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Life with Eczema

Dear Editor,

My Life with Eczema

I have had eczema my whole life and the image of my mum putting creams on me and wrapping me in cotton cloths while I complained in the 70's comes to mind when I see a child with eczema. Thankfully there is more known about the condition now and whilst I am sure it still difficult there is more understanding and a wider range of treatments albeit not a 'cure'. I remember the oil baths and my nana loved to knit me wool cardigans and jumpers. No one could understand why I hated wearing them. To this day I avoid wool unless I have several layers of cotton underneath.

Surprisingly no one ever mentioned anything about diet to mum or I. Now I know that sometimes diet can have an impact on skin. I had a honeymoon period during puberty but the eczema return when I was 14. First, on the pinky of my right hand - little itchy, watery blisters that wouldn't go away. My GP sent me to a dermatologist who took a microscope slide scraped it along my pinky and looked under a microscope and said 'nothing was wrong but try some steroid cream'. Over the next year my eczema got progressively worse travelling up my arm, torso and legs. I was then given the strongest steroid cream available on the market at the time. My GP prescribed it thinking it was eczema as I presented with classic armpit, front of elbow and backs of knees but I was never sent to an allergist.

After 15 years of using this cream on and off when I needed it, from one season to the next, my GP decided it was time to look at what might be causing my eczema. This was the first time he had mentioned a possible trigger we might be able to manage in some way. I remember wondering why it had taken so long to tell me it maybe was not just my skin, but something in my environment that could be contributing to the flare ups. I discovered the severity of my eczema is lifestyle related.

Here are my tips:

I wash my clothes in liquid for baby clothes or plain soap as modern washing powders and liquids may be fabulous at removing stains but they reek havoc on my skin. We do a double rinse in the washing machine cycle – amazing how much soap suds are left after the first rinse which then come in contact with skin once dried.

I avoid all fabric softeners and perfumed washing liquids – they set me off - which also means not using someone else's washing machine due to the residue left in it which I discovered after staying with friends for two weeks. I shower at night so I can smother myself in skin moisturising cream (minus the vitamin E as topical vitamin E sets me off) and then jump into bed to let it all absorb. Nothing worse than being creamed up and having to put work clothes on! I read that people with eczema lack a gene that makes a natural moisturiser for the skin which makes the skin more "water proof". I use a very simple shampoo and conditioner with no perfumes or colours just a plain clear liquid - not the best shampoo but I no longer have eczema on my shoulders where my shoulder length hair brushes over them.



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I ditched the doona years ago in favour of old fashion 100% cotton sheets, blankets and bed spread – I over heat with doonas and can't regulate body temperature well at night – going from freezing to boiling so layering works best. I only wear 100% cotton night clothes and underwear to bed – natural soft plant fibres are best and no scratchy lace. Day clothes I look for contain as much cotton in the blend as possible and avoid manmade fibres like nylon. I can use perfume if I spray it on my outer clothes and not directly on my skin. I have found a skincare product to use– after spending thousands of dollars “trailing and erroring” there is one brand I can use with no reaction. With this underneath I can use liquid make over the top and together they make a good sun protection as for some reason sunscreen sets me off .

I'm sceptical of “natural botanicals” as I had a terrible time after using products that someone recommended in my teen years I avoid costume jewellery if it contains nickel and while I love rose gold I can only wear it once a week – consecutive days in a row leads to a patch of eczema just where the pendant or bracelet were.

I apply hand cream numerous times a day – these days I generally only have eczema/dermatitis on my hands and it is related to the amount of hand washing I stay out of sun, sand, wind and air conditioning where I can – I nearly cried when my friend got married on a beach last December - nothing to do with her getting married and everything to do with perfect eczema conditions I try to drink loads of water and eat healthy fats (nuts, avocado, olive oil, fish) which I figure will help moisturise the skin from the inside out but I have no scientific proof of that. I now avoid heavily processed foods, I am dietitian after all, and if there are more than 10 ingredients (about what's in my morning muesli with milk) and loads of additives I avoid it.

With this recipe I have been virtually eczema free for the last five years or so. I just have it on my hands and I can live with this as I can wear gloves when I need to. This is what I have found works for me. Some might say my eczema would have been better in adulthood anyway but I think some of the above measures have helped keep it under control.

A&AA Member

Dear Member,

Thank you for sharing your story with us. There is no cure for eczema. Treatment thus falls into “routine recommendations”, identifying potential avoidable triggers and taking expert advice when eczema is difficult to control.

So let's start with routine advice. Eczema skin is drier than the average, has a lower oil and water content than usual, and is much easier to irritate than normal skin. Soap is also more drying; thus sufferers are routinely advised to avoid soap, use soap free substitutes (cleansers and washes to reduce the amount of staph which of ten causes infection of the sensitive skin) and use regular moisturiser. Since eczema is an inflammatory condition, anti-inflammatory medication is commonly used until the rash is healed. Cortisone/steroid creams are most commonly used; non-steroid creams are more commonly used on the face. It is important to know that more problems are caused (including thick skin



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and changes in pigmentation) by under treating eczema than over treating it. Wet dressings (to soothe and hydrate itchy skin) are of ten useful, particularly in itchy infants. Infected eczema may require antibiotics for treatment; frequent infections may be managed by use of regular baths in antibacterial bath oils or very dilute bleach solutions.

There are many environmental factors that can aggravate eczema, but everyone is different! Dry winter climates, winter heating, infections and teething (very important in young children), chlorine from swimming pools, residues of clothing detergents, wool and synthetics next to the skin are common complaints. So what about food? Well, advice to remove food from diet (hoping that it will help) is more common than evidence that it helps. While food allergy and eczema of ten occur in the same person, allergic reactions to foods are usually obvious, of rapid onset and trigger hives rather than ongoing eczema. It is important to note that foods are more commonly implicated in severe eczema in the first year of life rather than eczema in older children and adults .

Food intolerance diets are sometime used, but again only occasionally help, should be short-term and undertaken under medical and dietetic supervision to reduce the risk of malnutrition.

Then we move onto what sometimes helps. Probiotics? Well, there have been a flutter of research papers over the last decade, but results are controversial so these products are not routinely recommended. What about diet oil supplements (fish oil, Evening Primrose oil, flaxseed oil)? Well, evidence is more anecdotal than proof . And antihistamines are commonly used, but only sometimes help, and sedating medications are only occasionally used in young infants due to the risk of respiratory arrest!

Dust mite avoidance may be an aggravating factor and so "avoidance measures" are of ten recommended. There are other "small print" measures that may be useful in some individuals, which is why specialist referral is recommended w hen symptoms are difficult to control.

The bottom line is that eczema is an ongoing, frustrating and incurable condition. Patients are generally managed by one of more of skin specialists, allergy specialist or paediatricians depending on patient age and other conditions (like hay fever, asthma or food allergy) that may occur in the same person at the same time. We need to remember too, that whilst we all have access to information via the internet including social media, alternate practitioners, well meaning grandmothers, health professionals and many others, not all information we come across is credible or helpful to all with this condition. If you have a problem with skin, you see a specialist w ho deals with skin. Your path has been a long one. It is great that you have found w hat makes your eczema worse and that you keep on top of it the way you do.

Again...thanks for sharing ■

Editor



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