



# UNDERSTANDING ECZEMA

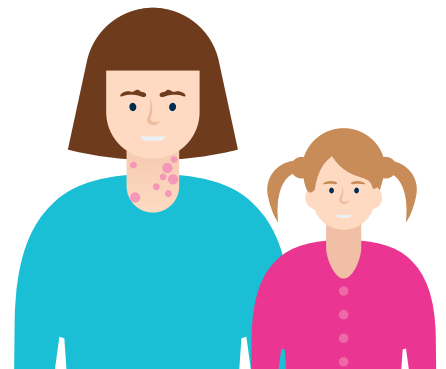
**Starter  
Kit**

**A step-by-step guide on  
everyday eczema management**

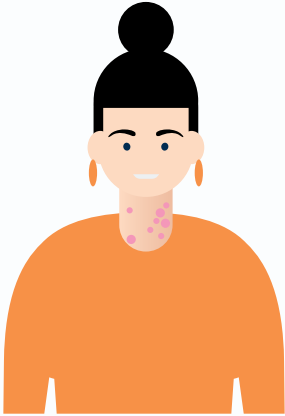
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Eczema is a common skin condition that can range from being quite minor to something that can have a negative impact on quality of life. The good news is that by having an appropriate management plan in place, symptoms and discomfort can be significantly reduced.

We hope you find this resource helpful in understanding eczema and how to manage it.



# Contents

- 03** What is Eczema?
- 04** Everyday Eczema Management
- 07** Potential Eczema Triggers
- 08** FAQs
- 09** ASCIA Eczema Action Plan



# What is Eczema?

Eczema occurs when the skin barrier does not work properly causing it to become dry, itchy, rough, and more prone to infections and inflammation (redness).

Eczema, also known as atopic dermatitis, commonly affects young children, but can occur at any age.

People with a family history of eczema, asthma and hay fever (allergic rhinitis) are more likely to develop eczema. It is believed to happen due to both family genetic makeup and different things in the environment.

Eczema flares occur when eczema suddenly gets worse. Flares are commonly triggered by a wide range of things that irritate the skin, but sometimes flares happen for no obvious reason. It is important to keep moisturising your skin, following your management routine and doing what you can to help prevent a flare.

There is no cure for eczema but for most people it can be managed very well, and the good news is that 70% of children grow out of it.



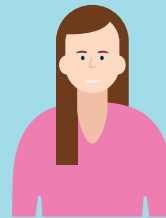
## How eczema changes with age



**Under 1 year**  
Eczema is often a widely distributed rash that is dry, scaly and red. Cheeks are often the first place to be affected.



**Toddlers**  
Eczema starts to appear on some parts of the body and skin can become thicker. It often affects joints e.g. elbows, wrists, ankles and knees. Its worst between the ages of 2-4 years.



**Older children/teens**  
Eczema often seems to clear by the school years/teen years, but the barrier function of the skin is never normal.



**Adults**  
Eczema can present in various ways and is generally on certain parts of the body. It is often on the hands, eyelids, creases, joints and nipples. Eczema can be difficult to clear.

# Everyday Eczema Management

Eczema management may be required for many months or even years, but by having the right plan in place, the condition can be manageable.

It is important to see your allergy specialist/dermatologist/eczema nurse/eczema nurse practitioner/GP regularly so that you have a treatment plan, and access to the latest management advice and treatment options available.



## Bathing

It's best to take short (5 minute) warm (not hot) baths or showers once daily, preferably in the evening using a non-soap based wash or oil - avoid soap or bubble bath.

Gently remove any eczema crusts while in the bath or shower, as it will help the steroid cream/ointment you apply after bathing work more effectively.

If shampooing your hair, use a product that is made for people with sensitive skin to avoid irritation.

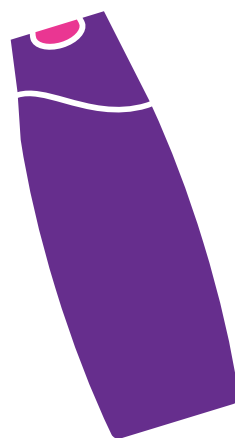
When you finish your bath/shower, pat yourself dry with a soft towel and apply steroid cream first (if using) and then moisturiser, as recommended by your doctor or nurse practitioner.



## Topical Steroid Creams & Ointments

Commonly used to treat eczema flares to help control inflammation (redness) and itch. Treating the eczema early and following advice from your doctor/nurse practitioner will help stop the eczema getting worse or becoming infected.

You should use your prescribed topical steroid cream/ointment as soon as there is any sign of an eczema flare (such as redness, itch, rough skin) and continue until the eczema has cleared (that is when your skin feels smooth and is no longer itchy). Moisturiser still needs to be used at least twice daily even when there is no eczema flare.



# Everyday Eczema Management



## Moisturising

Moisturising the skin reduces water loss, improves dryness, decreases itch and protects the skin from things that can make eczema worse such as pollen, dust mites, sand and wind.

It is important to moisturise regularly (twice daily or more often if the skin is dry) and in adequate amounts. The best time to apply is straight after bathing while the skin is still damp, as this is when it will be best absorbed by the skin.

Apply moisturiser to the whole body and face, even if no eczema is present. Apply in a downward direction (the direction the little hairs grow on your skin) and be careful not to miss anywhere like behind the ears, ankles, feet and eyelids, or to ignore areas that don't get eczema. The skin is one organ so you need to moisturise all your skin.

## What Moisturiser to Use?

It is best to use creams and ointments as they are thicker and last longer than lotions. Lotions are water based and thin, so they won't keep your skin moist for as long and may also cause stinging if skin is already red and itchy.

Do not use moisturisers that contain common allergy causing foods such as cow's milk, goat's milk, oats and nut oils as they may lead to the development of food allergies in babies, children and sometimes even adults. Plant extracts such as lavender and tea tree oil may irritate the skin so avoid them.

### How much moisturiser should you use in a week?

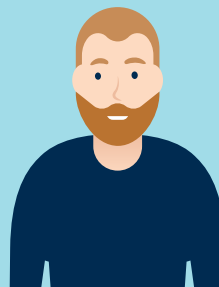
1 Baby



2 Small Child



3 Teenager or Adult



# Everyday Eczema Management

1



✓ **Wash and dry your hands**

2



✓ **Apply steroid cream/ointment**

Apply steroid cream/ointment to all areas of eczema, not just the worst parts. One fingertip amount of steroid cream/ointment (from the fingertip to the first bend in the finger) is enough to cover an area the size of two adult hands.

NOTE: It is best to apply at night, after showering or bathing.

3



✓ **Apply moisturiser**

All over body, including on top of the steroid cream.

Continue using the steroid cream/ointment daily (or as directed) until the skin has cleared, which means there are no dry, red or rough areas. If the eczema flares again, start using the steroid cream/ointment again.

It is important to use moisturiser after the steroid cream/ointment.

**ACT FAST:** Using steroid cream/ointment at the first sign of itchy/red skin can help to bring it under control quickly, meaning you will need to use the steroid cream/ointment for a shorter period of time. Waiting until the eczema is severe, or uncontrolled, will mean using the steroid cream/ointment for longer to try and control the redness and itch.



## The Scratch & Itch Cycle

When the skin is dry and is not well moisturised, it becomes more open to allergens and irritants, which can trigger the skin to release chemicals that make it itchy. Scratching itchy skin causes more chemicals to be released, making it even more itchy. If eczema is well managed, this cycle is slowed down and skin is less itchy.

# Potential Eczema Triggers

People with eczema should avoid what they know makes their skin worse. Below are some helpful tips on how to do this.

TRIGGER	TRY
Skin, beauty products, sunscreen, clothes washing powder	Options that don't contain perfume, fragrance, plant extracts and common allergy causing foods
Getting too hot	Soft cotton or silk bedsheets without heavy blankets or quilts. It is also best to avoid electric blankets and heaters in the bedroom
Clothing fabrics such as wool, synthetic materials such as nylon	100% cotton clothing that is loose fitting
Chlorinated swimming pools	Rinse immediately after swimming and apply a thick layer of moisturiser
Tomato sauce or citrus fruits	Apply thick moisturiser around the mouth before enjoying
Playing/sitting on sand, carpet or grass	If you know you/your child will be on these surfaces, consider long, lightweight cotton pants or a towel or rug to sit on
Dribbling (babies)	Gently pat dry and apply a thick moisturiser around mouth and chin
Pollens	When there is a high pollen count, try to stay indoors with windows and doors closed
Scratching	Keep fingernails short and consider cotton gloves to prevent scratching while in bed

## Common Triggers

There are also common, unavoidable triggers such as infections, stress and vaccinations, so it is important to moisturise and manage flares when they happen as well as avoiding other triggers where possible.



# Frequently Asked Questions (FAQs)

## **Do people with eczema usually have other allergic conditions?**

Many people with eczema have other allergic conditions. Studies have shown that up to 30% of babies with eczema who have a family history of allergy will develop food allergy, and up to 40% develop asthma or hay fever (allergic rhinitis).

## **Are steroid creams/ointments that are used to treat eczema bad for you?**

Topical steroid creams and ointments are a safe and effective treatment when they are used as directed by your doctor or nurse practitioner. Skin damage can be prevented by applying creams/ ointments, including steroids, prescribed by your doctor as soon as itchy or rough skin is noticed. Not using enough of the eczema treatments can cause skin damage due to itching, which can lead to sores, scabs and scarring. Additionally, people who have eczema that is not well managed are more likely to have skin infections.

## **How can eczema itch be controlled?**

The following actions may reduce itch, to help control the scratch and itch cycle of eczema:

- Keep skin well moisturised every day.
- Use cold compresses (such as a wet face cloth) and wet dressings/wraps, as directed.
- If advised to use antihistamines, use non-sedating antihistamines. Sedating antihistamines are generally not recommended and should not be used in young children without specialist supervision.

## **Will a restrictive diet help eczema e.g. removing dairy or wheat from the diet?**

Eczema is not caused by food but food may trigger eczema flares. It is important to seek professional medical advice for eczema management and not restrict foods from the diet unless under medical direction. Removing foods can affect growth and nutrition.

## **What skincare products are best for eczema?**

It is best to use skincare products that do not contain any food products, fragrances or plant extracts. Just because a product claims to be 'natural' does not mean it is good for eczema. Talk to your doctor or nurse practitioner for the best options to suit your needs.

## **Is eczema the same as dermatitis?**

Eczema is a type of dermatitis (atopic dermatitis), which simply means red and inflamed skin.

## **What can I do if I follow my management plan and my eczema will not clear?**

It is important to go back to your specialist (dermatologist/clinical immunology allergy specialist/ GP/paediatrician) to discuss treatment options. There are new and very effective treatments available in Australia for severe eczema.

**For more information on eczema (atopic dermatitis) visit the links below:**

[ASCIA Stepwise Management Plan for Eczema](#)

[Allergy & Anaphylaxis Australia \(A&AA\) Managing Atopic Dermatitis \(Eczema\) Brochure:](#)

[ASCIA Eczema \(Atopic Dermatitis\) Frequently Asked Questions \(FAQ\):](#)

[Nutrition, Food Allergy & Eczema - Webinar](#)

[Operation Itch - Animation](#)





# ASCIA Eczema Action Plan

**ascia**

australasian society of clinical immunology and allergy

www.allergy.org.au

## ACTION PLAN FOR Eczema (Atopic Dermatitis)

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Plan prepared by Doctor: \_\_\_\_\_ or Nurse Practitioner: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In order to manage your eczema or your child's eczema you should follow all of the selected recommendations listed below

### ACTION: MAINTAIN AND PROTECT SKIN

- Apply \_\_\_\_\_ moisturiser at least \_\_\_\_\_ times/day
- Bath/shower with \_\_\_\_\_ (non-soap based body wash or oil)
- Immediately apply \_\_\_\_\_ moisturiser after bath/shower
- Additional bath instructions: \_\_\_\_\_

### ACTION: TREAT FLARE AND SEVERE ECZEMA

If prescribed, use topical corticosteroid or calcineurin inhibitor ointments or creams listed below.

Apply moisturiser after using the prescribed treatment.

#### FACE TREATMENT

- Mild to moderate flare of eczema: \_\_\_\_\_  ointment or  cream;  1,  2 or  3 times/day
- Severe flare of eczema: \_\_\_\_\_  ointment or  cream;  1,  2 or  3 times/day
- Night time application: \_\_\_\_\_  ointment or  cream

#### BODY TREATMENT

- Mild to moderate flare of eczema: \_\_\_\_\_  ointment or  cream;  1,  2 or  3 times/day
- Severe flare of eczema: \_\_\_\_\_  ointment or  cream;  1,  2 or  3 times/day
- Night time application: \_\_\_\_\_  ointment or  cream

Continue to use recommended treatment until  skin looks and feels normal,  or for \_\_\_\_\_ days

If prescribed, use a PBS listed treatment for severe eczema:

- Dupixent® or  Rinvoq® or  Other \_\_\_\_\_

### ACTION: CONTROL ITCH

- Wet dressings/wraps: \_\_\_\_\_ times/day; \_\_\_\_\_ times/night. Note: These can also be used to maintain and protect skin.
- Cool Compress  Specifically designed garments: \_\_\_\_\_  
Note: Wet dressings/wraps and cool compresses can also be used to treat eczema flares.
- Antihistamine: \_\_\_\_\_ Dose:  1,  2 \_\_\_\_\_ mg tablet or \_\_\_\_\_ ml;  1 or  2 times/day
- Other: \_\_\_\_\_

### ACTION: CONTROL AND PREVENT INFECTION

- Bleach baths  1,  2 or  3 times/week:
  - \_\_\_\_\_ mls unscented domestic bleach (~4 - 4.5%)/ \_\_\_\_\_ ml water OR
  - \_\_\_\_\_ mls unscented domestic bleach in  full, or  1/2 bath
  - Additional instructions: \_\_\_\_\_
  - Apply moisturiser after bleach bath
- Nasal ointments: \_\_\_\_\_  1,  2 times/day
- Treatment oral antibiotic: \_\_\_\_\_ Dose:  1,  2 \_\_\_\_\_ mg tablet or \_\_\_\_\_ ml; \_\_\_\_\_ times/day for a total of \_\_\_\_\_ days
- Oral antibiotic prophylaxis: \_\_\_\_\_ Dose: \_\_\_\_\_ mg tablet or \_\_\_\_\_ ml; \_\_\_\_\_ times/day
- Varicella vaccination  Additional instructions: \_\_\_\_\_

### ACTION: AVOID TRIGGERS AND IRRITANTS

- House dust mites  Other confirmed allergens: \_\_\_\_\_
- Irritants - perfumes, soaps, clothing  Other irritants: \_\_\_\_\_

© ASCIA 2022 This plan was developed as a medical document to be completed and signed by the patient's doctor or nurse practitioner.



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The information contained in this resource is not medical advice.  
Those concerned about allergy management should always consult a doctor.

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