Practical Management of Atopic Eczema

Annual Scottish Paediatric Allergy Study Day

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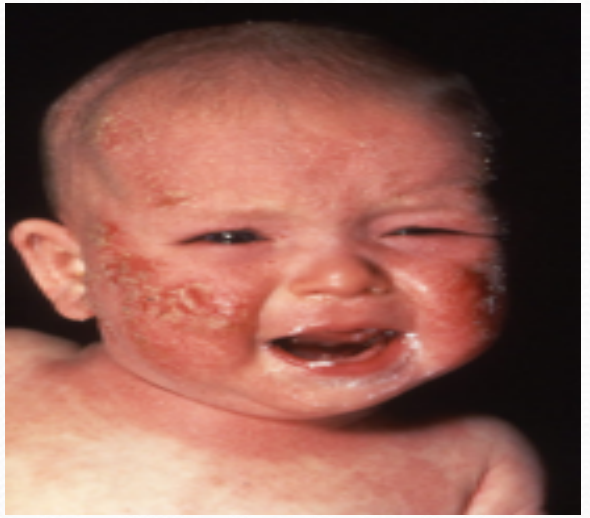
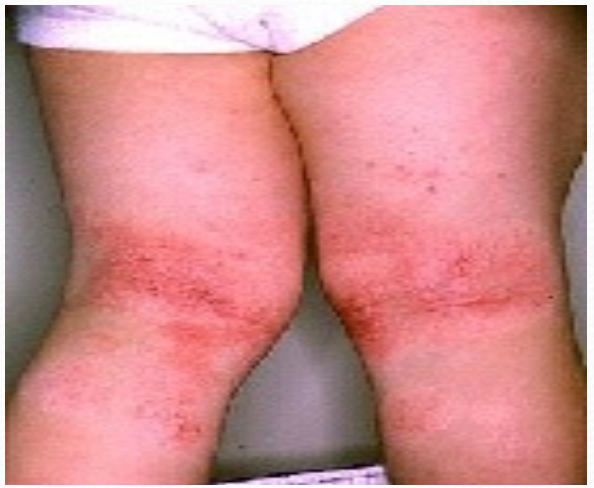
Atopic Eczema: Aetiology

- Genetically determined condition
- Usually presents in infancy 3-12 months
- Associated with other Atopic conditions
  - Asthma, allergic rhinitis
  - Elevated IgE
- Tends to be long term
- 60% clear by their teens (BAD 2013)

Lesion Assessment

- Widespread macular rash
- Patchy erythema
- Vesicles, erosions, exudate, crusting
- Excoriations
- Flexural/extensor areas in infants
- Scale
- Lichenification



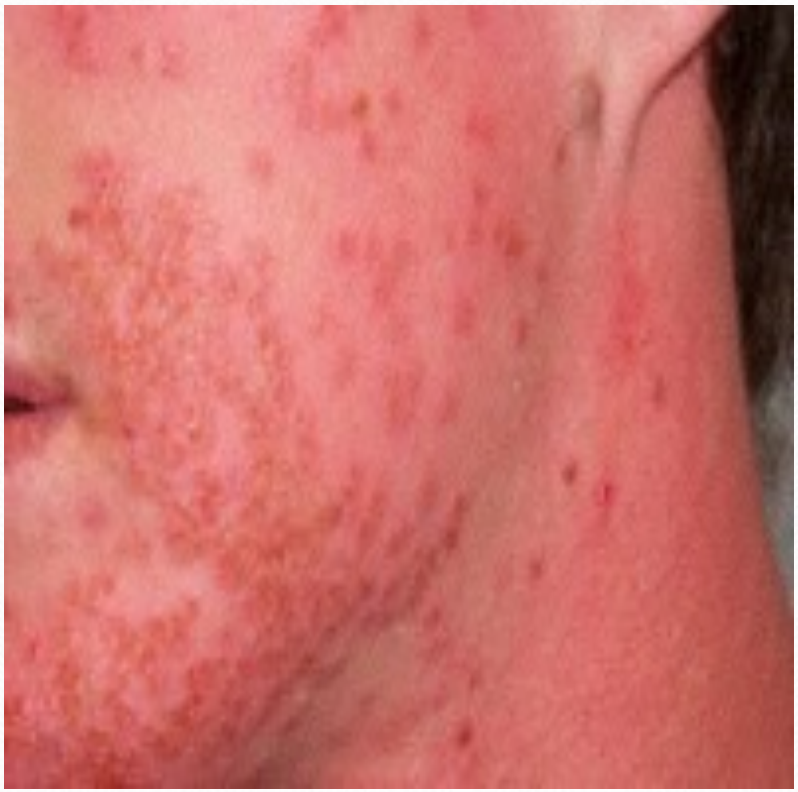


Diagnostic Criteria

- **Itchy skin** plus 3 of the following
  - Onset below 2 years
  - History of flexural involvement (cheeks)
  - History of dry skin
  - Personal or immediate family history of other atopic disease
  - Visible flexural involvement or extensor areas in children under 18 months

BAD/NICE/SIGN Guidelines

Complications and Considerations



- Bacterial Infection (staph/ strep)
- Viral-Eczema Herpeticum (Herpes Simplex)

Advice to Parent/Carer

- Cotton/silk clothing
- Cotton gloves to prevent damage from scratching
- Local dermatology nurse team can help with education, psychosocial support and long term management
- Written information available from following websites
  - National Eczema Society
  - British Association of Dermatologists
  - Primary Care Dermatology Society
- Reduction of trigger factors – wool, soap, fabric conditioners, heat, house dust mite, animal dander

Practical Management

- Manage underlying skin condition
  - Emollients -wash
  - Emollients –bath
  - Emollients -moisturise
- Manage Eczema
  - Topical corticosteroids (active and maintenance*)
- Manage Complications
  - Topical antibiotics, antiseptics, antipruritics
  - +/- oral antihistamines
  - Oral antibiotics**
  - Occlusion with tubular bandages, paste bandages, garments, wet wraps, duoderm, cavilon

*SIGN Guidelines 125 Management of Atopic Eczema (2011)

**PCDS Guidelines (2012)

Emollients

- Help preserve barrier function of skin
- Help replace water loss / seal stratum corneum
- Reduce scaling
- Some intrinsic anti-inflammatory action
- Apply regularly and liberally
- Amounts – 250-500g per week for a child

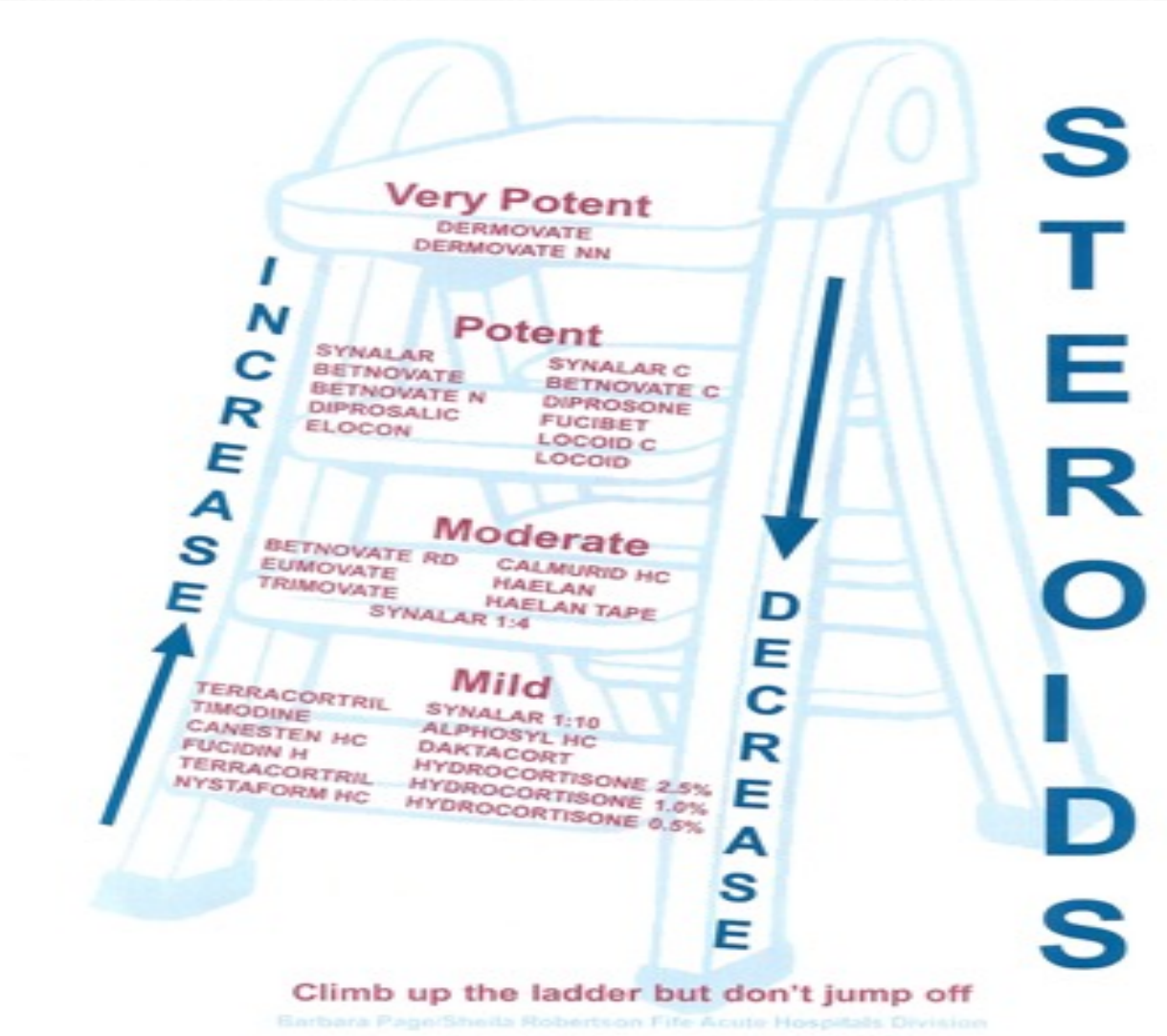
Ointments and Creams

- Ointments
  - low water content
  - dry fissured skin
- Creams
  - water > lipid
  - weeping moist skin
- Lotions
  - water >> lipid

Topical Steroids

- Used in combination with emollients
- Anti-inflammatory effect
- Teach parents/carers the steroid ladder
- Exact and detailed instruction re usage
- When to apply : how much to apply : where to apply
- Steroid phobia major cause of non-adherence (Smith et al 2010)

Topical Steroid Ladder



Antihistamines

- Sedative antihistamines are more effective in reducing the itch of eczema
- Chlorphenamine maleate (Piriton)
- Hydroxyzine hydrochloride (Atarax / Ucerax)
- Promethazine hydrochloride (Phenergan)

Bandages

- Tubular
  - single layer
  - wet wraps
- Paste bandages
  - ichthammol / zinc
- Garments
  - tubular and silk

Severe Eczema: other treatments

Check adherence to treatment – this is the commonest reason for treatment failure

- Inpatient management
- Topical immunomodulator
- Phototherapy
- Systemic agents
  - azathioprine
  - methotrexate
  - ciclosporin

Conclusion

- The most common chronic inflammatory childhood skin disease
- Treatment is with emollients and anti-inflammatory agents
- Education and support is the key to adherence of therapy

Useful Information and Contacts

- British Association of Dermatologists

  www.bad.org.uk
- Primary Care Dermatology Society

  www.pcds.org.uk
- Patient Support Groups
  - National Eczema Society

    www.eczema.org