



SEBORRHOEIC ECZEMA IN ADULTS

Seborrhoeic eczema is a common skin condition that can range from mild dandruff, to severe redness, scaling and irritation on many parts of the body. Fortunately a number of preparations are available to treat this condition, and by using these and following the guidelines given in this fact sheet, most cases can be successfully controlled.

Who gets seborrhoeic eczema?

Seborrhoeic eczema usually affects adults aged between 20 and 40 years, although anyone from the teens upwards can develop it. The condition is not inherited, so it does not run in families. Men develop it more frequently than women.

What does seborrhoeic eczema look like?

The condition usually starts on the scalp as mild dandruff - in many people this gets no worse and does not spread, so treating the scalp with a medicated shampoo is sufficient to control the condition. In others, the dandruff becomes progressively worse, the scalp scales heavily and the skin underneath becomes red and itchy. Sometimes hair is lost from the affected areas, but it usually re-grows when the condition clears up.

As the scalp becomes inflamed, the rash may spread onto the face and neck. Eyebrows, temples, folds at the sides of the nose, and neck are often affected, with the area looking red and shedding small white flakes of skin. This type of eczema can be particularly bad behind the ears - larger, greasy scales stick to the skin and surrounding hair, making the area look thickly crusted - the skin may then crack and can easily become infected and very uncomfortable. The ear folds and ear canal may also be affected causing irritation inside the ear which is called *otitis externa*. A fact sheet on *Ear Eczema* deals with this problem.

Seborrhoeic eczema may also develop on the eyelids, especially around the eyelashes where small yellowish skin scales collect, making the eyelids puffy and wrinkled. Your eyes may then feel itchy and sticky - bathing them with cool water will help to relieve the irritation. Sometimes people with seborrhoeic eczema also develop a spotty rash on their chest and back, which looks a bit like acne. Men can find mild seborrhoeic eczema developing in a newly growing beard - this is easily cured by shaving the beard off!

Seborrhoeic eczema often occurs only on the scalp and face, but it can extend to the centres of the chest and back, especially in men - here small circular patches of red, flaky skin may be seen. Other areas which can also be affected are the armpits, under the breasts, groin, between the buttocks and genitals. In the body folds the skin can become softened, wearing away to leave red raw areas which may then become infected with yeasts, particularly one called *Candida* which causes thrush.

People with atopic eczema and psoriasis can develop seborrhoeic eczema as well, and sometimes it can be difficult for your doctor to diagnose the condition.

Seborrhoeic eczema is not a serious condition - it can at times be itchy or sore, but it does not usually make you feel unwell. Although it cannot be cured, many treatments are available which help keep the skin clear and the condition under control.

What causes seborrhoeic eczema?

The term seborrhoeic eczema (pronounced seb-or-A-ik) was used to describe the condition a long time ago when it was thought to be caused by excess production of the skin's natural grease, called sebum. While it is true that seborrhoeic eczema does occur in areas where sebum-producing glands are greatest in number, greasy skin is **not** in fact the cause of it - some people affected by it actually have dry skin.

Recently, it has come to light that a particular yeast, called *pityrosporum ovale*, is often found on the skin of people with seborrhoeic eczema. It likes to live where a lot of sebum is produced, so concentrates around those areas where the rash usually occurs. This yeast may well be responsible for seborrhoeic eczema developing in many people - reducing the number of yeasts living on the skin using special medications can improve the condition considerably.

Another yeast, which causes thrush, may also be found on the skin of those with seborrhoeic eczema. While thrush does not cause this type of eczema, it can make the condition worse. It often infects those areas of skin that have become moist and sore, such as in the body folds. Infection with bacteria can also make the rash worse and encourage it to spread.

Some people find their seborrhoeic eczema is made worse by the sun - prolonged exposure to the sun, for instance on the first sunny day of the year, can really make it flare up. But spending a little time in the sun frequently so that a light tan develops can actually help to clear up the problem.

Contact with certain substances, such as detergents and soaps, can damage the outer layers of the skin and cause what is known as irritant contact dermatitis in many people. Those with seborrhoeic eczema are particularly susceptible to this sort of skin damage, so you should protect your skin when using household cleaning agents, DIY materials and chemicals used at work. Also, **be very careful about choosing cosmetics and toiletries** since these can irritate your skin too, especially when the condition is very active.

Emotional stress or tiredness can make the condition worse, but they do not cause it.

How is seborrhoeic eczema treated?

Many preparations are available from your pharmacist and doctor to clear up the rash and keep it under control. But before treating it, see your doctor to get a proper diagnosis.

Seborrhoeic eczema does tend to return at intervals, so some treatments are long-term. If you need frequent prescriptions, it may be cheaper to buy a pre-payment certificate, similar to a season ticket, which means you do not have to pay every time you need a prescription. For more details, ask your pharmacist.

- Use a medicated shampoo to treat seborrhoeic eczema on the scalp. Those designed to treat dandruff may be sufficient if the scaling is mild - these usually contain, selenium sulphide (Selsun, Lenium), or an antiseptic (Ceanel). They work by reducing the number of yeasts living on your scalp.

Shampoos containing tar, and sometimes also salicylic acid, are often more effective - some are listed below:

Alphosyl 2in-1 shampoo
Clinitar shampoo lotion
Capasal

Meted shampoo
Pentrax Shampoo
Polytar + liquid
Polytar AF shampoo

Psoriderm scalp lotion
T/Gel shampoo

All shampoos listed above are available from a pharmacy. Your general practitioner will be able to tell you if any of the products suitable for your eczema are available on prescription.

For the shampoo to be effective you should use it regularly according to the manufacturer's instructions - this often means leaving it on the scalp for a few minutes before washing off. Do not rub your scalp too hard when washing your hair as this can aggravate the condition. You may find one shampoo more effective than another, so it's worth experimenting to find one that suits you.

Ketoconazole shampoo (Nizoral) is a powerful anti-yeast treatment which is often used if scaling does not improve after using a medicated shampoo for a few weeks. For the best results, it should be left on the scalp for three to five minutes before rinsing off and used twice a week for two to four weeks. Once the course of treatment has finished, it is best to use a medicated shampoo to help prevent the condition from returning. Nizoral is available from your pharmacist, but can also be obtained by a prescription from a GP.

If scaling is severe a scalp ointment (pomade) may be prescribed - these often contain coconut oil and other active ingredients such as salicylic acid which help loosen the scale. It is difficult to apply ointment to the head but the best way is to make a parting, rub the ointment into the scalp and hair roots either side, then make another parting one inch away and rub ointment into that - continue until all the affected area is covered. Leave on as directed, often overnight, then wash off with a mild, or tar-based, shampoo.

Frequent washing with soap and water may help some people with greasy skin, but, if the skin is dry, do not use soap at all - use a soap substitute instead, such as aqueous cream or emulsifying ointment. Rub this onto wet skin and then wash off with warm water. Aqueous cream can also be used instead of shaving foam if this irritates the skin, although some men find shaving with an electric razor more comfortable.

Thrush can make seborrhoeic eczema worse, especially in the body folds. If this happens your GP may prescribe an anti-yeast cream. Keep the affected areas clean, dry and cool - loose cotton clothes can often be more comfortable.

Seborrhoeic eczema can become infected with bacteria making the skin weep, smell odd, have yellow crusts, or areas of pus. Your GP may prescribe an antibiotic cream or ointment if only a few patches are infected, but, if infection is more widespread, you will be given a course of antibiotic tablets - in this case, complete the prescribed course, even if the infection clears up before all the tablets are taken.

A mild steroid cream or ointment may be prescribed if the eczema is very inflamed and itchy. Apply this very thinly only to those areas affected by eczema. If scaling is severe, an ointment containing a combination of mild steroid plus sulphur or salicylic acid may be prescribed. If the eczema is infected with bacteria, a combination cream containing steroid plus antibiotic may be prescribed.

Several antifungal creams, with or without a mild steroid, are also available to treat seborrhoeic eczema on other parts of the body besides the scalp. In severe cases when a rash won't clear, your doctor may give you an anti-yeast medicine to take by mouth.

Lithium succinate ointment may be used to treat seborrhoeic eczema which does not respond to the other treatments given above.

Will I always have seborrhoeic eczema?

Unfortunately, seborrhoeic eczema does tend to return at intervals, especially when treatment is stopped. But, by seeing your doctor as soon as your skin flares up, you can help prevent it getting worse and becoming infected. With treatment, the condition can be successfully controlled in most cases so that the skin and scalp are kept comfortable much of the time.

Disclaimer

These details are provided only as a general guide. Individual circumstances differ and the National Eczema Society does not prescribe, give medical advice or endorse products or treatments. We hope you will find the notes useful but they do not replace and should not replace the essential guidance which can be given by a doctor or nurse.

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National Eczema Society
Hill House, Highgate Hill
London N19 5NA
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Eczema Helpline: 0870 241 3604
E-mail: helpline@eczema.org
Web site: www.eczema.org

National Eczema Society: A Company Limited by Guarantee. Registered Office: Hill House, Highgate Hill, London, N19 5NA.
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