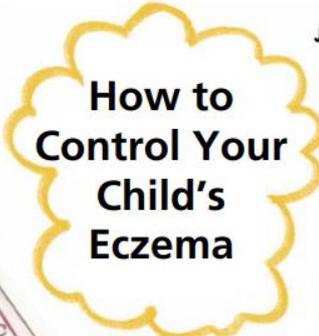


Treating eczema - what do I do and when?



flaring up? ←



→ settled down?

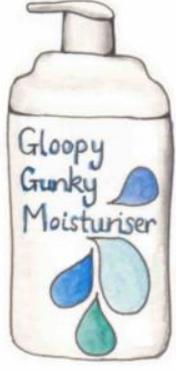


Get control

1. Use your child's steroid treatment every day until eczema is clear
- You may have a different strength steroid to use on your child's face where the skin is more delicate



2. Try to use up a whole 500g tub of emollient in a fortnight. This may seem like a lot but it is important to use a good quantity of this treatment.



3. Use an emollient to wash your child's skin with instead of soap



How to Control Your Child's Eczema

Keep control

1. Continue to use the same quantity of emollients to wash and moisturise your child's skin
2. Avoid triggers- these may include soaps, fragrances, hot water or things you know your child is allergic to
3. If you have been advised to do so by your doctor or nurse then you can continue to use your child's steroid treatment on weekends

* When applying steroids make sure you use enough to make the skin shiny



This is general guidance only – your doctor or nurse may have given you instructions which differ from this guidance. If in doubt, please refer to your personalised treatment plan.



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 an eczema flare, you need to use a flare control ointment or cream that is strong enough and for long enough. Usually these are topical corticosteroids. They make a huge difference to the itching and appearance of inflamed skin. They are all very safe to use when used properly as below. In general, the medical profession would never recommend using topical corticosteroid every day, non-stop, for months as they can cause side effects such as skin thinning. Please follow the instructions carefully and ask for clarification if needed.
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 may find one emollient that suits all parts of your body, but some people like to use different emollients for different places (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, sometimes over many months. A lot of eczema occurs under the skin which can cause 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 is the key first step to regaining control of eczema. The strength of steroid and length of time depends on the body site and how thick the eczema skin has become. For very thick areas on the limbs a potent (strong) corticosteroid may be needed for a few weeks to get the skin back to normal, whereas delicate areas, including the face, will generally clear with a moderate corticosteroid for around a week. Dabbing corticosteroids 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 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.

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton, Dr Jothsana Srinivasan, Dr Ting Seng Tang and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2022 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH

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. Remember that correct use of topical corticosteroids is safe.

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 and are not gaining control.

Bandaging and special clothing techniques. These are often started by your eczema team 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>

[Here](#) is an independent and fun online resource about eczema called Eczema Care Online produced by UK researchers and charities for the NHS that also contains a video and quiz

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton, Dr Jothsana Srinivasan, Dr Ting Seng Tang and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2022 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen’s Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH