

Atopic dermatitis, also known as eczema is a chronic, itchy skin condition that affects children and adults. Moderate/severe atopic dermatitis can have a great impact on quality of life.

For more information on atopic dermatitis (eczema) please contact Allergy & Anaphylaxis Australia. We provide information, support and advice on appropriate care and ongoing management.

Call 1300 728 000

Visit www.allergyfacts.org.au

Managing Atopic Dermatitis (Eczema)



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This brochure was produced with the support of a patient association grant from Sanofi Genzyme



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Managing Atopic Dermatitis (Eczema)

Atopic dermatitis, also known as eczema is a chronic, itchy skin condition that is very common in children but may occur at any age. It is the most common form of dermatitis. It affects 15-20% of children but only 1-2% of adults.

Atopic dermatitis usually occurs in people who have an atopic tendency. This means they have inherited the tendency to allergic disorders and may develop any or all of three closely linked conditions; atopic dermatitis, asthma or allergic rhinitis (hay fever). Often these conditions run within families with a close relative also affected. A family history of these conditions is useful in diagnosing atopic dermatitis in infants.

It arises because of a combination of genetic and environmental factors. The primary problem is a defective skin barrier function making the skin more susceptible to damage from irritants such as soap, changes in the weather and temperature, and other non-specific triggers.

Atopic Dermatitis from infancy to adulthood

Atopic dermatitis patterns usually change with increasing age.

Infants less than one year old often have widely distributed rash. The skin is often dry, scaly and red. The cheeks of infants are often the first place to be affected by eczema.

The nappy area is frequently spared due to the moisture retention of nappies.

As a child grows, the atopic dermatitis becomes more localised and thickened. Toddlers scratch vigorously and the rash may look very raw and uncomfortable. Atopic dermatitis in this age group often affects the outer aspects of joints, particularly the wrists, elbows, ankles and knees.

Older children tend to have the flexural pattern of dermatitis where the creases of the joints are affected, especially the elbow and knee creases. The affected skin often becomes dry and thickened from constant scratching and rubbing. Other involved areas include the eyelids, earlobes, neck and scalp.

Atopic dermatitis is often worst between the ages of two and four but it generally improves during school years and it may completely clear up by the teens, although the barrier function of the skin is never normal.

Adults who have atopic dermatitis may present in various ways. They commonly have persistent localised dermatitis, possibly confined to the hands, eyelids, creases around joints, nipples or all of these areas. Recurrent bacterial infections may be a problem. Hand dermatitis is more common in adults with atopic dermatitis.



Management

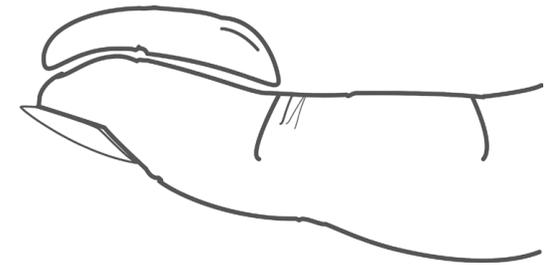
Management of atopic dermatitis may be required for many months and possibly years. There are a number of strategies for optimal management:

- Reduction of exposure to trigger factors (where possible). This may include an allergy assessment by an allergist or dermatologist to properly identify allergic triggers.
- Short warm bath or shower daily. Do not use soap or bubble bath.
- Straight after bathing and patting dry with a towel, apply topical steroid cream/ointment (as prescribed) and moisturisers
- Regular moisturiser use should become a twice daily habit for affected individuals. Adequate amounts of appropriate moisturiser should be applied to maintain the skin barrier.

- Intermittent topical steroids are an essential part of management and when used correctly under supervision are very safe in the long term. It is important to use adequate amounts of topical steroids.
- Topical steroids treat redness and inflammation of the skin, moisturising creams and ointments treat dry skin and protect the skin barrier.
- All individuals with atopic dermatitis that is moderate/severe or persistent should have a treatment plan from their allergy specialist or dermatologist.

There are some new treatments (involving the immune system) available for the small number of people who have severe dermatitis not controlled by topical therapy. This treatment must be prescribed and supervised by a specialist.

It is important to see your allergy specialist or dermatologist regularly so that you have access to the latest information and treatment options available to you.



Finger Tip Unit – the amount of steroid cream/ointment on the fingertip is the amount of steroid cream/ointment used for a red and/or inflamed area of eczema measuring the size of two adult open hands

For more information on atopic dermatitis (eczema), including an Eczema Treatment Plan to be completed by your doctor, visit

<http://www.allergy.org.au/patients/skin-allergy/eczema>