eczema is particularly bad. There are various ways of applying these garments and your nurse or doctor will be able to demonstrate the best way of application.

It is important to follow the advice of your treating practitioner for the length of time of wet wrap treatment, and it is important to have your skin re-assessed when the treatment comes to an end.

> Calcineurin Inhibitors

Calcineurin inhibitors are an alternative to steroid creams. There are two different preparations, Tacrolimus (0.03% and 0.1%) and 1% Pimecrolimus (also known as Protopic® and Elidel®), licensed for use in children over the age of two. Like steroid creams, they reduce the skin inflammation and can lessen itching.

These creams are suitable for use on almost every part of the body, as they do not thin the skin and are

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often used when steroids have proved unsuccessful, or are not suitable, for example, on sensitive skin around the eyes. Emollients should continue to be used as well as these creams.

A common side effect of these creams is a short-lived burning sensation on application, which is harmless and generally settles down after a few applications. These drugs are thought to be safe and effective in the short-term but their safety for long-term use has yet to be proven.

Good Practice

- The chore of a twice daily skin cream regime can become annoying, especially if your symptoms have improved. Remember that the symptoms have improved because the eczema is under control. Without the cream, it may flare up again. You now want to keep up the routine so that your hard work at keeping your skin healthy and hydrated is not ruined.
- Current medical guidance advises the best way to manage eczema and improve the quality of life for sufferers is to identify and avoid triggers while using the most suitable emollients, even when the skin is in good condition. Having a stepwise approach in place, where patients can use other treatments when necessary, provides a good support system to keep the eczema under control.
- Sometimes people react to the other ingredients in the creams, most commonly perfume/ fragrances, so any changes or worsening of skin condition needs to be reported to your doctor.
- Frequency of application of emollient varies but it could be two to four times a day. It can be useful to have extra emollients available should you need them when you are away from home. For example, keep spares at work or in the car.
- Don't be concerned about requesting emollient

prescriptions through your GP. The skin can take a large amount of hydration and it is not uncommon to use up to 500g of emollient per week. It is good to be able to use an emollient instead of other stronger medications to control your eczema. However, there are times when other medications are needed if the eczema has flared up.

- Sometimes alternative treatments to emollients, steroid and calcineurin inhibitor creams may be offered, such as phototherapy, immunosuppressive medication or dietetic advice. These are all specialist areas which you will need to discuss in depth with your health care practitioner.
- It is important to be aware of, and look for, the signs of bacterial infections (weeping and crusting), since the skin of eczema sufferers is more prone to infection due to the cracks and constant scratching.
- Severe eczema can sometimes lead to a hospital stay to treat serious skin infection.

> Tips

- Baths and creams should be undertaken before application of wet wraps and the skin should be patted dry, rather than rubbed, to avoid friction which could start irritation and scratching.
- Ointments can be messy, so prepare by covering up your clothes and the area in which the treatment will take place. For example, wear an apron or old shirt over your clothes and place towels on the bed if this is where you are going to administer the treatment.
- Check the ingredients of any other skin products you use, in case they contain irritants or fragrances.

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> Self Help

- Bacterial infections cannot always be avoided. It is important you take part in as many activities as you wish to. However, there may be times when covering the affected area will help reduce infection, such as at work, when playing sport or activities with animals.
- When outside take care not to allow skin to become sunburnt. There are specially formulated sunscreens available for eczema sufferers that do not contain some of the ingredients which may make the skin become more irritated. For further information contact Allergy UK's helpline. You should still keep up your skin care regimen of emollients and other creams and check with your doctor the suitability of sunscreens.
- There are now specialist clothing ranges available for eczema sufferers (for further details contact Allergy UK). Cool cotton or silk fibre clothes are ideal for eczema sufferers, as these allow the skin to remain cool and less irritated.
- In extreme cases, when the trigger for severe eczema is linked to your occupation and all avoidance and treatment options have failed, you may need to consider retraining or a change of occupation.
- Some specific brands of clothing are available on prescription. However, this would need further discussion with your prescribing doctor.
- When taking part in sports and showering afterwards, make sure emollients are used. It is particularly important to apply emollients before swimming, as the emollient acts as a barrier and chlorine or other chemicals may adversely affect the skin and cause irritation. When you are out of the pool, shower the pool water off and re-apply emollient.
- Keep nails short and clean to lessen the

trauma from scratching. Keep your home cool, particularly the bedroom, as a hot environment increases itching.

- Use non-latex, hypoallergenic barrier gloves for washing up and all household cleaning. Pharmacies and most good supermarkets stock these.
- Try relaxation tapes, meditation or mindfulness, as eczema can be exacerbated by anxiety and other forms of stress.
- Consider whether anything at work may exacerbate your eczema. Discuss any special requirements that you have in maintaining good skin care with your manager or occupational health department. This could include applying emollients in a clean location and using non-latex gloves or other protective clothing. You may also want to discuss the need for a non-chemical cleaning regime in your work space.

There are many other types of dermatitis/eczema, which are non-atopic, i.e. not triggered by allergens or related to allergy, such as seborrhoeic; pompholyx; irritant contact; gravitational/asteototic; discoid/nummular. Information on these is available from www.eczema.org

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