

Eczema

Information for parents and carers

This leaflet offers further information to parents and carers of children with eczema. If you have any further questions, please speak to a doctor or nurse caring for your child.

What is eczema?

Eczema is a common inflammatory skin condition affecting one in five children. It is known medically as atopic dermatitis.

Children with eczema have dry skin with itchy, reddened skin patches. Eczema can get better over time but can also get worse or 'flare up'.

About 60% of children will grow out of eczema by the time they are teenagers.

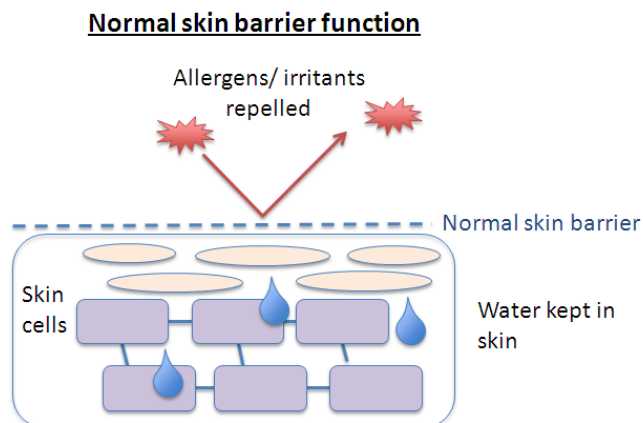
What causes eczema?

Eczema is caused by a problem with the skin's natural barrier. This problem can often run in families.

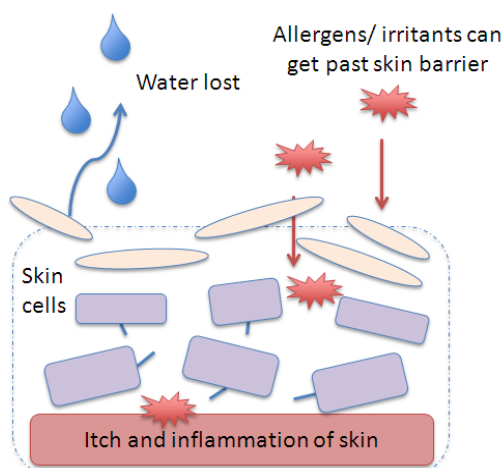
Normal skin has tightly packed skin cells, which create a natural barrier.

This normal skin barrier helps the skin to keep water in.

It also helps to stop allergens and irritants in the environment from getting through the skin's outer barrier.



Eczema: Abnormal skin barrier function



With eczema, the skin barrier is abnormal, as the skin cells are not tightly joined together.

Water is lost from the skin's surface, causing dry, cracked skin.

Allergens and irritants in the environment can get past the skin barrier, causing itching of the skin, inflammation and redness.

Itching produces chemicals, which in turn can cause further itching, inflammation and damage.

What might irritate the skin?

Many things can irritate your child's skin, including:

- 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.

How can I treat my child's eczema?



Avoid irritants

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



Maintain skin barrier

You should use an emollient moisturiser to try to maintain the skin's barrier function. 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 the 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 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, so if you find that a particular emollient irritates the skin, you should try another. Once you find one 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 with no eczema. Try to make it part of your child's regular routine.



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 makes eczema red and itchy.

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 generally work better.

How to use: Apply the corticosteroid using the Fingertip Unit (FTU) method. One FTU is the amount of corticosteroid that is squeezed out from a standard tube along an adult's fingertip (from the end of the finger to the first crease). This should be enough to cover an area of skin twice the size of the flat of an adult's hand with the fingers together.



What are the commonly prescribed treatments?

There are many different treatments available from your GP. Below are some examples of the commonly prescribed treatments. Those with an asterisk (*) next to them are available at St George's pharmacy.

Soap substitutes and bath additives

- Oilatum bath additive – 500mls
- E45 emollient bath oil - 500mls

Emollient moisturisers

- **Thick emollients:**
Epaderm ointment* - 500g tub
50/50 liquid and white soft paraffin* – 500g tub
- **Medium creams:**
Diprobase cream* – 500g pump dispenser
Cetraben cream – 500g pump dispenser
- **Thin creams / gels:**
Doublebase gel – 500g pump dispenser
Aveeno cream – 300ml pump dispenser

Corticosteroids

- **Mild:** 1% Hydrocortisone ointment*
- **Moderate:** Eumovate/Clobetasone butyrate 0.05% ointment*
- **Potent:** Elocon/Mometasone furoate 0.1% ointment*

Note: Aqueous cream is not recommended for use as an emollient moisturiser but can be used in the bath instead of soap.

Are there any complications of which I should be aware?

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, who may prescribe antibiotics.

Viral infection: The virus that causes cold sores (herpes simplex) can cause a worsening of eczema with tiny blisters, which then burst to leave tiny ulcers. If you notice this, please contact your GP, who may prescribe anti-viral medicines.

Tips for children and parents

- If your child or teenager does not like using the thicker emollient, consider using a thinner cream during the day and a thicker one before bedtime.
- You usually do not need to buy specific clothing for children with eczema but you may find that synthetic materials, such as nylon and acrylic, will make skin itchy and hot. Wool will also cause itching. Look for 100% cotton clothing.
- Continuing itchiness is often a sign of that the inflammation 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 about eczema or its treatment, please contact your GP, or call the **Medicines Information Patient Helpline** on **020 8725 1033** (9.00am to 5.30pm, Monday to Friday)

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 advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

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 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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