

Eczema Expert

Parent and Carer Information

Community Dermatology Service

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Introduction

Around 20-25% of children in the UK now suffer from Eczema. Unfortunately, despite ongoing research, a cure for this condition is still unavailable. However, Dermatology Specialists know that with the correct knowledge and treatment, childhood eczema can be very well managed in the majority of children with most experiencing symptom free days.

Eczema Expert is a 3 step approach that has been designed to provide you with a choice of suitable treatments and the knowledge you require to assist in controlling your child's eczema:

Step 1	AVOID irritants and aggravating factors
Step 2	REPAIR and maintain the skin barrier
Step 3	REDUCE redness, soreness & Itch

Scan the code to watch the **Eczema Expert** video:



Or go to the following link:

https://www.youtube.com/watch?v=gc32ATk_Rac

Step 1: AVOID irritants and aggravating factors

Children are often sensitive to a number of different allergens and irritants which may or may not be obvious to a parent. We therefore advise a common sense approach to minimising your child's exposure to the more common allergens and irritants:

Soap, shower gels and bubble baths should definitely not be used if your child suffers from eczema. This is really important in the long term control of your

child's eczema as these products can damage the skin barrier. Emollients should be used instead, and a choice of these, have been provided in your Eczema Expert kit. These will clean your child's skin just as well as soap. They should be applied to your child's dry skin before entering the water then washed off before they leave the water. Do not wash your child with water alone as water can also be very drying to the skin.

Clothes made from wool, nylon and other man-made fibres can aggravate eczema. Cotton clothing and bedding is best for a child with eczema, but some children can also tolerate silk or smooth modern man-made fibres as it is the softness of the material that is important. Cutting the labels out of clothing and buying clothing with no seams where possible can also help as these may cause irritation.

The house dust mite is a microscopic creature which lives in all our homes. It's most happy in our mattresses and carpets where it feeds on our dead skin. The house dust mite's droppings are another common allergen which can be reduced by regular hoovering and dusting with a damp cloth.

Soft toys and furnishing should be kept to a minimum. We know that some children get great comfort from soft toys and blankets but try to allow your child only one or two of these and ensure that they are washed regularly at a temperature of 60 degrees or above. Alternatively, you could put them in the freezer for one hour as this is also an effective method of removing dust mites. Special anti-house mite mattress and bedding covers are available and may be worth a try should your child's eczema remain poorly controlled.

In addition if your child's eczema is severe, you may want to replace your child's bedroom curtains with plain roller blinds and consider replacing carpet with wooden, tiled or lino flooring if you are financially able to do so.

Pillows and duvets that contain feathers are not advisable; synthetic alternatives should be used and washed regularly. Should your child's eczema remain poorly controlled you may wish to think about investing in hypo-allergenic bedding.

The extremes of temperature can aggravate eczema. Dressing your child in layers of loose clothing, to take on or off as necessary, may help. Keeping

rooms cool, (particularly your child's bedroom) especially where central heating exist is advisable. Fans and cooling systems can be useful during hot weather. Using a greasier, thicker emollient on exposed body areas like the face during colder weather, can help to improve the barrier against the wind and cold.

Animal hair and dander can aggravate eczema and so domestic animals can be a problem for children with eczema. If you do not already have a pet it is probably best not get a pet that has fur or feathers. If you already have a family pet, you should keep your pet out of the child's bedroom, Hoover more often, brush your animal regularly to remove any loose fur and wash the dog's bedding more regularly. If your child's eczema is severe and it is clear that being in contact with your pet is making your child's eczema worse, then re-homing your animal may be your best option.

Cigarette smoke in an enclosed space can irritate eczema as well as posing threats to your child's health through the effects of passive smoking. It is advisable that if you do smoke, you should do this outside.

Foods such as citrus fruits and tomatoes can aggravate eczema around the mouth, which is often made worse by dribbling in babies. It is helpful to apply a greasier emollient such as Zeroderm ointment as a protective barrier around the mouth 2-3 times daily and prior to meals. You may then apply this or a lighter emollient again after cleaning the food from your child's face.

Chlorine in swimming pools can be a problem for some children with eczema and swimming should be avoided if your child's eczema is cracked and sore until it has healed. The thin application of a thicker, greasier emollient, like Zeroderm ointment, may help to act as barrier and should be applied before entering the pool. Beware, as this will make your baby or child difficult to handle in the pool but the use of a sun or body swim suit will help. Your child should be showered immediately after they get out of the pool and their emollient applied before they get dressed.

Scratching may be alleviated by applying more of your child's emollient and/or gently applying pressure or patting their skin. Keeping fingernails cut short and applying scratch mitts to babies hands can also be helpful.

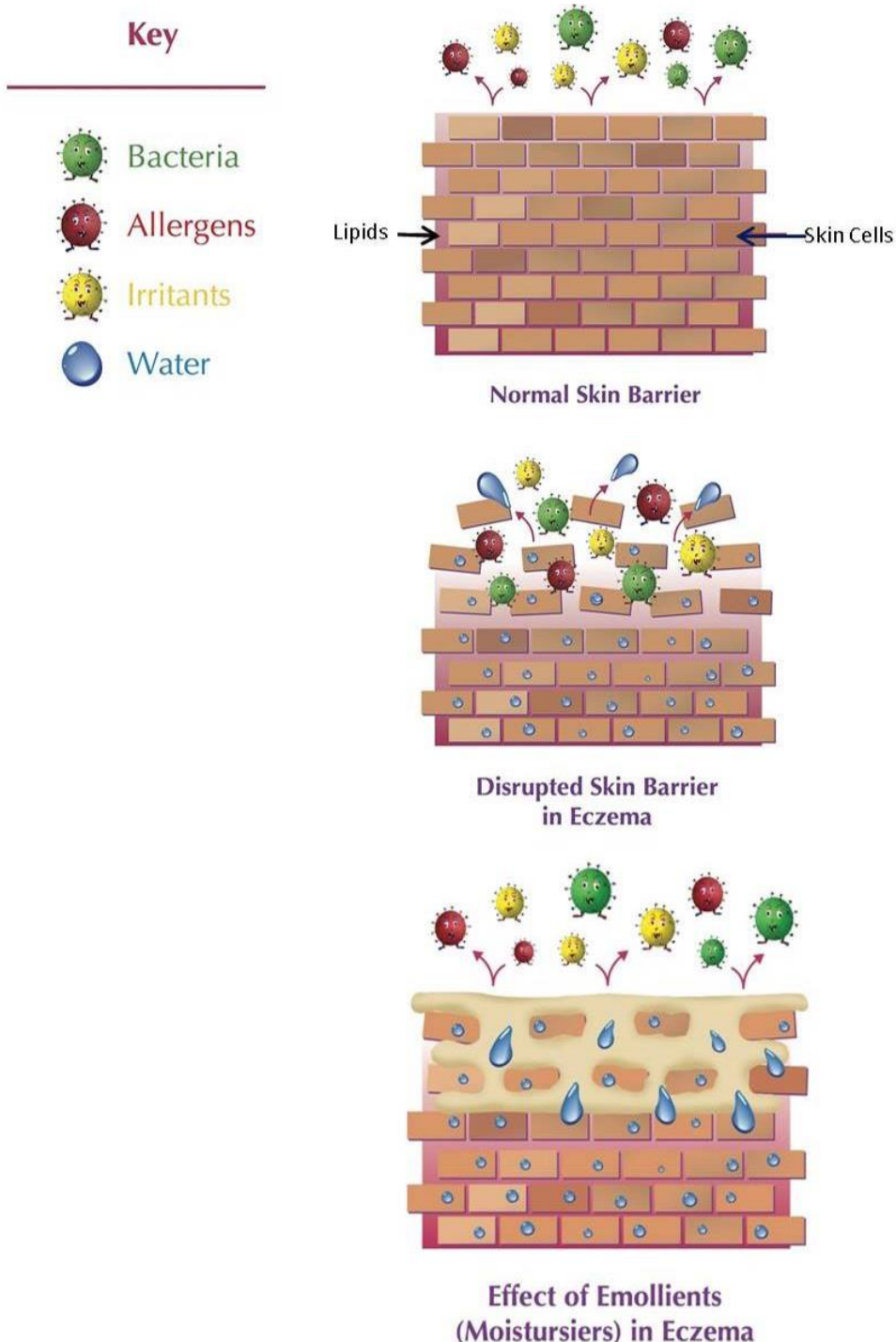
Step 2: REPAIR & maintain the skin barrier

The second step in controlling your child's eczema is repairing and maintaining their skin barrier function with the use of a good emollient regime.

Health professionals always prescribe **emollients** for children with eczema.

These are **medical moisturisers** that aim to replace some of the lipids or oils that surround the skin cells which are missing in skin that has eczema.

Emollients help to reduce water loss, keep allergens out and **repair the skin barrier function**. They also **soothe**, help to **reduce redness, irritation and itching**.



The effect of the emollient is temporary with each application of most emollients only lasting around 4 to 6 hours. It is therefore important, that during flares of your child's eczema they are applied **3-4 times a day** in order to maintain the barrier function of their skin, keeping water in and irritants and bacteria out.

There are **many different emollients** available and we know that this can make it difficult to choose one for your child. **The Emollient ladder**, which can be seen in the video, is a tool which we have designed to make it easier for you and your health professional to make that choice. It displays **all the emollients that your GP or health professional may prescribe for you on NHS prescription**. Alternatively you may wish to purchase your own moisturiser that is 'suitable for babies' or 'skin prone to eczema'.

You have been provided with a choice of **4 different emollients**, one from **each step of the emollient ladder**, for you to trial on your child's skin:

Very Greasy - Zeroderm Ointment

Greasy – Zerodouble Gel

Creamy – Epimax Cream

Light - E45 Lotion

The lighter emollients contain the least grease and most water. The amount of grease increases as we step up the ladder, graduating to the very greasy emollients at the top which are just pure grease. The lighter the emollient, the easier it tends to be to soak in. These can be really helpful if the eczema is on a child's hands, if the child really doesn't tolerate greasier applications, or in older children, if the affected skin is hairy. However, this can also mean that more applications of emollient may be required to gain control of your child's eczema.

Very greasy emollients are messier to apply and can stain bedding and clothing. They usually tend to work faster and do not usually contain preservatives. They are, therefore, less likely than creams, gels and lotions to cause irritation or stinging. Ointments and thicker creams also have a great barrier function and if your child suffers from facial eczema, it can be useful to apply one of these before your child eats, to avoid the irritation of food, or before they go out in cold weather. You may prefer to use a greasier emollient at night and a lighter

emollient throughout the day but you may find initially that your child requires a greasier emollient 4 times a day in order to gain control.

It also depends on how dry your child's skin is as to how much grease is required. A general rule is that the drier the skin, the greasier the emollient should be. So for example very dry skin is best treated with an ointment, moderately dry with a cream or gel, and slightly dry with a lotion.

Creams that contain urea can be helpful where the skin is thickened or remains very dry despite the use of a greasy emollient. These creams do tend to sting more, especially if the skin is broken.

It is best to bathe or shower your child daily during flares in their eczema as this will help to remove dead skin cells and any bacteria that is able to stick to and invade inflamed skin, much easier than normal skin. If you feel it helps your child, it is also ok to bathe more frequently so long as a soap substitute is being used. **Any of the emollients you have been given may be used to wash your child's skin. They are easier to apply whilst your child's skin is dry and before they get into the shower or bath.** They can simply be rubbed off with your hand, a face cloth or a sponge just before your child is ready to get out. The greasier the emollient, usually the more of a 'thicker, soapy' feeling it has. If a face cloth or sponge is used, make sure it is a clean one each day, as damp cloths and sponges provide a breeding ground for bacteria.

The **bath water should be warm but not hot.** If the water is too hot this may cause your child to start itching. Take care to wash the bath out thoroughly after you have used emollients as these can make them **very slippery and dangerous.** It is a good idea to use a slip resistant bath or shower mat to avoid any accidents. It's best to **dry your child's skin by patting gently with the towel as opposed to rubbing** and to apply your child's emollient immediately after drying as this will help to trap moisture into their skin.

Step 3: REDUCE redness, soreness & itch

The third step in controlling eczema is the reduction of redness, soreness & itch with the use of topical steroids. Topical steroids were first introduced in 1951 but became widely available in stronger preparations in the early 70's. This proved a very effective and a welcome treatment for eczema sufferers but unfortunately incorrect use of these stronger preparations over long periods of time, led to skin thinning with side effects including permanent stretch marks and increased vein visibility.

This has given topical steroids a bad name with the **risks being exaggerated over the years**, making some patients and families understandably worried about using them. However, **with milder preparations now available and correct application, side effects thankfully are very rare** and only tend to be seen with the stronger potent and very potent preparations, and only if these are used inappropriately for long periods of time.

Topical steroids reduce inflammation or redness, soreness and itching which allows for the repair of the skin barrier and, more importantly making your child feel comfortable. They are an excellent way to control flares in your child's eczema. Steroids come in **4 strengths mild, moderate, potent and very potent**. As babies and children have thinner skin, the mildest strength steroid that may be effective is usually chosen but a more potent steroid may sometimes be required to gain control of your child's eczema. However, due to the potential side effects the following rules should always be adhered to:

- **Only mild steroids should be used on the eyelids and this should not be for more than 7 days each flare**
- **Potent steroids should only be used with the supervision of a health professional experienced in Dermatology and should never be applied to the face, genital/nappy areas, armpits and groins.**
- **Very Potent steroids should not be applied to children's skin.**

Steroids also come in **two types: plain and with antimicrobials**. If your child is prescribed cream or ointment that contains an **antibiotic treatment, this should only be used for a maximum of 7-14 days**. This is important, as if you use treatments that contain antibiotics long term to control your child's eczema, the bacteria can become resistant to that treatment. If the eczema has not cleared with this your child should see their GP. If their eczema has cleared with this then a plain steroid, either of the same strength, or a reduced strength should be used to maintain control of your child's eczema when it flares again. The treatment that contains antimicrobial **can be used again for another course of treatment if your child's eczema becomes infected**, but if your child's skin is getting **infected regularly they should see their GP**.

Your GP or health professional can prescribe **Hydrocortisone 1% cream** if your child's skin is red and itchy despite the frequent use of their emollient. This is

one of the mildest topical steroids available and can be used anywhere on your child's body, including the face and scalp. The hydrocortisone **should be applied to any red areas** which have been highlighted by the application of your child's emollient both **morning and night**. It may be applied as soon as the emollient has soaked into the skin (which is when you can no longer see the emollient). Care should be taken to apply the hydrocortisone 1% **accurately** by 'colouring in' with your finger any red/pink areas that stand out.

Topical steroid may be applied to the affected areas of skin before your child's emollient but, if you choose to apply the treatment in this order you must leave at least 30 minutes before applying their emollient, as applying this before would dilute the strength of the steroid and also spread it to areas of skin not requiring it. The application of topical steroid should be **repeated twice daily until you can no longer see or feel the eczema patches** and should be **recommenced as soon as they reappear**.

The information sheets inserted into topical steroid boxes often state that steroid creams and ointments cannot be used on broken skin. This advice is given because steroids are more easily absorbed through broken skin, but, as long as they are used as described in this leaflet and stopped when the skin returns to normal, they are perfectly safe. The skin is often broken and cracked in eczema and topical steroids are one of the best ways of helping the skin to return to normal.

Occasionally, and especially if the eczema flare has been more severe, **the skin where the eczema has cleared, may look lighter or darker** depending on the child's skin colouring. This should return to normal within a few weeks, or sometimes a little longer, so long as good control of your child's eczema is maintained.



It is **really important that steroid free days or “steroid holidays” are achieved when using topical steroids** to avoid long term side effects, especially when using potent steroids; it is **equally important that topical steroids are used immediately on re-occurrence of your child’s eczema** so that any flares are nipped in the bud.

We would initially expect that you might only get between one or two days between flares but if you continue to use your child’s topical steroid immediately when their eczema returns the **days between flares will, hopefully, get further and further apart**. If your child’s eczema is not starting to clear with the application of an emollient 4 times a day and hydrocortisone 1% twice a day after 1 week, you should continue with the treatment but make an appointment with your GP or health professional for a review. Where your child’s skin has become thicker, due to more severe eczema, the application of topical steroid may be required for a little longer.

For further information on local and national resources to help you manage your child’s eczema please go to the following links:

Visit: <https://www.wwl.nhs.uk/>

- If using a mobile click on Navigation then into Patient Services
- If using a desktop click on Patient Services
- Or scan the code to visit our service directory



On this page we have links to our Dermatology in the Community [Dermatology - Community](https://www.wwl.nhs.uk/Specialities/a_to_z/d/dermatology_community.aspx)

https://www.wwl.nhs.uk/Specialities/a_to_z/d/dermatology_community.aspx

and

Dermatology in the Hospital pages

[Dermatology - Hospital](https://www.wwl.nhs.uk/Specialities/dermatology.aspx)

<https://www.wwl.nhs.uk/Specialities/dermatology.aspx>

Please use this space to write notes/reminders.

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends and carers.

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Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



How We Use Your Information

For details on how we collect, use and store the information we hold about you, please take a look at our “how we use your information” leaflet which can be found on the Trust website: https://www.wwl.nhs.uk/patient_information/leaflets/

This leaflet is also available in audio, large print, Braille and other languages upon request. For more information please ask in the department/ward.

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