

Eczema in Children

Child Health Information

Eczema is a condition that causes the skin to be generally dry. It may also become itchy, red, and cracked. Eczema mainly affects children, but can continue into adulthood.



This leaflet explains more about eczema and how to treat it.

What causes Eczema?

In many cases the child or other family members may also have asthma, hayfever or other allergies. This is then sometimes called 'atopic' eczema which just means there is a link with allergies.

The exact cause of eczema is unknown. It is thought to be a combination of genes and things in the environment which trigger it.

About one in five children in the UK has eczema, with most starting to get it before the age of five. Many children develop it before their first birthday. Eczema clears up or significantly improves in many children as they get older.

What is the outlook?

Eczema can vary in severity. Most people are only mildly affected and have small areas of red, itchy, dry skin. Other people have more severe symptoms such as cracked, sore and bleeding or weeping skin. A person with eczema usually has periods when symptoms are less noticeable, and flare-ups when symptoms become more severe and require additional treatment. As children grow the eczema may alter in appearance and which areas of the body are most affected.

What are the main ways to control eczema?

- **Avoiding trigger factors**
- **Frequent use of moisturisers (emollients)**
- **Use of topical steroids (steroid creams or ointments) for flared areas.**

What are the trigger factors for eczema?

These vary from person to person but include:

- **Soaps and detergents:** These can dry the skin so try to avoid them or use bath/shower products designed for eczema. Clothes should be rinsed well after washing them.
- **Infection** may cause the eczema to become more inflamed and weepy and may require treatment with antibiotics. The cold sore virus can infect eczema so try to avoid direct contact with cold sores.
- **Clothing:** Some clothes such as wool or nylon may make eczema worse. Smooth fabrics are best. Clothes can be worn inside out so seams do not irritate skin. **Heat** can make things worse so light clothing is best.
- Some people react to **animal** fur and contact with cats, dogs and horses.
- **Food allergies:** In a small number of people their eczema may be affected by some foods. A diary of foods and when flare-ups occur may help identify if food is a problem. It is important to discuss with your doctor before going on an exclusion diet. The National Eczema Society has information or ask for the RUH leaflet about this.
- Exposure to **house dust mites:** Regular vacuuming of bedroom and damp dusting as well as covers for pillows and mattresses may help reduce exposure but it can be hard to do enough to make a difference unless the skin is severely affected. The National Eczema Society has information or ask for the RUH leaflet about this.
- **Stress** can make eczema worse and can make sufferers feel itchier.

What are the treatments for eczema?

- **Moisturisers**

These are sometimes called 'emollients'. These are a vital part of treatment for eczema and should be used at least daily, **even when the skin has settled down**. When the skin is bad they should be used many times each day. Greasier products are often most effective and you may have to try several to find the one which suits you best. Moisturisers can be used in the bath instead of soap based products. Avoid perfumed products. Try to smooth on moisturisers in the direction of any hair growth rather than rubbing it in.

- **Topical Corticosteroids (steroids)**

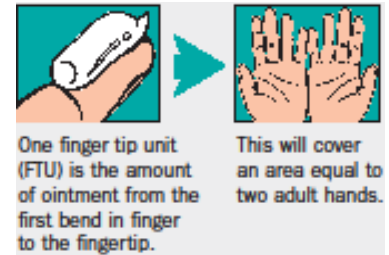
'Topical' means put on the skin, so these are creams and ointments such as hydrocortisone or clobetasone which are required for flare up areas of eczema. It is important to continue using moisturisers regularly whilst using these. The steroid creams/ointments should be stopped once the eczema has settled down. They are used one or twice daily.

People sometimes worry about topical steroids but if used in the correct strength and quantity they are very safe and usually very effective. Hydrocortisone 0.5% or 1% is most commonly used and is a mild steroid so is extremely safe.

How much corticosteroid cream/ointment should be used?

A good way to judge this is using '**Finger Tip Units**'. If the tube is squeezed out onto an adults finger from the tip to the first finger crease this amount is suitable to cover an area the size of two of the adults palms and fingers held together.

There is more information about this from the National Eczema Society or patient.co.uk.



Other treatments:

- **Antibiotics** if there are signs of infection then antibiotic creams or oral antibiotics may be required for a short time.
- **Antihistamines** if a child's sleep is being disturbed during a flare up an anti-itch medicine at night may be suggested which may help your child sleep more comfortably eg chlorphenamine (piriton[®]).
If eczema is being affected a lot by allergies such as dust or pollen a regular non- drowsy antihistamine such as cetirizine may help.
- **Bandages or wet wraps.** Dry or medicated bandages can be soothing and may be required to help stop the itching and help treat a severe flare up. Your doctor or nurse will advise if these are needed.
- For children over the age of two years, sometimes topical treatment with another group of drugs called **calcineurin inhibitors** (Tacrolimus, Pimecrolimus) can be helpful.

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 including details about finger-tip units.

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