

Patient information

Eczema Management

Management plan for:

Date:

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	For areas of skin that are	Treatment	When	For how long
Step 1	Soft, healthy, no itch	Barrier	2 x a day morning and evening	12 weeks of normal healthy skin with no flares.
Step 2	Dry itchy skin Mild redness only	Mild steroid ointment	1 x a day at bedtime	Until skin is completely clear and then for a further 4 - 7 days. If skin does not improve in 4 days or has not completely cleared in 7 days go to step 3.
Step 3	Dry red itchy patches, scaling, thickening, poor sleep OR No improvement at all after 4 days of step 2 treatment or skin not completely clear after 7 days of step 2	Moderate steroid ointment	1 x a day at bedtime	Until skin clear and then for a further 4 to 7 days and then back to step 1 If skin not clear in 7 days go to step 4

Step 4	Frequent flares (less than 4 weeks between flares) when steroid reduced or suspicion of food, animal, pollen or other triggers OR crusty oozy rash OR fever and rash worse and unwell OR no response to step 3 after a week	Contact Dr Lakshman for urgent review Phone on 01284 713748 Email: raman.lakshman@wsh.nhs.uk Or via his secretary: sam.gilhart:@wsh.nhs.uk If Dr Lakshman away contact GP for urgent review
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What is the aim of eczema management?

Eczema is caused by a defect in the skin barrier proteins. Various triggers may play a part in worsening eczema or causing flare ups. We cannot cure eczema but we can manage it well so that these children have a good quality of life, sleep well and the inflammation does not damage their skin. There are effective treatments available to treat eczema so that the skin returns to normal. In a large number of children the eczema becomes easily manageable with only occasional flare ups that subside if treated promptly. As children grow older, in some of them the eczema becomes less severe or may disappear altogether.

Why is proper management of eczema important?

Eczema is common, affecting 1 in 5 children below 5 years of age. Poorly treated eczema damages the skin and can cause premature aging of the skin. It may also increase the risk of other conditions like food allergy, hay fever and asthma. It causes a lot of distress, disturbs sleep and has a huge impact on quality of life of both children and their parents.

Is it safe to use steroid ointment and creams?

Yes, provided it is under specialist advice and used as directed. An eczema flare up cannot be treated with emollients; it does need an anti-inflammatory medication and the only ones available are steroids or ointments and creams such as Pimecrolimus (Elidel) and Tacrolimus (Protopic) which work like steroids.

Some doctors mistakenly prescribe weak and inadequate amounts of steroids. The information leaflets that come with steroid medications often warn against applying too much and parents are understandably very anxious about using steroid creams and ointment. The scientific evidence however is that these creams are necessary to manage eczema and, when appropriately used they are very unlikely to thin the skin or cause steroid side effects.

Which is better – ointment or cream?

Ointments are always better than creams, as they provide more protection and do not have any preservatives in them. However on the scalp or other hairy areas you may need to use a lotion or cream.

What should we use on skin that is prone to eczema but currently soft, normal looking and not itchy?

Use a barrier ointment - see step 1; this prevents the skin drying out and has no steroid in it. Apply liberally: a 500g tub/pump should not last more than 3 weeks. Apply in the direction of hair growth. There is no need to rub this into the skin.

You could use this to *Soak and Seal*: soak the skin in lukewarm water for 10 minutes and then pat dry and apply the ointment to all skin within 3 minutes.

What should we use for areas of skin that are red or itchy or scaling?

Use a steroid ointment – see step 2: If the redness, dryness and itching is mild, we can use a mild steroid.

However, if the redness, dryness and itching is more, then we can use a ***moderate steroid – see step 3***. The barrier ointment (step 1) cannot treat dry, red, itchy areas. These areas have inflamed skin.

Use 1 adult finger tip unit (FTU) to cover 2 adult palm areas. One application a day is adequate.

You can use *Soak and Seal* with this ointment too: soak in a bath of warm water for 10 minutes, pat dry and quickly apply the ointment to all eczema and eczema prone areas, so that this is done within 3 minutes. You should see improvement within 3 or 4 days and the skin should be back to normal within 7 to 10 days.

Once the skin is clear, continue applying the ointment to the areas where the skin now looks clear (but had flared up) for another 4- 7 days, to try and reduce the chance of a further flare up.

Once this has been completed, you can go back to using the barrier ointment/step 1 twice a day. If you find that there is no response to the mild steroid ointment/step2 (no change after 3 or 4 days or skin not completely cleared in 7 days) move up to moderate steroid ointment/step 3 unless you suspect there is some infection, in which case contact your GP or Dr Lakshman.

How much steroid use is safe?

The steroid ointment is to be applied only on itchy red inflamed areas and on areas that are likely to become inflamed. The advice is to apply 1 adult finger tip unit (FTU) to cover 2 palm areas. One finger tip unit has 0.5g of the ointment. One application a day is adequate. An infant may need 1 FTU for both cheeks, 1 FTU for both elbows and 1 FTU for each leg below the knee. This adds up to 4 FTU per day which is 2g per day. For a 2 week course we would need a 30g tube.

How do we manage children where the eczema flares up frequently (less than 4 weeks between flares) and seem to be unable to come off the steroid ointments?

There are a small number of children and babies who have very difficult to treat eczema and some of these children do need to continue on some steroid treatment for a few months. However in many of these children the skin can be managed by 2 applications of steroid per week; for example only on Saturdays and Sundays.

In this group of children it is helpful to look at triggers; these may be infection or animal dander or foods or pollen. Some of these children may benefit from non-steroid anti-inflammatory creams like protopic or Pimecrolimus (Elidel). Liberal use of emollient can also reduce the number and severity of flare ups, though it cannot treat flared-up skin.

What other measures can help manage eczema?

1. Use of cotton clothing against the skin and avoiding irritants like wool. Sand can irritate the skin. Long hair can irritate the skin around the neck.
2. Avoiding scratching the skin; children who are 3 years or older can be taught to pat the skin rather than scratch it.
3. Keep nails short. Babies may benefit from wearing mittens.

4. Avoid soaps; use plain water or emollients added to water. Avoid bubble baths and perfumed and coloured agents and soaps.
5. Use hypoallergenic sunscreens, for example from the Sunsense, Uvistat or Crooks E45 ranges. Test it on a small area first.
6. Antihistamines given orally may help if there is recurrent hives associated with eczema. They may also aid sleep.
7. Wet wraps can cool the skin and reduce itching. They can be used overnight and also during the daytime (changing once in 6 hours). Cool compresses can be applied for 5 minutes to the face every hour to reduce itch and inflammation in severe flare ups.
8. Children should sleep in their own bed with a cotton sheet and a thick cotton blanket. The room should be kept cool as heat increases itching. Thick quilts can be too warm and also attract house dust mites.
9. A number of things besides infection and allergies can worsen eczema. This includes emotional stress.
10. Eczema flare ups may come and go in spite of best efforts. Prompt and adequate treatment (the right strength of ointment for the right duration) will minimise the impact of the flare ups. In 3 out of 4 children the eczema is very much better and easier to manage with fewer and milder flare ups by age 5 years. The main cause of treatments not working is anxiety about using prescribed medication and under-use of steroid ointments. If flare ups are treated promptly and adequately they become less and less intense and less frequent.

Keeping a record of the severity of eczema

Use Po-scorad app – and email this to Dr Lakshman

1. Measure % of body covered by eczema: one palm of child is 1%.
2. Measure dryness of the unaffected skin: slight, moderate or extreme.
3. Measure how bad the eczema is on the worst part: How red? How much swelling? Are there crusts or oozing? Any scratch marks? Thickening? Score each as slight, moderate or extreme.
4. See if there are any blisters and peeling skin; any bleeding or cracked skin.
5. Measure how much it is affecting sleep and how much day-time itch: score from 0 to 10.

Summary

Are you clear about different aspects of eczema? If you are not clear about any of the following please ask Dr Lakshman for clarification:

1. What causes Eczema?
2. What is the role of diet in eczema?
3. What medications are used in eczema?
4. What are the side effects of medications used in eczema?
5. What things can cause eczema flare ups?
6. Is there any medication besides steroids for eczema?
7. What non pharmacological treatments may help manage eczema?
8. What is the connection between eczema and other allergies like asthma and food allergy?
9. Is there anything that can be done to prevent eczema in the next child?

Ways to contact Dr Lakshman

By email	raman.lakshman@wsh.nhs.uk
Or via his secretary	sam.gilhart@wsh.nhs.uk
Or via phone	01284 713748

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<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

