

Eczema

What is eczema?

Eczema, also called atopic dermatitis, is a very common skin condition that usually starts in the first few months of life. It cannot be cured but can be very effectively managed. Most children grow out of their eczema.

What are the signs?

Eczema is a complicated condition in which many things interact to cause the eczema including genetics, our immune system and the environment.

In people with eczema the skin's barrier function is impaired. Eczematous skin lacks the particular body oils, lipids (fats) and moisturisers that usually keep the skin healthy and intact. Bonds between the skin cells are not strong and this allows the cells to lose moisture, shrink and crack.

Healthy skin is like a brick wall with the skin cells (bricks) strongly bonded by special fats (lamellar lipids) and moisturising factors (mortar). Eczematous skin is like a brick wall without enough mortar (filaggrin protein which is defective). This allows the cells to shrink and crack allowing moisture to evaporate from the skin and allowing irritants, allergens, bacteria and viruses in.

What is the cause?

The cause of eczema is not well understood, but it tends to run in families. It clusters with other atopic diseases such as asthma, hay fever and allergies although certainly not all children develop these other problems.

How can eczema be treated?

Avoid aggravating factors as much as possible

Some aggravating factors are unavoidable, such as weather changes and getting sick with colds, ear infections etc.

Dryness

Avoid soap, shower gel and bubble bath. Use bath oil or soap-free wash instead. Keep the skin **well moisturised**. Moisturiser is best absorbed when applied straight after bathing or showering as this is when the moisturiser is best absorbed. Thick moisturisers are better than lotions as they are more moisturising and don't cause as much stinging. Some examples of good moisturisers include 10% glycerin in sorbolene cream, QV cream, QV Intensive, Dermaveen Eczema Cream, Cetaphil Ultrahydrating Cream, Epaderm ointment and Dermeze.

Exposure to irritants

This includes exposure to things such as:



- prickly materials like wool
- grass and sand
- heavily chlorinated pools
- dribble
- foods such as tomato sauce or citrus fruits (Vaseline can be applied around the mouth before eating).

Overheating

Children with eczema get hot very quickly and heat will aggravate their skin. Do not overdress and avoid heavy doonas on the bed. Do not use a heater in the bedroom in winter.

Infection

Eczema easily becomes infected with bacteria (particularly Staphylococcal aureus) and viruses (herpes cold sore virus, warts and molluscum). It is very important to keep children with eczema away from anyone with a cold sore or with school sores.

Treat active eczema and itchiness with steroid ointments

Cortisone (steroid) ointments are needed for areas which are inflamed and itchy. It is very important to start treating these areas as soon as they flare, applying the ointment once daily until all of the itch and roughness has settled. All areas of inflammation must be treated, not just the worst. One of the most common reasons eczema does not get better is underuse of these creams.

Are cortisone creams safe?

Topical cortisones are extremely safe when used correctly. Patients are often told these creams will thin the skin, but this is very rare as eczema tends to thicken the skin. There is very little absorption into the body so natural cortisone production is not affected.

Remember: Severe, uncontrolled eczema has much more potential to harm a child than using cortisone creams.

Eczema is not a trivial condition:

- Children become more prone to infection
- Sleep is disturbed by itching which affects daytime behaviour, concentration and learning ability
- As with other chronic illnesses, it can reduce growth
- It's embarrassing and can affect children socially

Should antihistamines be used?

Sedating antihistamines can be given during flares to help night time sleep. However, it is generally better to treat the eczema with creams than just to sedate them

Should allergy testing be done?

It is often thought eczema is caused by an allergy and will disappear once that substance is avoided. Unfortunately, eczema is not this simple.

Most children with eczema do not have any adverse reactions to food. When allergies are present, they are a problem in themselves but rarely are they the central driving force for the eczema. Most food allergies are obvious to parents, developing within 30 minutes to two

hours of consuming the food. They can present with vomiting or welts/ hives on the skin, often with some skin swelling. Allergy testing is helpful if the clinical picture is not clear (and is also very useful in monitoring allergies), but it will not pinpoint the cause of the eczema.

In older children, allergy testing can be helpful in identifying environmental allergies, such as dust, grasses and animal fur.

Should dairy and wheat be excluded from the diet?

The diet should only be changed if there is clear evidence of an allergy. This should always be done under medical supervision. If you have concerns regarding food allergies these should be discussed with your doctor.

Should we try “natural” treatments?

Unfortunately, the words “natural” and “organic” have become quite twisted and misused. Beware of creams and medicines where the ingredients are not known and where there is no quality control. Some “natural” products such as tea tree oil cause frequent allergies. Remember not everything that is “natural” is safe and not everything that is unnatural is unsafe!

What about supplements such as evening primrose oil and probiotics?

We still don't have enough evidence to promote probiotics. Evening primrose oil and fish oils have been well studied and do not help.

Can my child go swimming?

Yes. Swimming in outdoor pools and at the beach is usually helpful although it is best to **moisturise well** afterwards. Indoor heavily chlorinated pools are not ideal.

Can my child be vaccinated normally?

Yes. All children with eczema should have their immunisations. This includes children who have not eaten egg, have a family member with egg allergy or have an egg allergy themselves.

Can my child use sunscreen?

Yes, although most sunscreens will irritate very inflamed skin. In this situation, physical protection with clothing is better. Gentle sunshine exposure (definitely not sunburn) is helpful to most eczema.

Will my child grow out of the eczema?

90% of children gradually outgrow the eczema. Our general impression is that early and aggressive intervention with moisturisers and topical steroids helps children grow out of it faster.

This document can be made available in alternative formats on request for a person with a disability.

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