

Eczema

SELF CARE FORUM FACT SHEET NO. 2

This information helps you to know what is 'normal' and what you can expect to happen if you or your child suffer from atopic eczema or dermatitis. It tells you when you should become concerned and when it is best to seek medical advice from a health professional.

The term 'atopic' is used to describe a group of conditions, which include asthma, eczema and hay-fever. These conditions are all linked by an increased activity of the allergy reaction of the body's immune system. Dermatitis means inflammation of the skin.

Useful facts

How common is eczema? Eczema is a dry skin condition that can persist or seem to go away and then come back again. It affects about 2 out of 10 children and 2 to 10 out of every 100 adults in the UK.

What skin changes does eczema cause? Skin colour can change in areas of your skin where you have eczema, with either red or darker/ lighter patches developing depending on whether you have lighter or darker skin.

Areas of skin can become swollen and crusty and can develop cracks. Itching is common and often caused by skin dryness, infection, allergens or scratching.

Most common affected areas include the creases of the joints at the elbows and knees as well as wrists and neck (called a flexural pattern). The face, trunk, elbows, hands and knees may also be affected.

What causes it? Eczema tends to start in childhood (though it can develop first in adulthood). There is no specific cause and it is probably due to a number of things. It is affected by your genes and by things you come into contact with.

People with eczema often suffer other allergic conditions as well, such as asthma or hay fever, or both. Food allergy may sometimes be responsible in children who present with more severe eczema early in life.

What can I expect to happen?

How bad can eczema get? The severity of eczema can range from mild to quite severe. Around eight out of 10 children have mild eczema, with episodic flare-ups.

Will I get cured or grow out of it? Eczema in childhood is a condition which tends to come and go. The good news is that in most children, eczema will gradually improve. Around 60% of children who have eczema in the first few years of their lives are clear of it by the age of 11, but, we cannot say which children will clear or when, and some children may have an eczema tendency for life, even if it improves with age.

There is no known cure but there are effective treatments which can alleviate your symptoms and reduce inflammation.

Speak to a member of your pharmacy team for more information about treatment and symptoms.

What can I do myself to get better - now and in the future?

Avoid trigger factors Environmental factors such, as dust-mite antigens, pollen, detergents and even dirt, can act as allergens and irritants. Certain foods, pet dander, smoke, certain weather conditions and stress may all impact on eczema. Try to find out whether any of these impact on your eczema and minimise them.

Avoid general use of soap Soap, bubble bath, shower gels, etc can dry out the skin as well as being potential allergens and triggers. Use emollients as soap substitutes, or in the case of hand hygiene use emollients and moisturisers after using soap and water.

Avoid scratching too hard Scratching is a natural reflex, but scratching too hard can make the itch even worse (the 'itch-scratch cycle'). So whenever possible, avoid scratching your skin too hard with your fingernails – even if it's tempting. Instead, rub itchy patches gently with the flat of your hand or gently with your fingertips.

Avoid temperature extremes Hot and cold temperatures may also make your eczema worse. Avoid hot baths, dress appropriately for hot and cold environments and try to avoid temperature extremes altogether.

Detergents Avoid using fabric conditioners and consider adding an extra rinse cycle.

Use non-irritant garments Synthetic garments and wool can trigger eczema, so you may prefer wearing clothes made out of cotton or other non-irritant materials.

Treatment

Moisturisers Eczema causes the skin to become dry, the dryer the skin becomes the higher the chances that your symptoms will get worse. It is important to try to keep your skin as hydrated and smooth as possible. Use, non-irritant moisturising creams or ointments regularly and liberally, even when your skin appears 'clear'.

Inflammation and flare-ups Speak to a member of your pharmacy team about how you can step up or down treatments. Antihistamines might help some people with itching, while they have no effect on eczema inflammation, they may reduce sleep disruption at bedtime.

Be aware When emollient products (not only paraffin-based ones) get in contact with clothing, bedding, dressings and bandages there is a danger that they could catch fire more easily. There is still a risk if the emollient products have dried. Washing clothing daily and bed-linen frequently, if they are in contact with emollients may help but this may not remove the risk completely, even at high temperatures.

Caution is still needed, and you should stay away from naked flames or lit cigarettes or other heat sources. Do not stop using emollients as they are an important part your eczema care.

When to seek help

Contact your surgery if you feel you need help – rarely, eczema needs more urgent assessment and treatment, so seek medical advice if you notice any of the following:

- **Reduced quality of life:** Your skin problems severely affect your sleep or impair social activities such as swimming.
- **Infection:** Crusting, cracking, weeping and painful skin may suggest infection.
- **Blistering rash:** You develop a painful blistering rash, which may be due to an infection with the herpes simplex virus.
- **Spread:** Over larger areas of your body, such as most of your chest, back, or limbs become dry and/or red.

Where to find out more

There is a lot you can do to prevent problems and relieve symptoms if your eczema gets worse. A member of your pharmacy team can help with advice on symptoms and treatment options.

Here are reputable websites:

- **NHS England:** <https://www.nhs.uk/conditions/atopic-eczema/>
- **NHS Northern Ireland:** <https://www.nidirect.gov.uk/conditions/eczema-atopic>
- **NHS Scotland:** <https://www.nhsinform.scot/illnesses-and-conditions/skin-hair-and-nails/atopic-eczema>
- **NHS Wales:** [https://111.wales.nhs.uk/Eczema\(atopic\)/](https://111.wales.nhs.uk/Eczema(atopic)/)
- **National Eczema Society:** www.eczema.org
- **Eczema Outreach Support** <https://eos.org.uk/>
- **Eczema Care Online** <https://www.eczemaonline.org.uk/>
- **British Association of Dermatologists:** <https://www.bad.org.uk/pils/atopic-eczema/>
- **NICE:** <https://www.nice.org.uk/guidance/cg57/ifp/chapter/About-this-information>