



Atopic Dermatitis

Atopic dermatitis, also known as atopic eczema or 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 (hayfever). 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 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, flexures, nipples or all of these areas. Recurrent bacterial infections may be a problem. Hand dermatitis is more common in adults with atopic dermatitis.

ACN 159 809 051

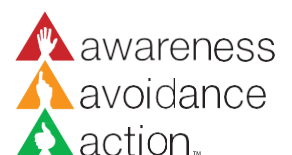
www.allergyfacts.org.au

A&AA[®] 2012



**Allergy & Anaphylaxis
Australia**

Your trusted charity for allergy support



Knowledge for Life. © 2008



Atopic Dermatitis

Management

Management of atopic dermatitis may be required for many months and possibly years.

There are a number of strategies to correct management:

- Reduction of exposure to trigger factors (where possible). This may include an allergy assessment by an allergist to properly identify allergic triggers.
- Regular moisturiser use should become a daily habit for affected individuals
- Intermittent topical steroids are an essential part of management and when used correctly under supervision are very safe in the longterm.
- All individuals with atopic dermatitis that is moderate to severe or persistent should have a plan devised with an allergy specialist or dermatologist.

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

For more information on atopic dermatitis and eczema, including an Eczema Treatment Plan to be completed by your doctor visit <http://www.allergy.org.au/patients/skin-allergy/eczema>

Prepared by Professor CH Katelaris Oct 2012

ACN 159 809 051
www.allergyfacts.org.au
A&AA[®] 2012



**Allergy & Anaphylaxis
Australia**
Your trusted charity for allergy support

 awareness
avoidance
action.
Knowledge for Life. © 2008