


# NOTTINGHAM SUPPORT GROUP FOR CARERS OF CHILDREN WITH ECZEMA

In association with : Nottingham University Hospitals   
NHS Trust

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.

## Tell me more about Eczema - Information for Parents

Welcome to the Eczema Clinic. This leaflet tries to answer some of the most common questions that families ask us about eczema and its treatment. This is only a short, simple introduction to eczema which we hope you will find useful. There are more detailed information leaflets available on particular aspects of eczema, as well as information that will be given to you directly by the Eczema Team.

### What is eczema?

Eczema is an 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, but 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 be even more important in eczema than specific allergies to foods or house dust mite. One of the most common reasons for eczema flaring up in childhood is secondary infection. This is where the child's skin becomes infected by an organism called Staph aureus.

### 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 will grow out of it or when.

### 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 control flare-ups of eczema with the aim of making your child happy so that they can lead a normal life.

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

Do not let your child wear wool or rough clothing next to the skin – cotton is usually best. Keep your child's nails trimmed short so they cannot break the skin when scratching. Do not use ordinary soaps, but instead, use a soap substitute such as aqueous cream or emulsifying ointment. Use a moisturising cream, especially after having a bath or swimming as this will keep the skin supple and possibly prevent further eczema. Keeping the bedroom cool at night by opening the window in the day and by using light cotton sheets or a lightweight synthetic duvet may also help.


### Does my child need to use a moisturiser?

Yes. These moisturisers help to dampen down inflammation, protect against infection and may prevent some irritant and allergic substances from upsetting your child's eczema. They usually need to be used at least twice a day and should be continued even when your child's eczema appears clear.

website - [www.nottinghameczema.org.uk](http://www.nottinghameczema.org.uk)

email - [enquiry@nottinghameczema.org.uk](mailto:enquiry@nottinghameczema.org.uk)

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## 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.

Food allergies are more difficult to recognise in a child and tests such as skin prick tests and blood tests do not help us very much in finding out which foods your child may be allergic to. If you think your child's eczema gets worse after eating a particular food (e.g. 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 or suspected nut allergy though discuss this with us first. 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 treatments for atopic eczema are 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. Occasionally, other medicines, such as Cyslosporin A, 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. Other new treatments such as tacrolimus and pimecrolimus creams can also be used in children over 2 years old if simple measures fail.

## 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 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 creams are used for bursts of 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 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 is 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 if your child is not allergic to penicillin) from your own doctor to bring this infection under control.

For further advice please contact  
Nurse Consultant Dermatology Sandra Lawton  
Nottingham University Hospitals NHS Trust  
Queen's Medical Centre  
Clifton Boulevard  
Nottingham  
NG7 2UH

Email : [pils@nottinghameczema.org.uk](mailto:pils@nottinghameczema.org.uk)  
Website : [www.nottinghameczema.org.uk](http://www.nottinghameczema.org.uk)

For advice on support issues please contact the NSGCCE via the website  
[www.nottinghameczema.org.uk](http://www.nottinghameczema.org.uk) and click on the contact icon  at the  
top of most pages or email us at [enquiry@nottinghameczema.org.uk](mailto:enquiry@nottinghameczema.org.uk)

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