

# Eczema (atopic dermatitis)

## What is eczema?

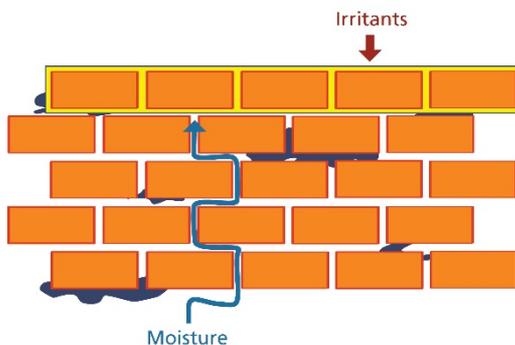
Eczema, or atopic dermatitis, is a common skin problem in children. About 1 in 3 children under 5 years of age have eczema. It tends to be worse for the first 2 years of life. The exact cause is not known, but often the child and other family members will have allergic conditions, e.g. hay fever or asthma.

Children with eczema have dry, sensitive skin, which becomes itchy. This leads to scratching which results in the skin becoming sore and cracked. If the skin then becomes infected the eczema is harder to treat. Sometimes your child's skin will be good and other times the eczema will flare up. This is part of the condition. Flare-ups are more common in winter and when children have mild infections, e.g. a 'colds'.

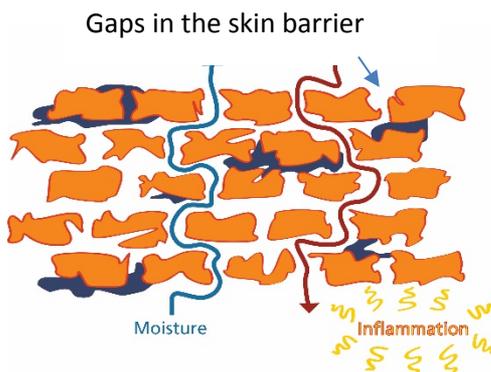
## What is the cause?

It is not well understood why some people develop eczema and others don't. A person with a history of asthma, food allergy or hay fever, or a family history of these conditions, is more likely to develop eczema. Although there is no "cure" a lot can be done to control it

In people with eczema the skin barrier is less effective than in people without eczema. The skin dries out easily and irritants get in to the gaps in the barrier, leading to redness, irritation and itch. Using moisturiser often and avoiding irritants are the most important ways to control eczema.



## How the skin works in people who don't have eczema



In some infants with eczema, some foods cause eczema to flare up. If you suspect a food is causing your child's flare-ups, talk to your doctor about referral to an allergy specialist who can find out whether there is a food allergy\*. Try not to restrict your child's foods before you have the allergist's advice and/or an accredited dietitian with special knowledge in allergies. Restriction without medical supervision may cause your child to miss out on important nutrients. This may lead to food intolerance.

If you seek advice from natural therapists, it is important to check their training and credentials, especially if they suggest food restrictions for your child and/or perform "allergy testing".

## How long does it last?

Eczema is a chronic condition (goes on for a long time) and may persist to adolescence or adulthood.

**What dry, itchy skin with eczema looks like. Less oils and fats in the skin and a damaged barrier allow moisture to escape and irritants to get in**



## How to reduce or prevent eczema flare-ups.

**Most Important : Hydrating the skin:** Putting moisture back into the skin and keeping it there is VITAL to control eczema.

### Moisturising cream

Apply a thick moisturising cream **at least twice every day**. Wash your hands before applying. Use a spatula or spoon to remove cream from the tub

### Bathing

Children with eczema always have dry skin, but after a bath, the skin is hydrated and feels good. Bathe your child in a lukewarm (not hot) bath for 10 minutes daily then pat (not rub) the skin half-dry with a soft towel. Trap the moisture in the skin by putting on a thick layer of moisturising cream to the entire skin surface while it is damp (within 3 minutes of leaving the bath).

Some very-hydrating creams or ointments are Eucerin glycerine, QV balm, Epaderm, Dermeze, Dermaveen or CeraVe. In summer, it may help to keep these in the fridge as applying cream cool can soothe the skin.

Bleach baths (like swimming pool water) may help settle flare-ups, especially if a skin infection may be present. See

[https://www.rch.org.au/kidsinfo/fact\\_sheets/Skin\\_infections\\_bleach\\_baths/](https://www.rch.org.au/kidsinfo/fact_sheets/Skin_infections_bleach_baths/)

or Google “RCH bleach baths” for instructions on diluting the bleach. If you do not have a bath tell the doctor or nurse.

### What about Soap?

Eczema is very sensitive to soaps and bubble bath. Any commercial soap, despite saying “moisturising” should **not** be used on the skin, including the hands. Teenagers should use a gentle cleanser to wash under the arms, genitals, feet. Most **non-soap-based wash can be used as shampoo**, as commercial shampoos bubble up and dry out the head and face skin. If you believe shampoo is important, use one recommended for people with eczema (eg. QV or Dermaveen).

## Other tips

- Loose, mostly cotton clothes should be worn where possible. Wool fibre, scratchy, rough and synthetic materials make eczema worse.
- When it is cold, use layers of light clothes, not heavy clothes. Avoid overheating any room, using electric blankets or woollen under-blankets. Try to use soft cotton or satin-like sheets.
- Avoid triggers that cause eczema to flare up, e.g. excessive heat, sweating, cold, dry air (use a humidifier), harsh chemicals, and soaps.
- Avoid laundry detergents with enzymes. Look for products labelled ‘sensitive’, ‘gentle’ or ‘Eco-friendly’. Rinsing twice removes detergent
- Minimise your child’s grass contact during grass pollen season (September and October).
- Keep your child away from anyone with cold sores as the **herpes virus can cause a serious skin infection** in children with eczema.
- Cover the skin with moisturiser before swimming.
- Try to breast-feed all high-risk infants at least until they are 6 months of age.

## Treating the Flare-Ups

### Cortico-steroid (cortisone) creams and Ointments

Sometimes a doctor may prescribe a cortico-steroid (‘steroid’ or cortisone) cream or ointment to help settle the inflammation (redness) and itch of eczema when a flare up occurs.

Cortico-steroid creams are safe when used as directed by your doctor.

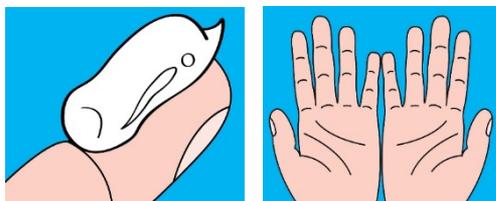
Cortico-steroid ointments are put on **BEFORE** the moisturiser.

Some doctors suggest a gap between putting on the steroid and moisturiser. There is different evidence on this. It may be sometimes difficult to get your child to wait. What is most important is that the prescribed creams are applied.



## How much to put on?

When you put on the cream, put enough on to leave a 'shine' on your child's skin. Squeeze cream onto your fingertip (wear gloves if possible) like shown in the picture.



**1 Finger-tip of steroid cream covers the area of two adult hands**

Children may need 2 types of steroid creams- one is weaker than the other so make sure your doctor and/or nurse **explains** to you which one to use on what body areas. Also ask **how long you need to use the steroid** for.

Ask your doctor/nurse to provide a "step-wise" ECZEMA CARE PLAN to help you remember when and how to apply treatments as eczema can sometimes be good and sometimes needs treating:

[https://www.allergy.org.au/images/stories/pospapers/ASCIA\\_Guide\\_Eczema\\_Management\\_2018.pdf](https://www.allergy.org.au/images/stories/pospapers/ASCIA_Guide_Eczema_Management_2018.pdf)

### Today's recommendation:

#### Facial / mild steroid cream

Your child's steroid cream is

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Apply this cream 2 times a day when the skin is rough, red and itchy, once a day if only mildly red or rough.

This cream is mild enough for the face but can also be used on other areas when the skin is not severely affected.

#### Stronger steroid cream (body only)

This is for severe flare-ups only and is **too strong** to use on the face or genital area. Make sure the nurse or doctor helps you understand how long to use the creams.

Your child's **stronger** cream is

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Apply this cream twice a day when the skin is both rough and red, once a day if only mildly red or rough. **Never apply this more powerful steroid cream to the face or genital area without a doctor's advice.** Once the flare is improving you may need to gradually reduce how much and how often this cream is used (so-called "weaning"). Change back to the weaker steroid cream when the severe flare-up is over or stop as your doctor/nurses advised.

#### Preventive non-steroid cream (pimecrolimus, etc)

This is usually only prescribed by a dermatologist (skin specialist) or allergy specialist.

#### Itching

At the first sign of any itching, apply moisturiser. You may need to use an ointment or thicker product. It must be thick enough that it does not fall out of the tub when you turn the tub upside down with the lid off. Use the steroid cream if redness or raised and/or itchy patches develop.

Keep your child's fingernails cut short or consider having them wear mittens or special splints to bed if the itching is severe. Also, wash your child's hands with water and a non-soap based wash often to avoid infecting the eczema.

#### Antihistamine (anti-itch) medicine

An antihistamine may be helpful to reduce night time itch. Antihistamines suitable for children over 6 months of age include Cetirizine (Zyrtec), Loratidine (Claratyne) or Fexofenadine (Telfast). Your pharmacist can assist with advice about how much to give your child. Diphenhydramine (Benadryl) may make your child sleepy so it may be a good choice at night time, but only for children over 5 years of age.



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## Wet dressings

These can be used when your child's itching gets bad, or if the skin is very cracked and sore. Wet dressings help the steroid cream and moisturiser work better and protect the skin from scratching and infection. The doctor or nurse will give you a pamphlet to remind you how to do the wet wraps after they explain.

For wet dressings: use warm water to dampen some soft, stretchy fabric such as Chux wipes, T-shirts, leggings or Tubifast (a special stretch material like a stocking).

Place the damp fabric over the eczema **after the creams have been applied.**

To keep the wet dressing in place you can use dry Tubifast to fit the arms and legs, crepe bandages, Gro-suit, a T-shirt, or leggings, depending on where the eczema is and what suits your child. If your child hates the damp feel, put on the bandages/tubifast dry. Then make the dry dressing damp by spraying water on using a clean spray bottle containing warm, clean water. Spray enough water on to make the fabric damp, not dripping with water.

If the eczema is on your child's face or head, you can hold a wet dressing to the area for 5-10 minutes. Wet dressings to the face or head should not be bandaged.

When the dressings dry out, they will make the skin hot and itchy. Either remove them or re-moisten them with the spray bottle warm water.

See this link for further information: [https://www.rch.org.au/uploadedFiles/Main/Content/derm/Wet\\_dressings\\_eczema.pdf](https://www.rch.org.au/uploadedFiles/Main/Content/derm/Wet_dressings_eczema.pdf), or Google "RCH Wet Dressings for Eczema"

## When should I see a doctor?

### Urgently if:

- Your child has a fever.
- The rash flares up or blisters, after your child has been in contact with someone who has cold sores.

### Within 24 hours if:

- The rash becomes raw and open in several places
- The rash looks infected (pus, yellow scabs or pain are present)
- The rash hasn't greatly improved in 7 days of treatment
- You have other concerns or questions

\*Your doctor can see the WCH Allergy Service referral guidelines at this link: <http://www.wch.sa.gov.au/services/az/divisions/paedm/allergy/>

**Extra points the doctor or nurse wants you to remember:**

## For more information

**Paediatric Emergency Department**  
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<http://www.wch.sa.gov.au>

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