

Tell me more about eczema

What is eczema?

Eczema is inflammation of the skin, which gives it a red, dry and flaky appearance. The main feature of eczema is itching. This itching causes children to scratch, which can damage the skin even more, which then causes more itching. This can make your child very distressed and can lead to poor sleep. In the UK, the word 'eczema' in children really refers to 'atopic eczema'. This is a particular type of inflammation of the skin, often linked with asthma and hay fever.

What causes atopic eczema?

There is no single cause of eczema. We know that 'genetic' (inherited) factors are important. These genetic factors probably make a child more at risk of developing eczema, asthma or hay fever, and other genetic factors may result in the dry skin seen in eczema. But it is not all genetic because there are a number of things in the environment which will trigger off atopic eczema in a susceptible child. These triggers are not always allergies – in fact, irritation from ordinary soaps, wearing wool next to the skin, overheating at night and contact with water and dusty materials may even be more important in eczema than specific allergies to foods or house dust mite.

Will my child grow out of eczema?

Eczema in childhood is a condition which tends to come and go. The good news is that most children will 'grow out' of eczema eventually. Around 60-70% of children who have eczema in the first few years of their lives are clear of it by the age of 11, but unfortunately we cannot say which child grow out of it or when, and some children may have an eczema tendency for life, even though it usually improves with age.

Can eczema be cured?

Unfortunately, no. A lot of research is being done at the moment to try and find things that will prevent or 'switch off' eczema, but these are still in their experimental stages. We can do a lot however to prevent or control flare-ups of eczema, so your child can lead a normal life.

Written by Professor Hywel Williams, Dr Ruth Murphy, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

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What other things can I do to help my child's eczema?

DO:

- Use enough emollient (medical moisturising cream) to stop your child's skin being dry.
- Use an emollient as a soap substitute or wash product. There are a number available and they come in the form of creams, ointments, bath oils and shower products.
- Use corticosteroid creams when the skin is red and inflamed.
- Keep the bedroom cool at night by opening the window in the day.
- Use an emollient (medical moisturising cream), especially after having a bath, and before and after swimming as this will keep the skin supple and possibly prevent further eczema.
- Use light cotton sheets or a lightweight synthetic duvet.
- Keep your child's nails trimmed short so they cannot break the skin when scratching.

DON'T

- Let your child wear wool or rough clothing next to the skin – cotton is usually best.
- Use ordinary soaps.
- Rub the skin dry after bathing. Pat dry the skin instead of rubbing.
- Let your child overheat, sweat – where appropriate use layers of clothing rather than one thick layer.

How can I find out what my child is allergic to?

Many of the ups and downs of eczema are not caused by specific allergies, but are due to irritation from a whole range of things. Two common things that cause allergic reactions are house dust mite and certain foods. House dust mite allergy is extremely common in atopic eczema, but it is very difficult to get rid of this mite completely from our homes. Doing things like keeping the bedroom cool and well aired, regular vacuuming and avoiding carpets and too many upholstered items in the bedroom may be helpful. *(cont)*

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(cont) Food allergies are more difficult to recognise in a child and tests such as skin prick tests and blood tests can be helpful, especially in infants under 1 year, but do not always give us the answers. If you think your child's eczema gets worse after eating a particular food (eg eggs, dairy products, chocolate, fish, nuts, citrus fruit), then you should steer clear of that food completely for 6 weeks and then consider giving that food again to your child to see if it really does make his/her eczema worse. Don't experiment in this way with more severe reactions, anaphylaxis or suspected nut allergy. If you are going to put your child on a dairy-free diet, then you should discuss your child's diet with your doctor or dietician to make sure that your child will be having enough calories, protein and calcium.

What about other treatments?

The main treatment for atopic eczema is topical corticosteroid creams. These are very effective and are **quite safe if used properly**. Short courses of anti-histamines, one hour before bedtime, are occasionally helpful in breaking patterns of sleep disturbance due to eczema. Soothing cotton or paste bandages can also be very helpful for your child if they are tearing to bits the skin on their arms or legs. Treatments such as tacrolimus and pimecrolimus creams can also be used in children over 2 years old if simple measures fail. Occasionally, other medicines, such as ciclosporin, prednisolone, azathioprine and ultraviolet light treatment are used to treat eczema but these are not without their side effects and are only used for children with eczema that is very difficult to control.

But aren't steroids bad for you?

You should not confuse taking steroid tablets with topical corticosteroid creams and ointments applied to the skin. Whilst it is true that some of these creams were abused in the 1970's by prescribing strong preparations for delicate sites such as the face, we have yet to see a child who has developed any side effects from topical corticosteroid creams if used properly in our clinic. Thinning of the skin can be a problem if the cream is applied continuously for a very long period, but we always recommend that these cream safe used for bursts if several days and then followed by emollients only. Untreated eczema gives rise to far more problems for your child than does the sensible use of short-term topical corticosteroid creams. Occasionally, we use these creams underneath a layer of tubular bandages or cotton garments in order to make them work more effectively and to give your child's skin a holiday from scratching.

What about infections of the skin in eczema?

Secondary infection by an organism called *Staph. aureus* in one of the most common reasons for eczema in the younger child to deteriorate. This can be recognised as the skin becomes very red and oozy. Occasionally, yellow pus spots may appear. If the infection is very extensive, then it is important for you to get antibiotics (flucloxacillin but if your child is allergic to penicillin then erythromycin is the alternative antibiotic) from your own doctor to bring this infection under control.

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