



PATIENT INFORMATION BROCHURE

ATOPIC ECZEMA / DERMATITIS

- Atopic eczema, otherwise known as atopic dermatitis or infantile eczema, is a chronic relapsing itchy rash/disease of the skin.
- The skin of a patient with atopic eczema reacts easily to irritants, food, and environmental allergens (cat/dog/dust mite) and becomes red, flaky and very itchy and vulnerable to infections caused by bacteria.
- The skin on the flexural surfaces of the joints (for example inner sides of elbows and knees) are most commonly affected.
- Atopic dermatitis often occurs with other atopic diseases like rhinitis, asthma and allergic conjunctivitis.
- It is a hereditary condition.
- Atopic dermatitis in older children and adults is often confused with psoriasis.
- Although there is no cure for atopic eczema, it can be treated effectively through a combination of prevention (learning what triggers the allergic reactions) and drug therapy.
- Atopic dermatitis most often begins in childhood/infancy and may persist into adulthood.
- It usually commences after the 3rd month of life as a weepy rash on the face and outer surfaces of arms and legs and then progress in later childhood as a dry scaly itchy rash commonly of the inner creases of the elbows and knees.
- "It's not the eruption that itches, but the itch that erupts."

PREVENTION

Diet

- Institute general allergy prevention measures in high allergy risk newborns. These include avoidance of parental smoking during pregnancy and after birth and breast

feeding until at least 4 months of age.

- About 30% of children with eczema will develop food allergy. This usually affects very young children with severe uncontrolled eczema, but can also affect children with mild eczema.
- It is important that a proper diagnosis of food allergy be made before changing the diet of young infants (See brochures on food allergy).

Clothing

- Children should avoid hot humid and cold dry weather, excessive sweating, woollen or synthetic clothing close to the skin and perfumed soaps.
- Cotton underwear, clothing and bed linen are recommended.

Detergents/skin irritants

- Non-biological washing powders should be used, and fabric softeners are not recommended. Bubble baths, household antiseptics and medicated soaps are best avoided.
- Swimming pool chlorine may also irritate and dry out the skin.
- Local household skin irritants include wool, mohair, nylon and feathers.
- House dust mites as well as dogs and cats may aggravate eczema.

Washing

- Bath water should be lukewarm and moisturising emollients must be applied to the skin within 3 minutes of patting the skin dry (never rub the skin dry).
- Use non-perfumed soaps.
- If non-perfumed soaps irritate the skin then try aqueous cream.
- 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 non-allergenic lightweight cotton clothing, taking care not to overdress or overheat.

- Cotton gloves and short fingernails may reduce scratching.
- Elbow splints may need to be applied to stop intractable scratching at night.
- If house dust mite allergy is present, use mite-occlusive bedding.

Immunisations

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

TREATMENT

Moisturisers/emollients

- Moisturising creams and ointments, the mainstay of eczema treatment, are safe and should be applied liberally several times a day, to hydrate and protect the skin.
- Some people may find that products irritate their skin; if this occurs another product should be tried. Different emollients include emulsifying ointment (HEB), *cetomacrogol*, *Ultrabase* and *Oilatum* cream.
- Sometimes coal-tar is applied to treat thickened skin.
- Aqueous cream should be not used as a moisturiser.

Cortisone/steroid creams

- These produce rapid relief and are used for short periods to settle eczema flare-ups.
- They may also be used for longer periods when diluted in an emollient in which case treatment should be tapered off slowly.
- Their long-term use may lead to thinning of the skin.
- Cortisone tablets or injections are not recommended, and while they may provide transient improvement, may cause a worsening of eczema.

Antibiotics

- Eczema sufferers are more prone to skin infections (bacterial, fungal and viral,

including the common wart!).

- Antibiotic creams and occasionally oral antibiotics are prescribed to treat infected eczema which may present as sudden development of crusting, oozing and redness of the skin.

Antihistamines

- The older sedating-type antihistamine tablets or syrups such as Aterax may reduce itching especially at night.
- Antihistamine creams may sensitise the skin and should be avoided.

For additional reading visit: http://en.wikipedia.org/wiki/Atopic_dermatitis