**Eczema**

**Patient/Caregiver Information**

**Paediatric Outpatients Department**

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**What is Eczema?**

Eczema (or atopic dermatitis) is a dry skin condition that becomes itchy and flaky. The skin can become inflamed (looks red), and may even get infected (gets weepy), particularly with scratching. It usually begins early in childhood. In babies, the rash often involves the face and in older children, the skin in the creases around the knees, elbows and ankles is affected. Some children have the skin over their entire body affected.

At times your child’s skin will look good and at other times it gets worse. This is part of the disease and not caused by bad care.

**Who gets eczema?**

Eczema occurs in about 15-20% of children and occurs in children with an allergic tendency. It runs in families and goes hand in hand with asthma and hay fever. Check with your doctor.

**Is there a cure?**

No, but there is a good chance that the eczema will disappear as your child gets older – most children grow out of eczema by six years of age. There is plenty you can do in the meantime to make the eczema better.

**How do I treat my child’s eczema?**

The aim is to keep the skin soft and moist.

1. Daily bathing is good practice, however to stop the skin getting dry, use a **bath oil** (i.e. Alpha Keri Bath Oil, Oilatum Plus, QV Bath Oil) and/or a **soap substitute** (i.e. Aqueous Cream, Emulsifying Ointment BP).

   If you want, you could use one treatment (i.e. Emulsifying Ointment) as a soap substitute and hold some under the hot tap while running the bath to make the bath water oily, and apply to the skin after the bath as an emollient/moisturiser.

   The bath water should be warm, not hot, as heat makes the skin itch. Apply the soap substitute before getting in the bath. The bath can become slippery so use a bath mat to avoid accidents. Limit the bath time to no more than 5 minutes (the time taken to rinse off the soap substitute). Pat the skin dry with a soft towel as rubbing may irritate the skin.

2. Use **emollients or moisturisers** to keep the skin soft and moist (even if the skin looks clear). They should be applied at least once a day (usually after a bath). If the skin is very dry, they should be applied more often, i.e. hourly. If you are using a steroid cream as well, wait at least an hour after applying the emollient/moisturiser before applying the steroid cream. Keep the emollient/moisturiser in the fridge to keep cool.

   Examples of emollients or moisturisers are: Healthy E Fatty Cream, Alpha Keri Lotion, Aqueous Cream, BK Lotion, Emulsifying Ointment, 50/50 Liquid Paraffin/White Soft Paraffin, and Cetomacrogel.

   It is sometimes helpful to change emollients after a few months and use another one for a while.
Will my child need steroid cream?
Most children with eczema will need a **steroid cream** to calm the inflammation in the skin some of the time. Children get flare-ups of their eczema (when the skin looks worse) and steroids will help calm these.

Are steroid creams safe?
There are different strengths of steroids, but moderate use of **mild** steroids is safe (i.e. 1% hydrocortisone). Occasionally there may be a need to prescribe stronger steroid creams (i.e. Eumovate, Elocon, Betnovate) and these should be used for only a short time (usually only for 3 days at a time and never for more than 2 weeks at a time).

Steroid creams only need to be used once a day. For best results leave at least an hour between applying the moisturiser and the steroid cream.

When should I use the steroid cream?
Keep the steroid cream in reserve for when the skin is inflamed – looking red and angry. Don’t apply to broken skin.

How much steroid cream should be used?
As a guide for a baby, use the last joint of an adult index finger and squeeze out a thin line of cream. This amount is enough for the face and neck, or the hands and feet, or one arm. Double this amount for one leg, and four times the amount for back and front of the body.

Finger tip units of cream or ointment required:

<table>
<thead>
<tr>
<th>Age</th>
<th>Face &amp; Neck</th>
<th>Arm &amp; Hand</th>
<th>Leg &amp; Foot</th>
<th>Trunk (front)</th>
<th>Trunk (back) incl Buttocks</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-6 months</td>
<td>1</td>
<td>1</td>
<td>1 ½</td>
<td>1</td>
<td>1 ½</td>
</tr>
<tr>
<td>1-2 years</td>
<td>1 ½</td>
<td>1 ½</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3-5 years</td>
<td>1 ½</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3 ½</td>
</tr>
<tr>
<td>6-10 years</td>
<td>2</td>
<td>2 ½</td>
<td>4 ½</td>
<td>3 ½</td>
<td>5</td>
</tr>
</tbody>
</table>

Are there other treatments for eczema?

1. There is a cream called Pimecrolimus (or Elidel) which is not a steroid. Elidel 1% can be used in children for short-term treatment of mild to moderate eczema and for intermittent long-term treatment (up to 12 months). It is not as powerful as strong steroids like Betamethasone valerate (Betnovate) and has not been compared to 1% hydrocortisone. It still needs to be used with emollients/moisturisers. Elidel can cause mild burning and redness when it is first applied but this improves over the first 5 days. We are not sure about long term side effects as yet.

2. Some children require strong medications taken by mouth to control their eczema but they need to be seen by a specialist for this.

Will changing my child’s diet help?

Some children get rashes soon after eating a particular food. If you notice this, remove that food from your child’s diet. However, most children with eczema do not seem to respond to changes in the diet.

Can my child have all the usual immunisations?

Virtually all children with eczema can have their normal immunisations (including measles). This includes children who have not eaten egg and those with an egg allergy.

Can my child go swimming?

Yes. Your child should shower after swimming if the chlorine or the swimming seems to worsen the eczema. Apply moisturiser after swimming and if necessary, before swimming as well.

What else can I do?

- Try and control scratching as this makes the eczema worse.
- Keep your child’s nails short and clean.
- Encourage rubbing rather than scratching.
- Consider cotton mittens at night to stop scratching.
- Use a moisturising cream, which is kept cool in the fridge, before going to bed.
- Try and distract your child when he/she is scratching.
- Loose cotton clothing will keep your child cool and comfortable.
- Avoid excessive exposure to sun – wear a sunblock (at least SPF 20).
- Avoid skin products that have perfume in them – buy unscented products.
- Some children benefit from an antihistamine (anti-itch medicine) at night.
- Some people find non-biological washing powder better for the skin than normal washing powder.
- Some children benefit from ‘wet wraps’ – the nurses can teach parents this technique.
- If the eczema is severe, measures to reduce house dust mites may help.
- If your child’s eczema becomes weepy, it may be infected and you need to see your doctor in case antibiotics are needed.