Top Tips in Eczema Management

First, a point of clarification – many think the word "eczema" implies a genetic condition and "dermatitis" implies an external allergic problem – in fact, both terms to a dermatologist are interchangeable / mean precisely the same thing.

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Dermatologists would hardly ever use those terms without an explanatory prefix for example SEBORRHOEIC ECZEMA or ALLERGIC CONTACT DERMATITIS thus designating a subcategory which is important in terms of management / advice.

The classic genetic variation is called ATOPIC DERMATITIS and is often linked to asthma, hayfever and these patients are generally "sensitive" - have irritations with simple products like moisturisers / sun screens / soap powders etc.

Many patients have overlaps of 2 types of eczema – so don't get hung up on the "name" – more important, why are they in front of you with a problem? Do they understand the potential causes of eczema (genetic, allergic, infected) and the relative strengths of their skin treatments? What if any circumstances have changed?

TOP TIP 1: Most flaring eczema is NOT due to environmental changes – flaring eczema is usually due to normal skin bacteria being scratched into the skin surface and multiplying – thus, INFECTION is the commonest cause of flaring eczema. So adding an antiseptic topically or an antibiotic orally (FLUCLOXACILLIN 500 mg x4 per day for 14 days) will often make a dramatic difference.

NEWLY DEVELOPED ECZEMA: If the problem is recent – then consider circumstances – external allergy may be of relevance – starting work as a hairdresser, nurse, food industry – any wet work / regular hand washing is a potential problem – these considerations are important.

Wet work – both domestic and occupational, can obliterate the adhesion between the top of the fingernail and the nailfold skin thus allowing contaminants underneath the skin and this can precipitate nasty finger and hand eczema – hand protection by using cotton gloves inside rubber gloves when doing any dirty or wet work can be a tremendously helpful piece of professional advice to give to patient.

In sunnier months eczema can flare and many patients can be sensitive both to direct sunshine but also to airborne pollen landing on the skin – FINGER TO FACE transfer of allergens (eg in the garden; cookery products; nail varnish) is another very important cause of face and neck eczema.

In colder months eczema can also flare for different reasons – the skin tends to be less oily in winter and needs more emollient and protection from prolonged exposure to cold and wind.

TOP TIP 2: Empower your patient with further information eg www.dermatologist.ie; www.dermnetnz.org; www.BAD.org.uk
Give your patients a star rating with your dispensed steroids so they can understand the different strengths of steroid creams eg BETNOVATE ++++ ; EUMOVATE ++; HYDROCORTISONE + ; EMOLLIENTS zero pluses – and appropriate / inappropriate body locations for the different strengths.

When I see patients on multiple steroid creams I often ask them to put the creams on my desk in strength order from top to bottom and often they have very little idea about the relative strengths.

DAKTACORT is a good +1 product for most facial eruptions and covers both SEBORRHOEIC and also ATOPIC disease.

All forms of eczema have a common abnormality, OIL DEFICIENCY in the skin (not water deficiency) - therefore the term "dry skin" is very misleading. Oily greasy products like VASELINE work well but you cannot go out wearing them, more cosmetically acceptable moisturisers are often preferred. The preference is purely personal – there is no "best" product.

CLINGFILM: If you apply a treatment to the skin and then wrap the kitchen clingfilm temporarily over the area this enhances the penetration and effectiveness of the cream or moisturiser. This is a particularly useful technique to use overnight in bed – and can make a very dramatic difference to a number of patients.

So diagnosing and offering advice hinges on a relatively simple history.

KEY QUESTIONS:

- Past personal and family history of eczema / asthma / hay fever – indicates a genetic disease
- Recent sudden onset with no past history indicates the possibility of external factors
- A scaly dandruff like appearance on the face, scalp or upper body indicate a likely SEBORRHOEIC DERMATITIS type problem
- Sudden deterioration of a previously lower level problem indicates likely infection

OVERALL STRATEGY:

Try to establish a likely diagnosis by appropriate history taking

Advise about avoiding causation when possible

Tackle infection

Encourage oil replacement

Make sure patients have a grip of steroid potency in the products you provide – and guidance to online information resources as appropriate.