

ECZEMA

What is eczema?

Atopic dermatitis (also called eczema) is a condition where the skin is dry, red and itchy. The main function of the skin is to provide protection (keeping water in and irritants out). In eczema, that protection is not working well. The skin gets dry and easily irritated. As a result, when patients with eczema get a flare, the skin gets red, scaly and itchy.



Why do people get eczema?



A big part of eczema's cause is due to genetics.

In particular, the genes that control how the skin is put together can be altered in children with eczema. However, there are also factors in the environment which can trigger flares of eczema. Scratching, drool, irritating soaps, dust mites, and pet dander are some of the more common triggers. Food can sometimes be a trigger, but is often not a factor in most children with eczema. There is no blood test to diagnose eczema. Fortunately, most children outgrow eczema. However, some will continue to have sensitive skin into adulthood.

How do you 'fix' eczema?

The main goal in treating eczema is to prevent flares and to stop the skin from itching. Since the root of the problem is the skin barrier, a very important part of treatment is to constantly moisturize the skin.

In general, the thicker the moisturizer, the better. Ointments are better than creams and creams are better than lotions. However, if the moisturizer is too sticky, it may be a problem getting it on the child!

Once the skin gets irritated, the moisturizers are not enough to get things under control. This is where the prescription medication comes to play. Think of these like water to put out the fire of eczema. There are weak, medium and strong medicines. The key is to find one that will put the eczema out completely (within 2 weeks or less).

Once the eczema is gone, you can stop the medications, until the next flare. While you are using these medications, continue to moisturize the skin. If you use these medications properly, they are very safe.

Other additional ways to treat the skin include special antiseptic baths (called bleach baths), avoiding triggers like fragrances in detergents, creams and soaps, and special bandages called "wet wraps".



Tips for treatment

- To treat the area of 2 palm sizes, **use the amount of medicine that will cover 1 fingertip**
- You should be able to clear the eczema within 2 weeks (if the medication is the right one).
- You should be able to take a break from the medication (on the particular area of skin) for at least 1-2 days
- The eczema can leave behind white or dark spots after it is treated. This is not harmful and will fade with time. This is not a side-effect of the medication.
- Helpful resources for eczema:

- The Eczema Center: <http://www.eczemacenter.org/>
- The Eczema Society of Canada: <http://www.eczema-help.ca/>



Eczema action plan

Check your child's skin each day and look for signs of rash. Use the daily care guidelines and the 3 zones below to decide your skin care plan for the day.

Daily skin care routine

- **Bath/shower:** Have your child take a bath or a shower for 15 minutes or less. Use a mild cleanser only if there is visible dirt or on "dirty" areas (armpits, groin, feet). Pat dry and moisturize within 5 min of exiting the bath/shower.

Cleanser options: Aveeno/ Cetaphil Restoraderm/ Spectro Kids/ Dove Sensitive Skin unscented bar soap/ Lipikar Syndet.

- **Moisturizer:** Apply moisturizer to your child's entire body at least 2 times a day and immediately after bath, or more often if needed for itchy, dry skin.

Moisturizer options: A-Derma EXOMEGA Emollient Balm/ Aquaphor/ Aveeno balm/ Avène XeraCalm/ Cetaphil Restoraderm/ CeraVe cream/ Curel Itch Defense Lotion/ Eucerin eczema relief cream/ Glaxal base/ Glysomed/ Lipikar Baume AP+/ Neutrogena Norwegian formula hand cream/ Vaseline

Mild (skin is just dry or very little redness)

- Continue daily skin care routine with daily moisturizing (see above)

Moderate (skin starting to flare with redness and itchiness)

- Continue daily skin care routine (see above).
- **Apply:** Desonide/ DermaSmoothe/ Hydrocortisone/ Elidel/ Protopic/ _____ twice daily to **face, groin**.
- **Apply:** Betamethasone valerate/ Mometasone/ Protopic/ _____ once/twice daily to **body, resistant areas**.
- **Apply:** Clobetasol/Mometasone/Crisaborole _____once/twice daily to **hands, wrists, ankles, feet and thick areas**.
- **Apply:** Dermasmoothe/ Cyclocort/ Valisone/ Clobetasol/ _____ once/twice daily to **scalp**.
- Let us know if you need to apply topical steroid for more than 14 days in a row in one spot.

Severe (skin is very thick/red/ itchy/ oozing/ child cannot sleep at night)

- **Start wet wrap therapy** if no pustules or yellow crusting or oozing.
- **UVB phototherapy therapy** (we will find a place close to your house, if available).
- **Start dilute bleach baths ("Swimming pool" baths)**
 - 3 times/week (ie. Monday, Wednesday and Friday), add 1/4 to 1/2 cup of unscented clothing bleach (~4 - 4.5%) to a regular bath tub (or in infants, 1 mL of bleach for every 1 litre of water; for hands, use 2 mL for every 1 litre)
 - Soak for 5- 10 minutes
 - Rinse and immediately apply moisturizer or medication
- **Pills like JAK inhibitors (upadacitinib or abrocitinib) or immunosuppressants (methotrexate, cyclosporine, azathioprine)**
- **Pills like methotrexate** that are taken once a week
- **Dupilumab or tralokinumab injections** if we can arrange this through extended insurance
- **Study centres** in Vancouver (**604-682-7577** and **604-875-5296**) and Surrey (**604-953-1333**) for clinical trials