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Eczema in Paediatrics

Patient information leaflet

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إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
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Eczema:

Eczema (also called atopic eczema or atopic dermatitis) is a very common non contagious dry skin condition affecting approximately 1 in 5 babies and children in the UK.

Eczema is dryness, itch and redness to the skin. Eczema is usually hereditary, although some external factors can make it worse.

Allergies to house dust mites, animals, grass pollen and certain foods can also cause ‘flare ups’.

Eczema can be mild, moderate or severe and treatment of the eczema will depend on the severity. Eczema often appears in the first few months of life, and for most children their eczema often improves as they get older, however for some children with more severe eczema there is a possibility that this will persist into adult life.

There are common places on the body where eczema seems to be worse, skin creases, face and scalp. However there can be other areas in older teens/adulthood.

Your bath additive is……..……

Your steroid or combination steroid and antibiotic cream or ointments are:

For the face……..……..
Apply morning and evening

For the body……..……...
Apply morning and evening

Apply these as a thin layer on the affected areas and smooth them in gently. Allow 15 minutes for steroid creams and ointments to soak into the skin before putting on the moisturiser.

Eczema treatment plan:

Many families with eczema get confused with the number of different preparations they are prescribed – what should be used where, how much and how often?

This is a guide to help explain how you should use the various treatments your doctor has recommended.

Remember, not treating your child as directed may cause the eczema to become worse and possibly infected.

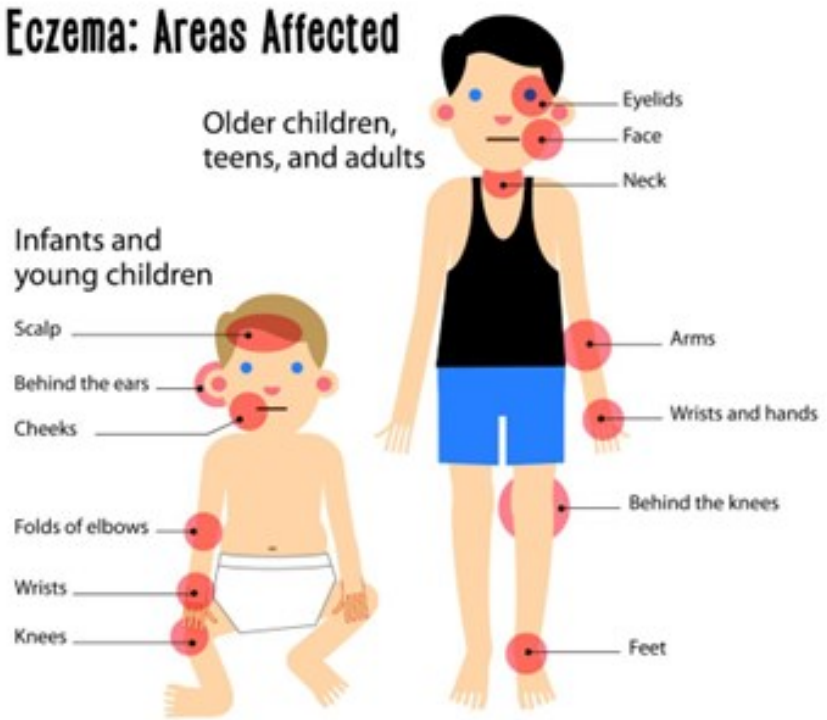
Your moisturiser is……

You should use this on all dry areas of skin, on the body and face every few hours if possible. Use plenty on dry skin as it will soak it up. An ideal time to apply moisturisers is a few minutes after a warm bath or shower while the skin is slightly damp.

Your soap substitute is……..……

All soaps tend to dry the skin leaving it feeling tight and itchy, and this tends to aggravate eczema. You can use this soap substitute instead for washing and cleaning your skin.

Apply some on your fingertips when the skin is damp, and rinse off with warm water. Dry the skin thoroughly with a clean towel afterwards**.**



Treatment or Cure?

The recommended first-line (basic) treatments for most cases of eczema are **emollients** and **topical steroids**. There are also special bath creams which add moisture to the skin which should be used instead of bubble bath or soap.

Antihistamines are not useful for treating eczema. Avoidance of known triggers will help minimise ‘flare ups’.

Emollients

These are products, which moisturise and soften the skin. They restore the elasticity and suppleness of the skin and help reduce the itching and scratching. Emollients are safe and should be used frequently as first line treatment.

These should include:

- A bath oil, such as Oilatum with regular baths once or twice a day.
- A soap substitute, such as aqueous cream.
- A moisturiser applied liberally to all areas of dry skin, at least twice daily, and if possible more frequently e.g. Emulsifying ointment.

Steroid creams:

The use of a steroid cream is a safe and essential part of treatment. Initially this should be applied daily or as directed by your doctor.

Specifically to the areas of inflammation that are red or pink areas. The weakest steroid cream necessary should be used.

A mild topical steroid, such as 1% hydrocortisone, is usually sufficient for most children.

Occasionally, a stronger steroid cream may be needed for more severe eczema. Your doctor will advise you on the best cream for your child.

Antihistamines:

Antihistamines can be helpful in managing the itch associated with eczema, particularly when it interferes with sleep.

While they do not treat the underlying skin condition, they can provide relief from itching and potentially improve sleep quality.

Non-drowsy antihistamines like cetirizine, loratadine, or fexofenadine are often recommended, especially during the day.

Antihistamines that cause drowsiness like chlorphenamine may be considered for night time use to help with sleep.