Practical Eczema Management

Emma King and Liz Moore
Dermatology Nurse Consultants
Dermatology Department
The Royal Children’s Hospital
Melbourne, Australia
9345 5510
Topics discussed

- Diagnosis of eczema
- Incidence
- Aggravators
- History and assessment
- Treatments
- Clinical Cases
- Contact details and clinics
### UK Diagnostic criteria

<table>
<thead>
<tr>
<th>Must have:</th>
<th>Sampson et al</th>
</tr>
</thead>
<tbody>
<tr>
<td>itchy skin</td>
<td>Major Features</td>
</tr>
<tr>
<td></td>
<td>family history of atopy</td>
</tr>
<tr>
<td></td>
<td>itch</td>
</tr>
<tr>
<td></td>
<td>typical picture, facial, flexures, lichenification</td>
</tr>
<tr>
<td></td>
<td>napkin, facial/mouth/nose area free</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plus three or more of the following:</th>
<th>Minor Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement in flexures</td>
<td>Xerosis/ichthyosis/hyperlinear palms</td>
</tr>
<tr>
<td>Personal history of atopy</td>
<td>periaricular fissures</td>
</tr>
<tr>
<td>Generally dry skin</td>
<td>chronic scalp scaling</td>
</tr>
<tr>
<td>Onset under 2 years of age</td>
<td></td>
</tr>
<tr>
<td>Visible eczema, forehead, extensors</td>
<td></td>
</tr>
</tbody>
</table>
How common is eczema?

- VERY! 10-20% of children in developed countries (Harper et al, 2000)
- Incidence has trebled over the last 30 years (Harper et al, 2000)
- 80% of children will develop eczema in 1st year
- 50% of children will clear by 2 years of age
- 85% of children will clear by 5 years of age
- About 5% of children with eczema will continue into adulthood
- Positive correlations of eczema with higher social classes and air pollution has been confirmed (Simpson, Hanifin, 2005)
Factors influencing poor prognosis

- Onset after 2 years of age (Vickers)
- Severe eczema in infancy
- Atypical location for age of the patient
- Eczema to extensors, wrists and hands to be more prone to persistence of eczema
- Severity and duration of eczema are correlated to the incidence of asthma
- Biparental history of atopy have shown to be unfavourable

(Harper, Oranje, Prose. 2000)
Effects on Life

- Intractable itch
- Sleep depravation
- Disruption to family life
- School/work absenteeism
- Parental marriage problems
- Teasing
- Chronic disease
- Low self esteem
What aggravates eczema?

- Heat
- Dry skin and environment
- Prickle
- Allergies
- Irritants
- Infection
What makes eczema hot and itchy?

- Too many clothes
- Hot baths >29 degrees
- Too many blankets
- Hot cars
- Sport/running around
- Heaters
- Hot school classrooms
What makes eczema dry and itchy?

- Soap, use bath oils or washes
- Air blowing heaters
- Swimming pools
- Their dry skin
- Australia!!!!

Therefore apply moisturiser from top to toe regularly and more often when flaring
What prickles eczema and makes it itchy?

- Animal hair/dander
- Woolen clothes/fabric
- Sharp seams
- Tags
- Sand pits
- Rough fabrics
What irritants aggravate eczema?

- Saliva
- Chemicals
- Detergents
- Water
Taking a good history

- First appointment is important in managing the eczema effectively and gain the trust of the patient and family
- Family history
- Coexisting atopic disease
- Immunization
- Allergies, tests, diet manipulation and adequacy
- Growth
- Previous treatments used and outcomes
- Most distressing element
- Sleep disturbance
- Environmental aggravators, assess heat/prickle/dryness
- Effect on family life, school
- Parents expectations from treatment
- YOUR expectation from treatment
Assessment

- Completely undress child
- Look for (SCORAD [http://adserver.sante.univ-nantes.fr/Scorad.html])
  - Extent %
  - Infection /3
  - Broken skin /3
  - Erythema /3
  - Lichenification /3
  - Xerosis /3
  - Sleep pattern /10
  - Itch /10
Eczema Treatments - 2 types

Every day
- avoid aggravators
- moisturiser
- bath oil

Flaring Treatments
- every day treatments
- plus
  - steroid ointments
  - wet dressings
  - cool compresses
  - antibiotics
When to begin flaring treatments
Topical Treatments

- Steroids use aggressively when flaring
  - Face- hydrocortisone 1% or Elidel, bd
  - Body- Elocon or Advantan fatty ointment, nocte

- Emollients- use often every day
  - Dermeze, hydraderm, aqueous cream, QV cream, QV Kids balm
  - Bath oils
# Bath oils and washes

<table>
<thead>
<tr>
<th>Product</th>
<th>Frequency</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>QV bath oil, wash and shower balm</td>
<td>Every day</td>
<td></td>
</tr>
<tr>
<td>Hamiltons oil and wash</td>
<td>Every day</td>
<td></td>
</tr>
<tr>
<td>Dermaveen oil and wash</td>
<td>Every day</td>
<td></td>
</tr>
<tr>
<td>QV Flare up</td>
<td>Antiseptic oil</td>
<td>Do NOT use in wet dressings</td>
</tr>
<tr>
<td>Oilatum bath oil</td>
<td>Every day</td>
<td></td>
</tr>
<tr>
<td>Oilatum plus bath oil</td>
<td>Antiseptic oil</td>
<td>Do NOT use in wet dressings</td>
</tr>
</tbody>
</table>
Diagnosis?
Why apply wet dressings?

- Reduce itch
- Treat Infection
- Moisturise the skin
- Protect the skin
- Promote sleep
When to use a wet dressing

- Within 24 hours if cortisone ointments are not clearing the eczema
- Child is waking at night
- Itchy
- Skin is thickened
- If there is blood on the sheets
Case One, History

- 11 month old
- 2 month past history of eczema
- currently using
  - hydrocortisone 0.5% to face tds
  - johnsons baby soap
  - sorbolene lotion
  - 2 layers of clothing to bed
  - heater in the bedroom
  - doona and woolen underlay
- Diet; breast fed, full diet, NKA
Case One, Clinical signs

- Erythema
- Itchy
- Waking every 1-2 hours overnight
- Weeping
- General flare
Case one, What is the diagnosis? What is the plan?

- Infected atopic eczema
- admission
- remove crusts/weeping
- oral keflex
- cool compressing 1 hourly, apply dermeze post
- wet dressings to limbs bd
Case one, plan continued

- bath oil
- dermeze to face
- dermeze to limbs qid
- hydraderm to trunk qid
- wet t-shirt when red or itchy
- sigmacort 1% or elidel bd, prn
- elocon nocte to limbs and trunk prn
Case one, Discharge plan

- Sigmacort 1% bd to face, prn
- Elocon nocte to limbs and trunk, prn
- keflex for 10days total
- dermeze, face, qid
- cool compress prn
- wet dressings nocte
- hydraderm to body qid
- bath oil
- follow up 1 -2 weeks
Case two, History

- 13 month
- Eczema since 3 months of age
- Elocon nocte
- hydraderm qid
- bath oil
- avoiding allergic foods
- not overheated
Case two, 
What is the problem?

- Waking at night 1-2 times
- eczema persisting
Case two,
The plan

- Continue treatment
- wet dressings nocte until CLEAR
- review 3 weeks
Case three

- Extremely itchy even when not flaring
- Rash fluctuates
- Persisting
- Waking at night
- No infection
- Rash persisting despite compliant treatment
- Urticarial
- Worsens after eating some foods
Case three
Eczema with food allergies

- Referral to allergist and dietitian
- General eczema treatment
- Review as necessary
What is the diagnosis?
Bacterial infected eczema

- REMOVE CRUSTS
- Oral keflex/ 10 days if well
- IV flucloxacillin ONLY if unwell or febrile
- General Eczema Care
- Admission prn
How would you treat?

- Topical elidel, bd, until improved and then hydrocortisone 1% bd, prn
- Dermeze 4-6/day
- Cool compress qid
- Avoid aggravators
Contact Details

- Emma King or Liz Moore, 9345 5510
- Dermatology Registrars, 9345 5510
- Outpatient Clinics, Mon, Tues, Wed, Thurs.
  Eczema Workshops, Mon and Wed
Eczema Herpeticum

- NO TOPICAL STEROIDS
- remove crusts
- +/- oral/IV acylovir
- most often oral keflex
- admission prn