

Topical treatment for eczema

Emollients

Emollients are moisturisers and should be applied liberally to all areas of the skin every few hours if possible. They are an essential daily treatment and should be used even when the eczema has cleared. If your child doesn't like a particular emollient or it irritates the skin, you should try a different one. There are some sprays and gels that might also be useful. Creams are lighter and can be better for day time use, whereas ointments are good at night or in colder weather.

Allow approximately 15 minutes for the emollient to soak into the skin before putting on any medicated ointment. It doesn't matter if medicated ointments (e.g. steroids or TCI) go on first or second.

Soap substitutes

All soaps can aggravate eczema. A soap substitute should be used instead for washing the skin. It is important not to touch the eczema and then put your hand in the tub of cream (emollient or soap substitute), as this will risk contamination. It is important to wash your hands before applying any creams/ointments.

Use a tablespoon to take out a measured quantity to use, and do not put your hand in any tubs of creams.

Bath oils/emollients

You should bath or shower your child at least once a day. Normal bubble baths dry out the skin. There are some bath oils and shower gels that you can use and they all hydrate the skin, but simply applying your moisturiser prior to the bath can be sufficient.

Be aware that bath oils can make the bath slippery.

Medicated creams/ ointments

Medicated creams/ointments are used to control flares of eczema. When the skin becomes drier, itchy, red or swollen this is called a 'flare'.

Cover the eczema evenly with a clearly visible fine film of ointment. For a guide on how much to use, refer to the back page. It is **fine** to apply medicated creams on 'broken skin' if it is not infected (see below).

Flare treatment should be started as soon as symptoms appear and continued for at least 48 hours after the flare has stopped and the skin looks clear. Any subsequent flares the treatment should be repeated as soon as it reappears.

Sometimes you may be advised to use a medicated ointment or cream on areas of clear skin for two to three days a week. This will prevent flares where eczema keeps occurring.

Refer to your treatment plan for information on what goes where and how often.

Topical steroids

Topical steroids come in the form of creams and ointments of varying strengths. Ointments are preferable to cream based products.

The ongoing use of an ointment that is too weak will be ineffective. It is better to use an ointment that is stronger and clears the eczema quickly. The words 'use sparingly' on tubes of steroid ointments worry parents and can lead to under-usage, and applies to a thin layer rather than not using frequently.

It is important to use steroid preparations appropriately, as advised by your doctor.

Calineurin inhibitors (Protopic® and Elidel®)

Sometimes this ointment may cause a mild stinging sensation for a brief period but this settles after the first few applications. For most children this is not a problem. This mainly occurs on active eczema and using a steroid to calm the flare prior to starting these ointment is beneficial

Calcineurin inhibitors are often used in place of steroids in those patients who are dependent

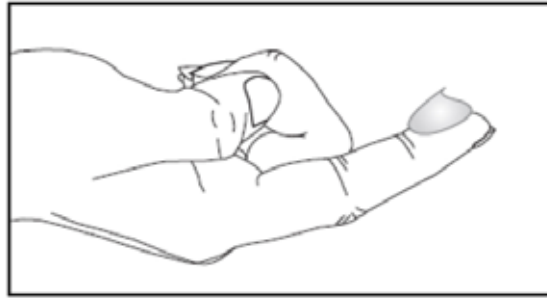
on topical steroids, as calcineurin inhibitors have no effect on skin thickness and do not contain a steroid. Their use will be discussed thoroughly in clinic before being started. These ointments are good at preventing flares and are often used initially daily, but for long periods twice weekly as a preventative ointment.

Eczema treatment plan

Emollient (use everyday)
Soap substitute (use everyday)
Bath emollient (use everyday)
Medicated creams (follow instructions below) Face/neck
Scalp
Body
Limbs

Volumes

Steroid creams/ointments are measured out in adult Fingertip Units (FTUs), see pictures below.



This diagram shows how many adult FTUs of steroid cream/ointment are needed to cover each area of a child's body depending on their age.

Face & Neck	Arm & Hand	Leg & Foot	Trunk (front)	Trunk (back) & Buttocks

Age	Number of finger tip units (FTU)				
3-6 months	1	1	1½	1	1½
1-2 years	1½	1½	2	2	3
3-5 years	1½	2	3	3	3½
6-10 years	2	2½	4½	3½	5

Infection

Signs of infection include weeping, crusts, blisters, eczema that is not getting better with treatment, or your child becoming feverish or unwell.

An infection usually requires treatment with a cream applied to the affected area or an antibiotic by mouth.

If you see blisters (with fluid in) or cold sores, go and see a doctor urgently.

Antihistamines

Antihistamines are not effective in eczema, as the itch is not caused by histamine. In rare cases, sedative antihistamines can be useful at night for short periods to help sleeping when the eczema is flaring up.

Food allergies

Children with atopic eczema are more likely to have an allergy to food. If you have concerns about this please ask your doctor.

Additional treatments

You need to see your GP to get all prescribed creams and treatments. Do not wait until you run out. Give your GP 48 hours notice to get the prescription ready.

Further information

More information is available from the **National Eczema Society's** website **www.eczema.org**

They also have a helpline: **0800 0891122** and you can email them at: **helpline@eczema.org**

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

© Royal Devon University Healthcare NHS Foundation Trust

Designed by Graphics (Print & Design), RD&E (Heavitree)