

Treating eczema - what do I do and when?

Although eczema can't be cured at present, **it can be treated quite easily** with just two things used well, and by following the simple rule of "get control then keep control".

Two things used well:

1. **Topical corticosteroids:** Eczema is caused by skin inflammation. That's what makes it red and very itchy. To treat *skin inflammation* and itching, you need to use an *anti-inflammatory* ointment or cream that is strong enough and for long enough. Usually these are topical corticosteroids. They are all very safe to use when used properly as below. They make a huge difference to the itching and appearance of inflamed skin.
2. **Emollients:** People with eczema also have a dry skin. Moisturisers (emollients) are used to treat the appearance and discomfort caused by dry skin. They also help to prevent flares when the skin is better. The right emollient is the one that you like. You can use different emollients for different parts of the body (eg lighter ones for the face) and you can change them with the season (eg lighter in the summer, thicker in the winter). Skin dryness and flaking in parts of the body is usually the result of skin inflammation. The main way of combating skin dryness is therefore to control the skin inflammation first.

Get control and keep control with "pro-active" therapy:

Step 1 - get control: You will never win with eczema unless you first clear the eczema that has built up over many months. A lot of eczema occurs under the skin which causes the skin to become very thick like leather. Only treating the surface redness lets the deeper parts come to the surface again. Blasting the eczema with a topical corticosteroid that is strong enough and for long enough (usually 2 to 6 weeks) is the key first step to regaining control of eczema. Dabbing them on for a couple of days at a time when your eczema is out of control is a waste of time, and you will spend your life "chasing" the eczema. Take your time and get control first. Use your topical corticosteroid just once daily about 30 mins before bedtime and keep on using your emollient in the daytime. Avoid putting steroids and emollients on together.

Step 2 – keep control: Once your skin looks better and feels better (smooth with no leathery thick patches), it is time to start on step 2. For people who only have mild eczema, regular use of emollient may

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be enough. For people that have stubborn eczema that comes back at the same spots, they may use a technique called “pro-active therapy” or “weekend therapy”. This means applying your topical corticosteroid every weekend (usually on a Saturday and Sunday night) to all of the “hot spots” that your eczema tends to appear in – even if the eczema looks clear. That way, you keep a lid on any inflammation that maybe grumbling below the skin surface. This is also the time to use your emollients properly to help your skin barrier to recover and to prevent flares.

If skin flares up whilst on weekend treatment it is important to go back to step 1, use every day topical steroids to achieve clearance and then step down to weekend approach.

Reactive therapy:

If your eczema is under really good control and has been for several months, then you can switch back to a “reactive” approach. That means only using your topical corticosteroids now and again when the eczema flares, once daily until it has cleared again. Plus, of course, carrying on with your emollient on a daily basis.

Other treatments:

Avoiding or minimising triggers. The cause of skin inflammation in eczema is a combination of genetic factors that makes your immune system overactive and things in the environment that can make it worse. See ‘Tell me more about eczema’ leaflet for more information about triggers.

TCIs. Sometimes, topical calcineurin inhibitors (TCIs) such as Protopic (tacrolimus) or Elidel (pimecrolimus) are also used for sensitive sites such as the face, especially when you end up having to use topical corticosteroids daily in these sensitive places. They can help to maintain good control but are less good at clearing eczema when trying to get control.

Bandaging and special clothing techniques. These are often started in hospital and can be useful for giving the ointments a chance to work and to give the skin a holiday from constant scratching.

Antihistamines are generally not very helpful as the itch of eczema is not caused by histamine. A sedative one like Piriton (chlorpheniramine) is OK now and again to help sleep.

Skin infections – most bacterial infections (pus spots, oozing or crusting) in people with eczema usually are secondary to poorly controlled skin inflammation. Most of the time, the answer is not antibiotics but better control of your skin inflammation. If you become unwell with fever, or have weeping areas of skin, consider contacting your GP for advice.

Further information

Visit <http://www.nottinghameczema.org.uk/information/index.aspx>

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