

Eczema

This leaflet offers more information about Eczema. If you have any further questions or concerns, please speak to the staff member in charge of your child's care.

What is Eczema and why has my child got it?

Eczema is a common inflammatory skin condition affecting approximately one in five children. The most common type of eczema in children is known medically as “atopic dermatitis” and is associated with hay fever and asthma.

Children with eczema have dry skin with itchy red patches. These symptoms can vary from time to time and it is not unusual for them to get worse or “flare up” on some days and to clear altogether on others.

Up to 60% of children grow out of eczema by adolescence.

What causes Eczema?

Eczema can run in families and is caused by a problem with the skin's natural barrier. Normal skin is made from tightly packed skin cells which create a natural barrier. This skin barrier keeps in water and protects it from irritants and allergens.

People with eczema have an abnormal skin barrier where the skin cells are not tightly joined together. Water is lost from the skin's surface, causing dry, cracked skin. This makes the skin more vulnerable to allergens and irritants which can break through the abnormal barrier and cause inflammation, redness and itching. Scratching produces chemicals, which in turn can cause further itching, inflammation and damage.

In most cases, it is the water loss from the skin's surface that produces flare ups of eczema. This is why it is vitally important to support the skin's barrier, reducing water loss which in turn will help reduce flare ups.

What might irritate the skin?

Once the natural skin barrier has broken down, there are many things that can irritate your child's skin. These include:

- Soaps and detergents
- Aeroallergens such as grass and tree pollen, animal fur, house dust mites
- Synthetic or rough clothing
- Infection (bacteria or viruses)
- Stress
- Over-heating
- Food allergens.

By supporting the skin's natural barrier, you will help to prevent these allergens and environmental factors being able to irritate your child's skin.

How can I treat my child's eczema?

Maintain the skin barrier

You should use an emollient moisturiser to try to maintain the skin's barrier function. An emollient will form an artificial skin barrier and help prevent flare ups by preventing water loss. This should be used at least twice a day, although many of the thinner creams need to be used even more frequently. Smooth the emollient onto the skin in the direction of hair growth (rather than rubbing it in). Following application, you should wait for about 15 minutes before applying the corticosteroid ointment (see below for more information on corticosteroids). Some doctors recommend that you apply the corticosteroid first, followed by the emollient moisturiser. This is also fine – the important thing is that you wait for 15 minutes between each application.

Emollients come in a variety of types. If you find a particular emollient irritates the skin, you should try another one. Once you find an emollient that works well, ask your GP to put it on a repeat prescription for you.

Using emollients is an essential part of eczema management and should be continued even when the skin is clear. Without emollient use, the abnormal skin barrier will break down and symptoms of inflammation will restart.

Avoid Irritants

Normal soap and bubble bath can dry out the skin and make eczema worse. Use a soap substitute or soap free bath oil additive (such as Oilatum) for washing and bathing. Bath oil can make the bath quite slippery, so extra care should be taken.

Treat skin Inflammation

When areas of skin become dry, itchy, red or swollen this is called a 'flare'. Medicated ointments and creams called corticosteroids (or topical steroids) are used to treat the inflammation under the surface of the skin, which causes the redness and itch.

Corticosteroids come in different strengths and your child may need a different strength for different parts of their body. They also come as either greasy ointments or white creams. The greasy ointments often work better than creams for dry conditions such as eczema and are less likely to contain allergens and irritants which can make the eczema worse.

What are the commonly prescribed treatments?

There are many different treatments available from your GP. Those listed below are available at St George's pharmacy.

Soap substitutes and bath additives

E45 emollient bath oil 500ml

Emollient moisturisers

- **Thick emollients:**
Epaderm ointment 500g tub
50/50 liquid and white soft paraffin 500g tub
- **Medium Creams:**
Diprobase cream 500g pump dispenser
- **Thin creams/gel:**

Corticosteroids

Mild: 1% hydrocortisone ointment

Moderate: Eumovate/clobetasone butyrate 0.05% ointment

Potent: Elocon/Mometasone furoate 0.1% ointment

Are there any complications I should look out for?

Bacterial Infection: If an eczema 'flare up' does not improve following corticosteroid treatment or has patches of broken skin with weeping or yellow crusts, this may indicate an infection. If you notice this, please contact your GP for review.

Viral Infection: The virus that causes cold sores (herpes simplex) can cause a worsening of eczema with tiny, painful, sore blisters. Your child may feel very unwell and it is important to seek urgent medical advice if you suspect they have this infection.

Tips for children and parents

- If your child does not like using the thicker emollient, consider using a thinner cream through the day and a thicker one before bedtime.
- You may find that synthetic materials e.g. nylon and acrylic, will make skin itchy and hot. Wool will also cause itching. Try 100% cotton clothing.
- Continuing itchiness is often a sign that the underlying eczema is under treated. Consider stepping up to a stronger corticosteroid.
- Babies and children with eczema sometimes get a red, irritated skin reaction around the mouth after eating irritant foods such as tomato and some citrus fruits. This can be reduced by applying the emollient moisturiser around the mouth area just before eating these foods.

Contact us

If you have any questions or concerns, please contact the Emergency Department on 020 8725 2666 and ask to be put through to the Paediatric Emergency Department.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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