

Treatments used in eczema

Dermatology Department Patient Information Leaflet

Introduction

This leaflet aims to provide you with general information on eczema treatment and help you understand why you or your child has been given these treatments. You may also be given a dermatology treatment card, which outlines where, when, and how each treatment should be used.

Soap or bath substitutes

Soap or bath substitutes are treatments to be used when showering or bathing. They are light moisturisers that may also contain an antiseptic. They should be used instead of non-prescription products such as soaps, bubble baths etc. that are often fragranced, coloured or foam making. These can dry and irritate the skin.

The soap substitute can be applied before getting into the shower or bath, or while you are in it. It can also be used to wash hair. If you prefer to use a shampoo, please buy one that has no fragrance or colour. If contact with the shampoo irritates the rest of your skin, it is a good idea to wash your hair separately from bathing or showering.

The bath substitute is added to the bath water. Please follow the instructions on the packaging as to how much you should add to the bath.

Please consider using a rubber bathmat as **soap and bath substitutes may make the shower or bath floor slippery.**

You should apply an emollient (see next section) to your skin shortly after bathing or washing, to prevent the skin from drying out.

Emollients

Dry skin is common in eczema and contributes to itching.

Emollients, also known as moisturisers, make the skin less dry and therefore, less itchy. They may also help in reducing the number of topical steroids (see next section) required to control the eczema.

Emollients are usually packaged as a large pump (gels, lotions, and creams) or tub (ointments). You should use about 250 to 500 grams of emollient every week. Apply the emollient after a shower or bath as soon as you have gently dried your skin, and at other times of the day. Apply plenty of the emollient all over the body. You should continue to use them even when your eczema is gone.

When using emollients, smooth it onto your skin in the direction in which the hair grows. Do not rub it in forcefully but allow it to soak in. Leave a gap of about 30 minutes between applying an emollient and a steroid cream or ointment.

Prescription emollients generally do not have fragrance or colour, as these may irritate the skin. Emollient choice is based on personal preference. Different emollients may be preferred at different times of the day. Greasier emollients (ointments) stay longer on the skin compared to the less greasy ones such as gels, lotions, or creams.

It is a good idea to leave a separate container of emollient at nursery, pre-school, school, grandparent's homes, or any other place where you or your child spend a lot of time. You may also consider using a clean spoon to take ointments out of tubs to prevent transfer of bugs and contamination.

Emollients commonly contain paraffin as an ingredient. Clothing soaked in emollients that contain paraffin can easily catch fire by a naked flame or a cigarette. Therefore, please take care.

Topical steroids

Topical steroids are applied to the red and itchy areas of skin. Your skin becomes inflamed when you have eczema and topical steroids help in calming this inflammation. They are quite safe if applied correctly and under medical supervision.

Topical steroids come as an ointment (clear), cream (whitish) or gel (transparent) in a tube or as a lotion in a small bottle. Only apply topical steroids to the patches of eczema or inflamed skin. This is skin that is dry, itchy, red, swollen, puffy and/or cracked.

They should be applied to any broken skin that has resulted from the eczema or scratching. Please note that this goes against the information leaflet that comes with the topical steroid because it is quite safe and beneficial to do this for eczema. Do not apply topical steroids to normal looking skin.

If your doctor thinks you have broken skin from a cold sore virus infection, they may advise you to avoid applying topical steroids in these areas.

Steroid ointments are usually preferred as they have fewer ingredients, and their greasiness helps the dryness in eczema. However, your doctor may suggest creams, gels, and lotions for certain areas while the eczema is infected.

Most topical steroids need to be applied twice daily. Some are applied once daily. Use the fingertip unit guide or table to help you with applying the correct amount of topical steroid (see next section and the back of the eczema treatment card for more information).

You can gradually reduce how often you apply the steroid once the eczema improves. For example, we may advise you to reduce it from twice daily to once daily, and then to alternate days or every few days. You may need to apply it more frequently for any areas that are slow to improve or flare up again.

You will need to stop using the topical steroids gradually if the eczema has completely settled. However, your doctor will give you advice about your condition which may be different to this.

Topical steroids can be of various strengths. These range from mild to very strong (or potent).

Your doctor chooses the strength of the topical steroid according to your age, how severe the eczema is and where it is on your body. The same person may have topical steroids of different strengths advised for different areas of the body.

You may be advised a stronger topical steroid for flare ups and a milder one when the eczema is better controlled. It is important that you use the correct strength of topical steroid as advised.

Your doctor may want to know the amount of topical steroid you have used. Please make a note of the size of the steroid tube in grams (g) or the bottle in millilitre (ml) that you have been given and the amount you have used.

Fingertip unit (FTU)

A fingertip unit is the amount of topical steroid that is squeezed out from a standard tube along an adult's fingertip. One FTU is needed to treat an area of skin on a child's body that can be covered by two adult hands (the palm and the fingers).

The table below is a rough guide on how many fingertip units might be needed to treat your or your child's eczema, if all of the skin in a particular area is involved. If the eczema is patchy, less will be required. Select your or your child's clothing size.

	Number of fingertip units needed				
					
Clothing size	Entire face and neck	Entire 1 arm and hand	Entire 1 leg and foot	Entire front of chest and abdomen (stomach area)	Entire back including buttocks
3 to 6 months	1	1	1.5	1	1.5

1 to 2 years	1.5	1.5	2	2	3
3 to 5 years	1.5	2	3	3	3.5
6 to 10 years	2	2.5	4.5	3.5	5
More than 10 years or adult	2.5	4	8	7	7

Cotton or silk treatment garments

These can be worn during the day, night or both. They trap moisture and also prevent treatment from rubbing off onto clothing or bedding. They may also help reduce damage to the skin from scratching. Garments should not be worn if the eczema is infected.

What if the eczema becomes infected?

Occasionally, eczema can become infected by bacteria. Infected eczema is sore and looks more red, broken and weepy. Small white/yellow blisters and/or golden-yellow crusting or scabs may develop. This needs to be treated with an antibiotic medicine or cream.

Rarely, eczema can become infected by the cold sore (herpes) virus. This is known as eczema herpeticum. If you or your child has this, there will be a lot of small white or clear blisters in groups that are usually painful. These quickly burst to form several very small circular areas of broken skin. **This requires urgent treatment with an antiviral medication.**

Your child may develop a temperature or feel unwell if the eczema is infected.

If you are worried about an infection or if your child looks unwell, you should consider going to a walk-in-centre or on call/out of hours GP service. You can also contact the dermatology department for advice on 01384 244799 (9am to 5pm, Monday to Friday, excluding bank holidays).

Can I find out more?

You can find out more from the following weblinks:

[http://www.nhs.uk/Conditions/Eczema-\(atopic\)/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Eczema-(atopic)/Pages/Introduction.aspx)

<https://www.bad.org.uk/pils/eczema-atopic/>

<https://www.bad.org.uk/pils/eczema-herpeticum/>

Useful contacts

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Dermatology nurses on 01384 244799 (9am to 5pm, Monday to Friday, excluding bank holidays)

The Dudley Group switchboard number: 01384 456111

You can contact the secretary for your child's dermatologist through the switchboard on:

Ext 4919 (Dr Abdullah)

Ext 4952/4635 (Dr Frankiewicz)

Ext 4635 (Dr Madhogaria)

Ext 4708 (Dr Peng)

Ext 4919 (Dr Stewart)

Ext 4952 (Dr Verpetinske)

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/dermatology-community/>

If you have any feedback on this patient information leaflet, please email patient.information@dgh.nhs.uk

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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