

Diet and Eczema in Children

Child Health Information

Many parents wonder if changing foods in the diet could help their child's eczema.

Diet may initially seem a simple thing to change but the role of diet in eczema is a complicated one and sometimes dietary changes can cause difficulties. This information sheet aims to give the facts about diet and eczema based on the current evidence.



How important is the diet in eczema?

It has been known for some time that eczema, particularly in childhood, can be affected by foods/diet. However only a small proportion of children with eczema will improve with changes to diet and they will still need good skin care with regular moisturisers etc. Diet changes are most likely to be helpful for very young children with severe eczema.

How does food affect eczema?

- Some foods can cause increased itching which in turn leads to rubbing and scratching which worsens eczema. This is relatively common and the foods involved are generally easy to identify. Common examples are tomatoes and citrus fruits.
- Some foods can cause a flare-up of eczema starting the day or so after eating. The foods usually involved are milk, eggs, soya and wheat.
- Less commonly foods can cause allergic reactions which may involve flare-ups of eczema. These reactions include swelling of the face, lips or eyes, vomiting, nettle rash (hives) or wheeze. These symptoms usually occur within 30 minutes of eating the food. These types of reactions must be discussed with your doctor as they can occasionally be very serious.

Who should consider changes to the diet?

Because restrictions to diet can reduce nutrition or energy levels, affecting growth, we only recommend dietary changes for children with eczema which is not controlled with mild steroids eg hydrocortisone and regular moisturisers.

For those children with severe eczema then a trial of diet changes is worth considering as it will sometimes be very helpful.

Can tests identify which foods are involved?

Unfortunately none of the tests currently available are very good at predicting which foods may affect a particular child. Skin prick tests, blood IgE and patch tests have been tried but frequently give positive results which suggest foods which in fact make no difference to a child's eczema. Negative (normal) blood and skin allergy tests do not necessarily mean that the food is not making the eczema worse.

Therefore we do not currently routinely recommend any form of testing to predict which foods may be important (except for the more serious acute allergic reactions involving swelling and hives discussed above). The only way to definitely discover which foods may be flaring eczema is to do a diet trial.

How to do a diet trial

The foods which are most likely to affect eczema are milk, eggs, soya or wheat. The method to discover if any of these are important is called exclusion and challenge.

- Keeping a diary of foods eaten and eczema symptoms for a few weeks can help give a pointer as to whether any food is involved.
- Either a specific food which is thought to possibly cause problems, or one of the food groups (milk, eggs, soya or wheat) should be taken out of the diet for a period of about 4-8 weeks. This is the 'exclusion' phase. During that time keep a note of how bad the eczema is as it can be hard to remember later.
- The next very important phase is that the food must then be reintroduced back into the diet even if the eczema has improved ('challenge'). This will show if the food exclusion was definitely the reason why the eczema improved.
- If it is felt that excluding a food has helped the eczema this food can then be taken out of the diet again.
- A few children will need to completely exclude the food from their diet but for most a level can be found which can be tolerated. There is some evidence that totally excluding a food long-term may increase the chance of developing a worse allergy to the food. Probably the best way to stop this happening is to regularly have small amounts of the food in the diet. A dietician can advise about the best food products to try.
- If milk or wheat are being excluded long-term children should see a dietitian to check the diet is nutritionally good for their development. Your GP or health visitor can refer you.

Further information about cow's milk exclusion

The allergens in goat's milk or sheep's milk are so similar to cow's milk that they are not usually advised to be given as a cow's milk alternative for eczema. Occasionally older children with mild eczema will find their skin is better with sheep's or goat's milk rather than cow's milk.

Babies under 6 months should only have a change of milk on the advice of a health professional. Soya formula is not recommended in this age group. An extensively hydrolysed protein milk (e.g. Nutramigen®) is most suitable and is only available on prescription.

For breast fed babies a change in maternal diet is sometimes recommended but needs supervision by a dietician to ensure the mother gets all the appropriate nutrients when breastfeeding, particularly calcium.

From 6 months to 2 years either an extensively hydrolysed milk or infant soya milk formula may be advised. The advice of a dietician is helpful for this age group. For children over 2 years, soya milks fortified with calcium are a suitable alternative to cow's milk. Milk will also need to be removed or reduced in solid foods.

Lactose in milk does not affect eczema so lactose free formula or milks are not helpful.

The RUH has a specific advice leaflet about how to do a milk trial in small babies.

Useful Contacts & Further information

Your GP, hospital doctor or health visitor will be happy to give further advice.

National Eczema Society: www.eczema.org Telephone 0800 0891122

www.patient.co.uk has lots more information about eczema

To watch videos on how to apply your creams go to www.itchysneezywheezy.co.uk

NICE guidance: 'Atopic Eczema in Children' Dec 2007 <https://www.nice.org.uk/guidance/cg57>