St George's University Hospitals NHS
NHS Foundation Trust

Guidelines for the Management of Adult (Atopic) Eczema

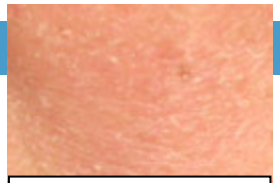
Please provide the patient with eczema information leaflet by the British Association of Dermatologists. This can be found on their website: http://www.bad.org.uk/for-the-public/patient-information-leaflets

History and Examination and Exclude Additional Pathology

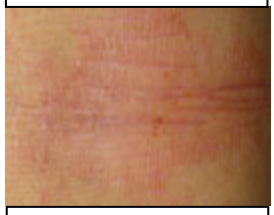
Focused history:
- Age onset
- Triggers & family or personal history of atopy
- Severity assessment (mild/moderate/severe)
- Quality of life assessment

Examine:
- Distribution, severity, morphology - dry skin, redness, excoriation, lichenifcation, co-existing infection

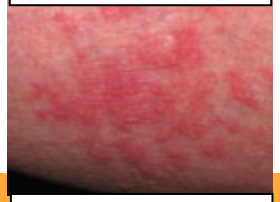
Exclude:
- Symptoms or signs suggestive of eczema herpeticum (acutely tender punched-out lesions)
  - Contact dermatology on-call for advice
- Symptoms or signs suggestive of secondary bacterial infection
  - Send bacterial swab
  - Consider topical antibiotic/steroid prep if mild/paediatric patient
  - Commence oral antibiotics and topical steroids if more widespread
- Exclude scabies (especially in immunocompromised or at risk patients



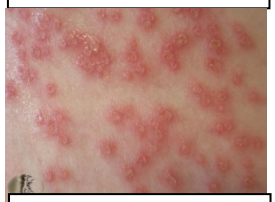
Mild Eczema



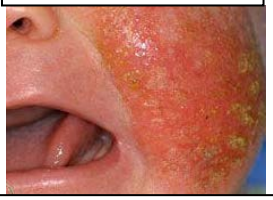
Moderate Eczema



Severe Eczema



Eczema herpeticum



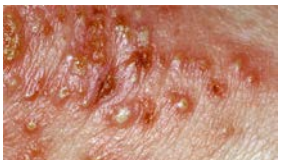
Secondary bacterial infection

Images courtesy of DermNet NZ

Step 2: General considerations in management of Eczema

- **Avoid irritants** (e.g. agents with sodium lauryl sulphate (SLS) [Aqueous Cream])
- **Regular, liberal use of emollient** of patient's choice (recommended quantities used in generalised eczema being 600 g/week for an adult and 250 g/week for a child), emollients can also be used as soap substitute
- **Reducing Staph. aureus load** (e.g Dermol)

There is **no clinical evidence** for:
- Silk Garments
- Water softeners



Step 3: Treatment

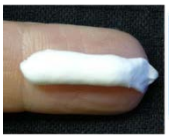
Mild-to-Moderate	Moderate	Moderate-Severe
For **Acute Flares:** - Topical Steroid ointment (e.g. Hydrocortisone, betamesthasone, clobetsone) • OD for up to 14 days, then twice weekly for up to 14 days - Consider topical steroid–sparing agents for head and neck (e.g. Tacrolimus; contact Kinesis (Advice & Guidance) if unsure. - BD for up to 14 days, then twice weekly for up to 14 days If **frequent recurrent flares**: - consider weekly 2-days consecutive use of topical steroid over areas of recurrent flares	For **Acute Flares:** - Topical Steroid ointment (e.g. Mometasone) - OD for up to 14 days, then twice weekly for up to 14 days - Consider topical steroid –sparing agents for head and neck (e.g. Tacrolimus; contact Kinesis (Advice & Guidance) if unsure - BD for up to 14 days, then twice weekly for up to 14 days If **frequent recurrent flares**: - consider weekly 2-days consecutive use of Mometasone or Tacrolimus over areas of recurrent flares	For **Acute Flares:** - Topical Steroid ointment (e.g. Mometasone/Clobetasol) - OD for up to 14 days, then twice weekly for up to 14 days - Consider topical steroid –sparing agents for head and neck (e.g.Tacrolimus) - BD for up to 14 days, then twice weekly for up to 14 days If **frequent recurrent flares**: - consider weekly 2-days consecutive use of Mometasone or Tacrolimus over areas of recurrent flares

Please consider escalating topical steroids strength prior to referral to secondary care

Key Prescribing and Counselling Information for Healthcare Professional

Topical Steroids
- Avoid direct contact with eye (risk of cataracts and glaucoma)
- Avoid moderately potent steroid to inner thigh (risk of striae) and groin/axillary region
- If pregnant, relatively contraindicated in first trimester. Judicious use afterwards.

Topical Steroids Ladder		
Least Potent ↓ Most Potent	Hydrocortisone	Delicate sites (face, axillae, anterior neck, inner thigh, groin)
	Clobetasone (Eumovate)	
	Betamethasone (Betnovate)	Body
	Mometasone (Elocon)	Hands and feet
	Clobetasol (Dermovate)	



1 Finger Tip Unit = from tip of finger to first line (roughly 0.4-0.5g)

Image courtesy of DermNet NZ

Fingertip Unit (FTU)		
Area of body	FTU/application	Amount needed for adult male (OD for 7 days (g))
Face and neck	2.5	8.75
Trunk (front or back)	7	24.5
One arm	3	10.5
One hand (one side)	0.5	3.5
One leg	6	21
One foot	2	7

Topical Calcineurin Inhibitor (Pimecrolimus/Tacrolimus)
- Advise cautious use at initiation due to known irritation ('stinging-like'), should lessen with recurrent use
- Increase the surface area as tolerated
- Avoid use prior to exposure to sunlight
- Not to be used in occlusion therapy
- If pregnant: Manufacturer advises avoid unless essential; toxicity in animal studies following systemic administration.

Emollients Ladder	
Least Greasy ↓ Most Greasy	Cetraben lotion
	Cetraben cream
	Diprobase cream
	Aveeno cream
	Doublebase gel
	Epaderm cream
	Hydromol cream
	Diprobase ointment
	Epaderm ointment
	Hydromol ointment
	50 : 50 (50% liquid paraffin + 50% white soft paraffin

Topical Emollients
- Advise against slipping, especially if used as a bath additive or applied after bathing
- Apply in one direction, along the direction of hair growth
- If prescribing a tub of ointment, advise to use spoon to decant emollient to minimise infection risk
- Advise patient of risk of burn injuries if smoking after application of paraffin-based emollients

Lotion	Cream	Ointments
E45 lotion	Diprobase cream	Epaderm ointment
Cetraben lotion	Doublebase (gel)	Hydromol ointment
Diprobase lotion	Epaderm cream	Cetraben ointment
Aveeno lotion	Cetraben cream	50:50