

Living with Eczema

Information for adults with eczema



About eczema	1
Types of eczema	1
Eczema in older people	4
Managing your eczema	6
Other treatments	15
Enjoying life	17
Avoiding triggers	22
Further information from the NES	27
Other sources of information and advice	28

Living with Eczema

About eczema

Eczema (also known as dermatitis) is a non-contagious skin condition that can affect people of all ages, including 1 in 12 adults in the UK.

There are different types of eczema (see pages 2–6), all of which can vary from mild to severe. The skin is usually dry and often very itchy – the urge to scratch the itch of eczema can be almost impossible to resist. During a 'flare' the skin can be red, sore and raw, and may bleed.

In atopic eczema, dry skin is due to a genetically defective skin barrier. In other types of eczema the skin barrier becomes faulty when the skin is inflamed (e.g. in contact dermatitis, irritants cause the skin to be red).

Skin without eczema provides an effective barrier that protects the body from infection and irritation. If you think of the skin as a brick wall, the outer cells are the bricks, while fats and oils are the mortar, holding everything together and acting like a seal. The cells attract and keep water inside, and the fats and oils also help to keep moisture in.

If you have eczema, your skin may not produce as much fat and oils and will be unable to retain water.

Also, some everyday substances (e.g. soap, bubble bath and detergents) will dry out the skin. Gaps open up between the skin cells as they are not sufficiently plumped up by water. This means that the skin barrier is not as effective as it should be and bacteria or irritants can more easily pass through. These then trigger an inflammatory response, which causes the redness in eczema flares. Although the exact cause of eczema is not known, an 'over-reactive' immune system is understood to be involved.

Types of eczema

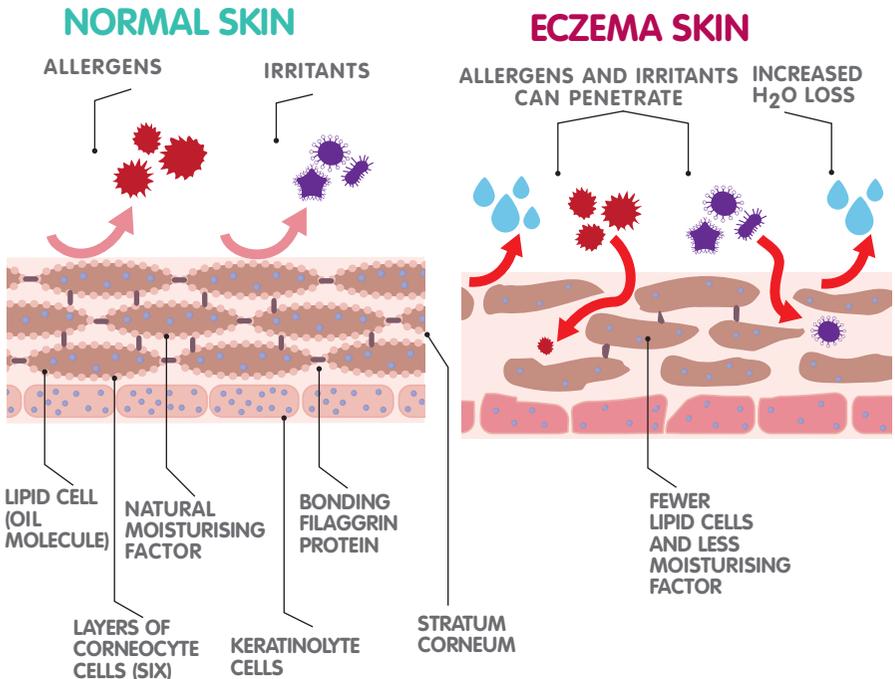
Eczema is often referred to as dermatitis – eczema and dermatitis mean the same thing and are used interchangeably. Different types of eczema have different causes and treatments. Sometimes eczema is referred to by the area affected (e.g. hand eczema). However, more than one type of eczema can affect the same area of the body. It is important to get a diagnosis from your GP or other healthcare professional – you may be referred to a dermatologist (a consultant who specialises in treating skin conditions) to confirm diagnosis if there is uncertainty.

Atopic eczema

Atopic eczema is the most common form of eczema and tends to run in families. 'Atopic' is a term used to describe the tendency to develop eczema, asthma and hay fever. Some people may only have atopic eczema but others may also have asthma and/or hay fever.

Children often 'grow out of' the symptoms of atopic eczema, but it can return at any time. If you have atopic eczema at an early age, your skin is likely to remain sensitive even if there is no recurrence of eczema.

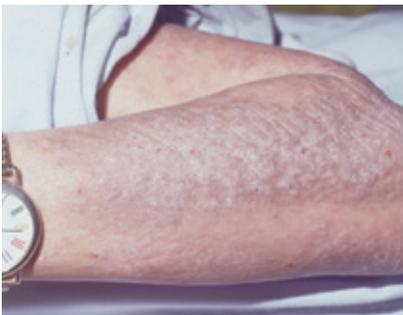
Research has identified genetic mutations in people with atopic eczema, leading to a number of changes in the structure of the skin. There is often a lack of the protein filaggrin, which acts to bind cells together in the top layer of skin (the stratum corneum). There is also less fat and oil and fewer natural moisturising factors in the skin, and some cells (the corneocytes) have an irregular shape. Together, these differences result in gaps between the skin cells and an altered skin barrier, which then offers insufficient protection, allowing entry to bacteria, irritants and allergens and increased water loss.



In people with white skin, atopic eczema often affects the creases of body joints, such as the back of the knees and the inside of the elbows, while in people with black skin the pattern is often reversed, with atopic eczema affecting the front of the knees and the outside of the elbows. However, atopic eczema can occur all over the body. It causes dry, reddened skin that may be very itchy, scaly or cracked.

Constant scratching can split the skin, which may lead to infection – usually characterised by weeping or 'wet' eczema.

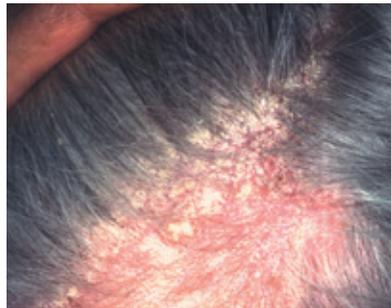
If someone has been scratching the same area for a long time, the skin will thicken causing what is known as lichenification. The skin looks like leather and can take weeks or months to return to its normal thickness. Lichenification can also cause changes in skin colour, creating darker or lighter patches which eventually fade. Fortunately, most scratched skin heals well over time and scarring is unusual unless scratching has been intense.



Seborrhoeic eczema

Seborrhoeic eczema usually affects oily parts of the body, such as the scalp, face (particularly beside the nose, in the eyebrows, on the eyelids, and inside and behind the ears), groin and sometimes the chest or upper back in men. It can range from mild dandruff to severe redness, itching, scaling and irritation.

Seborrhoeic eczema is believed to be an inflammatory reaction related to a species of yeasts called *Malassezia* that occur naturally all over the skin but in larger quantities on oily parts of the body. Anti-yeast treatments need to be used long-term as part of the process of keeping the condition under control.



Discoid (nummular) eczema

Discoid eczema (also known as nummular eczema) occurs on the trunk and lower legs. It appears as round or oval, intensely itchy patches, making the skin prone to infection due to scratching. The patches may be crusty or have blisters and be wet. Discoid eczema can occur within atopic

eczema, but the surrounding skin can also be normal. The condition can be improved by using topical steroids.



Contact dermatitis (contact eczema)

Contact dermatitis (also known as contact eczema) can take two forms:

Irritant contact dermatitis is a reaction to frequent contact with things that irritate the skin (e.g. water, soap, detergents, engine oils, hair dyes, bleach and foods).

Allergic contact dermatitis is caused by allergic sensitivity to a specific substance (e.g. nickel, chrome, rubber or perfumes). An allergic rash often develops through repeated contact over a period of time. Allergic contact dermatitis may require diagnosis by patch testing and ongoing management by a dermatologist. High-street testing is not helpful in diagnosing allergic contact dermatitis.



Pompholyx (dyshidrotic) eczema

Pompholyx eczema is a blistering type of eczema restricted to the hands and feet. In particular, it occurs on the sides of the fingers, the palms of the hands and the soles of the feet, although it can combine with other types of eczema elsewhere on the body.

The skin is very itchy and inflamed, and peeling can occur as the skin dries out. The blisters may break and cause weeping.

The cause is not known, although it is thought that trigger factors may include sensitivity to metal compounds (e.g. nickel, cobalt or chromate), heat and sweating.



Eczema in older people

Dry skin

Eczema is common in older people. As the skin ages, it becomes more fragile and is susceptible to environmental triggers (e.g. soap and detergents). Also the glands responsible for keeping

the skin soft and supple become less efficient. As a result, the skin and hair tend to become drier the older we get. If the skin is not moisturised, it can become flaky, itchy and sore. This is often most noticeable during the winter months and on exposed parts of the body such as the face, hands and lower legs.

Varicose (gravitational or stasis) eczema

Many older people have varicose eczema (also known as gravitational or stasis eczema). It is associated with the veins becoming less efficient and often occurs alongside varicose veins. Normally, the return of blood from the leg veins to the heart is good, but sometimes the blood moves less well and the resulting increase in pressure causes fluid to pool in the lower legs and then leak through the very small vessels in the legs, causing red-brown speckled spots to appear on the skin, which become hot and itchy. If left untreated, the skin becomes thin and fragile and looks shiny and flaky. If the affected skin breaks down, a varicose ulcer can develop, and this can be difficult to heal.



TIPS

- Avoid standing still or sitting with your legs down for too long.
- Exercise or move your legs during the day. For example, flex the foot at the ankle so that the calf muscle moves to pump blood up the leg. Try to do this frequently, whether you are standing, sitting or lying down.
- Use compression hosiery or compression bandages to improve the circulation.
- Elevate your legs when resting – high enough for the blood to flow back up your legs.
- Use emollients and topical steroids to reduce the eczema.
- If your skin becomes broken, seek medical advice for appropriate management; do not use sticking plasters or manage the wound yourself.

Asteatotic eczema (eczema craquelé)

Very dry skin in older people can develop into asteatotic eczema (also known as eczema craquelé). The condition is associated with overuse of soaps, overheating and low humidity. It often occurs in the winter and almost always affects people over the age of 60. Asteatotic eczema initially appears on the shins, but the upper

arms, thighs and lower back can also be affected. The skin looks like 'crazy paving' with superficial grooves and fissures. This is a particularly itchy and uncomfortable type of eczema. It can be avoided by keeping the skin well hydrated with emollients (see page 7) and by layering clothes rather than turning the heating up.



Other skin problems

As the skin ages it is not uncommon for skin problems, in the form of rashes or lesions, to develop. Although there is often nothing to worry about, always consult your doctor or other healthcare professional if a rash appears or if you notice anything unusual.

A number of medicines and treatments applied to the skin can cause itching and rashes. If you think this applies to you, speak to your doctor or other healthcare professional. In most cases it is possible to find an alternative treatment that does not cause a rash or itching.

Managing your eczema

A good skincare routine

A good skincare routine is essential for any kind of eczema. If eczema is not treated appropriately, your skin may become even more irritated and itchy, leading to more scratching and damage. You may lose sleep at night, making you tired and less able to cope. Cracked, bleeding or weeping areas of skin are at risk of becoming infected. Infection makes eczema worse and delays healing.

Washing, showering and bathing

Cleansing the skin is integral to eczema care in order to remove dirt and skin debris, which could cause infection. A daily bath/shower is recommended and it is very important to always use an emollient for washing. Plain water without emollient will dry out the skin, whereas an emollient will cleanse the skin, reduce itching and repair the skin barrier by trapping moisture. The water should be tepid, as too much heat can aggravate eczema. If you find that the water stings your skin, apply your leave-on emollient all over before getting into the bath and then gently wash it off.

Ordinary wash products (e.g. soap, wipes, bubble bath and other cosmetic creams and gels for the bath and shower) should be avoided as they are

TIPS

- Do not use plain water alone for washing as this will dry the skin. Always use an emollient, soap substitute, or other special wash product to help keep the skin moisturised.
- A daily bath or shower will remove dirt and debris and lessen the risk of infection.
- Do not bathe in water that is hot as this will cause itching. Warm water is better.
- Do not spend too long in the bath – 10–15 minutes is sufficient.
- If you find that bathing or showering makes your skin itchy, apply a layer of leave-on emollient to the skin before you get into the bath or shower and rinse off once you are in the water.
- Pat yourself dry with a soft towel. A good time to apply your leave-on emollients is while your skin is still damp, as they soak in well.
- If you have bad eczema on your feet and ankles, apply soap substitute generously and then put your feet in a clean bucket or bowl of water.
- Emollients and bath oils make the bath or shower very slippery, so use a bath mat and wipe down the surfaces after use.

alkaline and contain detergent and fragrance which have the potential to dry and irritate the skin.

Soap substitutes should always be used for hand washing, showering and bathing. You can either use an emollient product designed specifically for washing, or use your usual leave-on emollient as a soap substitute – simply apply it just before or during washing, showering or bathing, and then rinse it off. Soap substitutes may take a little getting used to as they don't foam like ordinary products, but they are nevertheless very effective at cleansing the skin.

Bath and shower oils and additives are added to the bath water or some can be applied directly to the skin in the shower. They hydrate the skin, coating it with a film of oil, which traps moisture. Some bath and shower products have additional antimicrobial and anti-itch properties. Bath additives are readily available to buy but are unlikely to be prescribed as research – the BATHE research study – concluded that they provide minimal or no additional benefits when used in addition to standard eczema treatments.

Emollients

Leave-on emollients – sometimes referred to as non-cosmetic or medical moisturisers – are designed to stay on the skin and be absorbed (although they can also be used as soap substitutes, as described above).

Emollients not only moisturise the skin and soothe the itch, they also coat the skin's surface with an oily layer which traps water beneath it. The resulting restoration of the skin's barrier function prevents the penetration of irritants, allergens and bacteria.

Emollients are available to buy over the counter or can be prescribed according to local guidelines.

Adults should expect to use at least 500g per week, when the eczema is affecting a large area of the body.

How to apply emollients

Emollients should be applied with clean hands. If the emollient comes in a tub rather than a pump dispenser, it should be decanted using a clean spoon before each application in order to avoid cross-contamination with bacteria. Apply a thin and even layer downwards in the direction the hair grows, to avoid blocking the hair follicles, and smooth it gently into the skin, allowing it to soak in. Do not rub the emollient in.

You should use your emollients as frequently as your skin needs them. A cream may need to be applied every 2–3 hours, but humectants and ointments require less frequent applications as they will stay on the skin for longer. Greasy emollients are less cosmetically acceptable but because they last for longer are ideal for night time.

Do not stop using emollients just because you have run out of them or your eczema is under control. It is important that you follow a daily routine and always keep your skin



well moisturised. Ask your doctor or healthcare professional for regular, repeat prescriptions of emollients that suit your skin. You can also buy them from a chemist.

Emollients are a mixture of water, waxes, fats and oils in various proportions. They come as lotions, creams or ointments.

- Lotions are very easy to apply and are cooling. They are good for hairy areas or infected eczema but their moisturising effect is short-lived.
- Creams are easy to spread over sore skin and are not too greasy. They need to be applied frequently – every 2–3 hours. Because they contain water, they also contain preservatives to prevent bacterial growth within the container.
- Creams containing humectants last longer than ordinary emollients and need only be applied every 6–12 hours. Humectants are natural moisturising ingredients (e.g. urea, glycerine) which help the skin absorb water.
- Some creams and lotions have added antiseptic ingredients to treat infection (however, people can react to them). Others contain anti-itch ingredients.
- Ointments are very greasy but effective for very dry, thickened skin, especially at night time. They are not suitable for wet eczema, and some people find them messy.

It is likely that most adults will find a cream-based emollient and an ointment-based emollient useful for different situations. For example, some

people prefer a light cream for the face and a thicker ointment for the feet, or different products for different times of the day. Sometimes you may need more than one product for washing and moisturising. On the other hand, one product for both washing and moisturising may be all you need.

For most people, emollients have no harmful effects (though sometimes an individual reacts to a particular ingredient). If you experience any reaction, try another type of emollient – it can take a bit of trial and error to find a product that you tolerate well.

Dealing with flares

When your eczema flares, your skin will become red, itchy and sore. Your eczema is unlikely to be controlled with emollients alone, and during a flare additional treatments should be used. Topical steroids are the mainstay of eczema treatment and have been used to treat eczema flares for over 60 years.

If your skin is weepy, with yellow crusts, it is likely to be infected, in which case you will need to have antibiotics and sometimes antiseptics prescribed.

Topical steroids (corticosteroids)

Topical steroids (also known as topical corticosteroids) are immunosuppressant creams and ointments which are used to treat inflammation (flares) in eczema.

They reduce redness and make the skin less itchy and sore, helping it to heal. Topical steroids can be very effective and are safe when used appropriately. Topical steroids used for treating eczema are completely different from the anabolic steroids used in body-building.

Topical steroids are prescribed taking account of your age, the severity of your eczema, where on the body it occurs and any other treatments you are using. Always show your healthcare professional how widespread your eczema is so that the correct amount is prescribed.

If your flare is moderate to severe, you are likely to be prescribed a moderate or potent topical steroid to treat the eczema flare; you will then be advised to reduce the potency of the topical steroid and/or frequency with which it is used once the skin starts to clear. Mild topical steroids (e.g. 1% Hydrocortisone) are generally used for the face, genital areas or in areas that are bandaged or wrapped. Very potent topical steroids (e.g. Dermovate) are reserved for very severe flares.

Some topical steroids recommended for mild to moderate eczema (e.g. Hydrocortisone Cream 1% and Eumovate) can be bought over the counter from pharmacies. These may help a flare in a limited area, but the tubes sold over the counter are very small. Therefore, it is much better to plan with your healthcare professional when your eczema is flaring, so you can be prescribed the correct strength and amount of topical steroid.

Remember that it is better to use the right strength of topical steroid to control the flare for a short time and aim to return to longer periods using emollients only in-between eczema flares.

It is also important to use enough topical steroid, as using small amounts continuously often results in the topical steroid not working as well and perhaps more being used in the long term.

Some people worry about the side effects of topical steroids, such as thinning of the skin. However, used appropriately and as directed, and applied to the affected skin only, the risk of side effects is small – topical steroids are a generally safe and effective treatment for eczema.

Common topical steroids

Generic name	Brand name	Strength
Hydrocortisone	Hydrocortisone	Mild
Clobetasone butyrate	Eumovate	Moderate
Betamethasone	Betnovate-RD	Moderate
Betamethasone	Betnovate	Potent
Mometasone fuorate	Elocon	Potent
Clobetasone propionate	Dermovate	Very potent

How to apply topical steroids

Topical steroids should be used for defined periods of several days to a couple of weeks on active areas of eczema (i.e. where the eczema is flaring). They should be applied once or twice a day, as prescribed, by squeezing a strip of ointment or cream along the length of the end joint of the forefinger – this is called a 'fingertip unit' or FTU. This fingertip unit will treat an area of eczema about the size of two flat hands with the fingers together.

Emollients should be used alongside topical steroids when your eczema is flaring, but applied separately. It does not matter in which order you apply them, but you should always leave a gap of at least 10 minutes (and if possible 20–30 minutes).



This is to avoid diluting the topical steroids or transferring them to areas where they are not needed.

Ask for a demonstration if you are unsure about how to apply topical steroids and how much to use. Always follow your doctor's or other healthcare professional's instructions on how often to use them. Long-term use of potent and very potent topical steroids should always be supervised and monitored by a dermatology specialist.

Other treatments to manage flares

From time to time you may need to use other treatments alongside topical steroids to manage flares. For example:

- Sedating antihistamines for short periods can help you sleep at night.
- Bandages and wraps (see page 15) protect against scratching in eczema flares (but should not be used if the skin is infected).
- Topical calcineurin inhibitors (TCIs) are useful for the face and sensitive

areas but can also be used to treat eczema anywhere on the body (see page 15 for further information).

Infections

Skin infections are fairly common in people with eczema. There are a number of different types of infection associated with eczema (see pages 12–13), but they can be treated effectively, especially if caught at an early stage. Your doctor or other healthcare professional may recommend an antiseptic bath additive or bleach bathing (but only with the

supervision of your healthcare professional; see box below) as a precautionary measure if you have a recurring problem with infection.

Always consult your doctor or other healthcare professional if you think your skin is infected. Correct diagnosis is vital in ensuring appropriate treatment.

Bleach bathing

Bleach bathing is a strategy for treating people with recurrent infections. There are a few small trials that report positive outcomes, but as yet there are insufficient large-scale studies which provide an evidence base for the use of bleach bathing, so it must be used with caution and under the supervision of your doctor.

The term 'bleach bathing' can sound rather alarming and it is important to be careful as harm can be done if the wrong substance is used (i.e. household cleaning bleach) or the concentration is too high. Bleach bathing uses the chemical sodium hypochlorite, which is effective against bacteria, fungi, viruses and MRSA. The principle of bleach bathing is that you would bathe in the bleach solution twice a week, and in-between continue with your usual treatment routine. *You cannot use household bleach for this bathing as the concentration of sodium hypochlorite will vary in products and most will*

Bacterial infections

Atopic eczema is most often infected by a bacterium called *Staphylococcus aureus*, which is found in greater numbers on the skin of people with eczema than in the general population. Infected skin looks red and 'angry' and it is usually wet with small yellow spots and sometimes yellow crusts.

have additional chemicals that could cause harm.

Milton Sterilising Fluid at a strength of 2% sodium hypochlorite is the only product that currently provides the strength used in the research trials. It has been adopted by hospitals and can be bought from pharmacies. It does not contain any perfumes or colourants and does not degrade, so it provides a stable strength. It is important that the Milton Sterilising Fluid is diluted to the correct strength (0.004%). In practice, this means adding 125 ml of Milton's Sterilising Fluid to 60 litres of bath water (approximately half a standard bath). You can check the capacity of your bath by filling it with a measuring jug and then use waterproof tape to mark the level you need to fill the bath to each time you are bleach bathing.

The bath water should be warm, and nothing else should be added to the bath (so do not add any bath emollients when bleach bathing). Avoid splashing the face and head.

Scratching creates further damage and allows more bacteria to grow.

Bacterial infection of atopic eczema is treated with antiseptics or antibiotics.

A 14-day course of topical antibiotics (i.e. applied to the skin) is generally prescribed for small areas of infection.

Widespread or more than one site of bacterial infection is treated with a course of oral antibiotics (taken for 1–2 weeks), combined with a topical steroid cream (to damp down inflammation).

Viral infections

Avoid contact with anyone with a cold sore – if the cold sore virus infects eczema, it can cause a serious condition called **eczema herpeticum**.

The symptoms of eczema herpeticum are skin that feels sore and tender; there may be small blisters on the face, hands and fingers; you may also have a high temperature and feel unwell. *Eczema herpeticum may quickly become a medical emergency so always seek immediate medical help.*

Fungal infections

Seborrhoeic eczema (see page 3) is caused by the body reacting to a yeast called *Malassezia*. Over-production of this yeast on the scalp may also cause dandruff. However, regular use of anti-yeast shampoo can help to control it.

A yeast infection called candida (or 'thrush') can develop in the warm, moist folds of skin in the groin or under the breasts. The skin looks

red, feels itchy and sore, and may have tiny yellow pustules. Another common fungal infection that can look like eczema is tinea (also known as ringworm as it tends to appear in a ring-like shape). Antifungal creams can treat these infections effectively. A cream with an additional antibacterial agent may sometimes be needed for moist skin folds.

Psychological approaches to beating the itch

There are many psychological and emotional factors that may affect eczema and you may find it gets worse when you are under stress (indeed, eczema can itself be a source of stress).

- It is impossible to avoid stress altogether, so probably the best advice is to find ways of managing it. Just making time for yourself to relax and doing something you enjoy may help.
- Try to care for your skin as effectively as possible, even though this is time-consuming – in the long term, this will help to relieve the stress caused by itching and discomfort.
- Aim to distract yourself from the itch by doing something you enjoy – something that involves using the hands can be the most effective.
- Try to avoid smoking, drinking too much alcohol (this can dry your skin) and other unhealthy approaches.
- If you feel unable to cope, seek support from your family, friends or local healthcare professional, or call

the NES helpline. If those close to you can learn about eczema, they will be better able to understand and support you.

Habit reversal therapy

Stress can increase the desire to scratch; and sometimes scratching (which can be pleasurable) may occur as subconscious behaviour and become a habit which makes eczema worse. Some people have benefited from habit reversal therapy: For one week keep a daily tally of bouts of scratching. Try to identify when and how you scratch, what you scratch with and how your skin looks and feels afterwards. When you feel like scratching, clench your fist gently instead or grasp something (e.g. a small ball) for 30 seconds.

Sleeplessness

People with eczema often have poor sleep patterns connected to itching, which can make stress considerably worse. Controlling your eczema is key. Some people find that a sedating antihistamine, which can be prescribed by a doctor or bought over the counter at pharmacies, is helpful. If you still have difficulty sleeping, ask your doctor if there are other treatments to improve your sleep pattern or your eczema.

TIPS

- Being overheated makes you itch more. Keep the bedroom cool (ideally no more than 18°C and stick to layers of lightweight, cotton bedding that you can put on and take off easily.
- Duvets and pillows should be made from man-made fibres, which can be washed regularly, rather than feathers, which harbour house-dust mites (see page 23). If you find yourself overheating, switch to a duvet with a lower tog.
- Try to eliminate stress factors before the end of the day to help you to relax enough to sleep.
- If your skin is particularly hot and itchy, try keeping your creams in the fridge before putting them on your skin. And to avoid tearing the skin, try pinching it between thumb and forefinger instead of scratching. Don't be too downhearted if you do scratch at times – we all do!

Other treatments

Bandages and wraps

Viscose tubular bandages and therapeutic garments can be helpful as they hinder scratching and aid the absorption of emollients, thereby helping to control the itch–scratch cycle and eczema flares. However, bandaging and wrapping should only be used with the supervision of your healthcare professional (see Caution below).

Bandages and wraps can be used to cover the whole body in children, but adults tend to use them only over patches of eczema.

In **wet wrapping**, warm, wet tubular bandages are applied to the body over a generous layer of emollient and sometimes a mild or moderately potent topical steroid (NB topical steroid under wrapping should only be used with the supervision of your healthcare professional; see Caution below). A dry layer of bandage is then placed over the wet layer. Wet wraps are particularly helpful at night (when overheating can be a problem) as they also cool the skin.

Paste bandages for eczema come impregnated with ingredients that soothe the itch and calm irritation. There are several types of paste bandages available, such as ichthopaste (includes ichthammol to soothe the itch and zinc oxide for added

moisture), viscopaste (includes zinc oxide) and Zipzoc (also includes zinc oxide), which is more like a stocking than a bandage. Paste bandages can be used for whole limbs or patches of eczema to which a normal amount of emollient and prescribed topical steroid is applied (NB topical steroid under paste bandages should only be used with the supervision of your healthcare professional; see Caution below). Since paste bandages are messy, secondary bandages are necessary – these also help to hold the paste bandages more securely in place.

CAUTION Covering up the skin makes topical treatments more potent, so you should only use topical steroids under bandages and wraps as advised by your healthcare professional. Do not use paste bandages or wet wraps if your skin is infected.

Topical calcineurin inhibitors (immunomodulators)

Topical calcineurin inhibitors (TCIs) (also known as topical calcineurin immunomodulators) are non-steroidal treatments that are especially suited to delicate areas of skin such as the face, eyelids, skin folds and genitals. There are two types: pimecrolimus (Elidel®) cream for mild to moderate eczema, and tacrolimus (Protopic®) ointment for moderate to severe eczema.

TCLs are available only on prescription and are commonly initiated by a dermatologist, specialist nurse or GP. They are licensed for use in atopic eczema in adults and children of two years of age and over, and are an option if, in the opinion of your prescribing healthcare professional, topical steroids of the appropriate potency and properly applied have failed to work on your eczema.

TCLs are used twice daily for 6 weeks to treat flares and can also be used twice weekly on a long-term basis to prevent flares. They modulate the immune system by blocking the skin chemicals that cause atopic eczema. This helps to reduce inflammation and makes the skin less itchy and red.

TCLs have been available since 2002 and we still do not know the potential long-term side effects. Known side effects may include a slight burning sensation when first using the treatment. This ceases after the first few days of application. You are advised to avoid phototherapy and to protect the treated skin from sunlight (by covering up or using sunscreens). This is to protect against the theoretical risk of photocarcinogenicity – that is, the development of skin cancer. TCLs have been used extensively and there is no evidence, so far, that this occurs, but the warnings remain in place.

Treatments for severe eczema

For very severe eczema, oral steroids, other immunosuppressant drugs and ultraviolet light treatment may be used. The latter two treatments are initiated by a dermatologist or one of their clinical team and are usually given in hospital. Monitoring for side-effects will be required.

Complementary therapies

Complementary therapies are separate from conventional scientific medicine. Although they are not a cure for eczema, some can be helpful when used together with conventional treatments. However, what benefits one person may not necessarily help another.

Western herbal tablets and creams are generally screened in order to reduce the risk of toxicity, and are widely available in pharmacies and health food shops. Some of these have provided relief of eczema symptoms for some people. However, creams that come from other parts of the world have been found to contain topical steroids – for example, topical steroids have been found in homeopathic creams, Chinese herbal creams, 'Wau Wa' cream and OSAS (intensive body lotion with aloe vera).

Herbal remedies can have powerful side effects (e.g. liver and kidney damage

resulting from Chinese herbal medicine), so we recommend that if you wish to take this approach, you talk to your doctor or other healthcare professional first and have regular blood tests to keep a check on the liver and kidneys.

Complementary therapies such as acupuncture, hypnotherapy and reflexology can be useful in helping you to relax and cope with stress.

TIPS

- If you are thinking of using a complementary therapy, talk to your doctor or other healthcare professional about it first.
- Only use therapists who are properly trained and registered with their professional body. Find out what their qualifications mean and check that they are insured if anything goes wrong with the treatment.
- Check the ingredients on all labels. If they are not clearly listed, it is wise to avoid them.

Enjoying life

Relationships

Unfortunately, some people are unsympathetic and uninformed and believe that any skin condition is unhygienic and contagious. Eczema is neither of these things, but it takes courage and a confident attitude to dismiss other people's ignorance.

If you have problems, it is important to discuss them openly rather than punish yourself by scratching or picking your skin. Give yourselves time to talk objectively and explore how you both feel. Your doctor or other healthcare professional may be able to help you, or refer you both for therapy or counselling.

Meeting new friends

Eczema can lower your self-confidence and self-esteem, which could lead to difficulty in going out and mixing with others. Leading a full and active life can help you to forget your eczema – once people get to know you, they will not even notice your skin.



TIPS

- Concentrate on your good points. Positive 'self-image' is important for building self-esteem and self-respect. Make the most of who you are.
- Mixing with people can be difficult for anyone. Some people join a special interest group or evening class as they find it easier meeting others who share similar interests.
- Assertiveness or self-awareness courses may be useful in building your confidence and self-esteem. If your perception of your body is very low, therapy or counselling may be of benefit.
- Many people find it difficult to start a relationship, whether they have a skin problem or not. If you experience rejection, do not automatically jump to the conclusion that it is because of your skin. People say 'no' for many reasons.

Sexual relationships

If you or your partner has eczema, your relationship can come under pressure as a result. It is important to be as open, honest and direct as possible, while staying sensitive to each other's needs. If you feel unattractive because of your eczema, or if your skin is painful, you may avoid physical contact and making love. Your partner may interpret this as you rejecting them.

TIPS

- Try to recognise what is happening, reassure each other and explore ways of getting closer again.
- Experiment together and discuss which positions you both prefer.
- Using a water-soluble lubricant can help to make intercourse more comfortable.
- The genital areas may be affected by eczema, particularly in contact dermatitis. Irritant or allergic products – vaginal deodorants, contraceptives, sanitary wear, toiletries, nylon pants and even toilet paper can cause problems. If the eczema persists, see your doctor. If you require contraception but are allergic to rubber (latex), ask a pharmacist or family planning specialist about non-latex condoms/female condoms.
- Having a bath or shower immediately after intercourse can stop your skin becoming irritated with sweat and secretions. Explain this to your partner – don't just leap into the shower straight after sex without explanation.
- Gentle massage with moisturising creams can be very pleasurable. You may feel more comfortable if you have a warm bath and moisturise before intercourse.

Pregnancy

Family issues

Atopic eczema is usually inherited and many adults, especially those whose eczema has been severe, worry about passing it on to their children. The chances of a baby having atopic eczema are greater if both parents have it than if only one parent or neither parent has it. However, eczema is not always passed on by parents. Sometimes, it is not clear where the condition has come from.

If you have atopic eczema, or it runs in the family, it is reasonable to consider how you would cope with a baby with eczema. However, it is best to go ahead and have a child if you want one, and not worry too much about whether or not they will have eczema. Having eczema is not the end of the world – most people still manage to lead a normal life.

Planning a family

If you decide to start a family, look at your lifestyle to make sure it is as healthy as possible, paying particular attention to smoking, alcohol intake and diet.

For the female partner whose eczema is affected by diet, particularly milk, a doctor or dietician should be consulted to ensure adequate intake of dietary requirements. Dietary changes or supplements may be required before conception and during pregnancy to avoid detrimental side effects on both mother and child.

Research is exploring whether cutting out certain foods before conception or during pregnancy can reduce the chances of babies developing eczema, but so far the results are inconclusive. There is some evidence to support the taking of probiotics during pregnancy to reduce the severity of eczema in the child. If you are interested in trying this approach, it is essential that you speak to your doctor and a dietician first.

Eczema during pregnancy

Hormone changes that occur in pregnancy inevitably affect the skin. Some women find their eczema gets worse, while others find it completely clears. During the later stages of pregnancy, women may find their skin is especially itchy and uncomfortable.

It is safe to use emollients before and during pregnancy. Pay particular attention to moisturising the nipples to avoid cracking and soreness later on during breastfeeding.

Mild to moderate topical steroids are considered fine to use in pregnancy to control patches of eczema, if used under your doctor's supervision. If your eczema fails to respond to these, ask to be referred to a dermatologist, who may be able to prescribe a more potent topical steroid after the first trimester.

Antihistamines should only be used if supervised by a skin specialist.

Medicines, whether prescribed by a healthcare professional or bought over the counter, can have a harmful effect on the fetus, especially during the



first trimester. Doctors generally advise that all medicines are avoided during pregnancy, if at all possible.

Equally important is the fact that stopping medication and topical treatments without consulting your doctor first could have adverse effects on your skin. It is therefore important to seek advice before you try to conceive, or as soon as you realise you are pregnant if the pregnancy is unplanned.

Breastfeeding

Mild, moderate and potent steroids are considered safe when breastfeeding. However, you should make sure you wash off any topical steroid applied to your breast area before feeding. Currently, very potent topical steroids are not recommended for use when breastfeeding because their safety is uncertain.

Eczema at work

Some jobs can make eczema worse, particularly if you have contact dermatitis. Nursing, outdoor work, wet work (e.g. bar work and hairdressing), handling certain substances and the need for frequent hand washing can cause problems for your skin. If you have hand eczema, you will not be able to undertake nurse training.

People who have eczema on their hands are more likely to develop a skin reaction as substances can easily penetrate dry, cracked skin. If something associated with your job is triggering your eczema, your symptoms will probably improve when you have time away.

TIPS

- Adapt your skincare routine for when you are at work and maintain it even when your skin is in a good condition to keep it that way.
- Always wear protective gloves (use a cotton layer underneath if your job demands rubber gloves) and clothing if they are necessary for the job. Avoid using harsh detergents and always use a moisturiser on your hands after getting them wet.
- If you have an office job, try to avoid sitting next to a sunny window or next to a radiator as the heat from these may make you hot and start the itch.



Finding the right job

Choosing a career and finding the right job is difficult for most people. For people with eczema some kinds of work have the potential to aggravate their skin and are better avoided. Choice is most restricted if you have atopic eczema or your hands are affected.

Try to make informed choices throughout your working life so that the career you follow is satisfying, appropriate and compatible with having eczema. Constructive guidance is available from a variety of sources to help you make appropriate decisions.

It is usually helpful to inform your employer of your eczema. Most employers are keen to help their staff overcome skin problems associated with work (e.g. by facilitating the application of moisturiser in the workplace or a fan in your workspace). Sometimes it may be necessary to take time off when your skin suffers a setback, and an informed employer is more likely to be understanding. However, some employers may be reluctant to offer you work if they feel that the job would be hazardous to your health.

Sport and recreation

Don't let eczema stop you doing exercise, whether it's football on a Saturday, a dance class or an evening cycle home from work. Activity, however, involves getting hot and sweaty, with the potential consequence of scratching, so adapting what you do or the frequency/intensity might be a reasonable compromise.

TIPS

- Drink plenty of water before, during and after exercise.
- Choose clothing made of light, breathable fabrics that don't rub or scratch the skin. Cotton is more likely to be comfortable than synthetic material. Avoid Elastane or Spandex around the waist, neck or cuffs.
- Take breaks to cool down.
- Use cold compression wraps to cool the skin in a rest period before the skin flares rather than in response to a flare.
- Apply a light emollient an hour or so before exercising so that it can be fully absorbed. A heavy emollient will trap sweat.
- Don't take a hot shower or bath after exercise. Taking a warm shower and gradually making it cooler is better for washing off sweat.

Swimming

Chlorine is the most commonly used chemical disinfectant for swimming pools and is a potential irritant for those with eczema. It is worth making enquiries about when it is added as chlorine evaporates and its concentration in the pool will vary at different times. Applying a thicker application of emollient to act as a barrier before entering the water will help, as will showering soon after swimming and then re-applying your emollient.

Remember to reapply sunscreen after bathing and throughout the day. Apply it on top of emollients (leave a gap of around 30 minutes so the emollient is absorbed to avoid the risk of 'frying' in the oil of the emollient).

Avoiding triggers

Establishing a good skin care routine is essential, but you will also benefit from identifying and avoiding things (there may be several) that trigger a flare. Unfortunately, there is currently little clinical evidence to confirm which of the commonly suspected triggers really do produce flares. Nevertheless, the experience of patients and the clinical observations of dermatology doctors and nurses point to a number of possible culprits. If the neck or face are affected, consider airborne allergens such as house-dust mite, pollen, perfume, chemicals, etc.

Around the home

Cleaning your house

Damp dust rather than dry dust as dry dusting redistributes dust rather than removes it. If using detergents and other cleaning products, wear cotton-lined protective gloves. Wash your hands immediately afterwards and apply your emollient. Also avoid anything in a spray and products that have a strong smell (including plug-in air fresheners) as they are most likely to affect your eczema. Steam cleaners are another option and old-fashioned cleaning agents such as vinegar and bicarbonate of soda can be surprisingly effective.

TIPS

- Carpets contain a heavy concentration of house-dust mites. Seamless floors such as resin and linoleum, vinyl tiles, laminate or wood flooring are better if you are sensitive to house-dust mite droppings.
- Keep soft furnishings to a minimum as they attract dust and house-dust mites. Consider blinds instead of curtains.
- Keep rooms aired, but be careful about opening windows if pollen is a trigger for your eczema.



House-dust mites

House-dust mites like warmth and humidity, and live in bedding, carpets and soft furnishings. Although they do not actually cause eczema, their droppings can make eczema worse for some people. Special protective bedding covers, duvets and pillows can be used to reduce contact with house-dust mites, but it is unclear how effective these are.

Laundry

Research shows that it does not matter to your eczema if you use a biological or non-biological washing powder. Generally, the less residue that is left on your washing, the better it is for your skin, so reduce the amount you add to the wash and put on an extra rinse cycle if you can. It is probably a good idea not to use fabric conditioner as it binds to the fibres in clothing to make them soft. Try to use products that are fragrance-free.

TIPS

- Do your washing at a high temperature (at least 60°C) to kill house-dust mites.
- Put your wash on an extra rinse cycle to remove detergent residue.
- As emollient clogs up washing machines, do an empty wash about once a month at a very high temperature, using a biological detergent to cut through the grease. Make sure you do an extra rinse cycle to clean out the machine before you put in your next non-bio wash.
- Washing balls can be used in place of laundry detergent, but they are not as effective in removing grease from emollients.
- There are new washing machines that are designed to reduce the amount of allergen in the laundry (see www.allergyuk.org.uk).

Animals

There is no conclusive evidence that animal fur and dander (residues of skin and saliva) cause eczema. However, where eczema is pre-existing, animal fur and dander can trigger flares in some people. Cats and dogs are the most likely to cause a problem, but horses and birds may affect people as well.

Some people become desensitised through exposure to their own pet but can be allergic to other people's. If you

suffer from eczema and don't have a pet, the best advice is not to get one. If you do have pets, they should not sit on chairs or sofas where the person with eczema usually sits and should be kept well away from the bedroom.

Pollens and moulds

There are three main types of pollen that can trigger eczema – that of trees, grass and plants. Trees generally release pollen from March to May; grass from May to July; and plants from June to September.

Reactions can appear on sites of direct contact with airborne pollens, such as the face or exposed legs/skin, and after contact with sheets and clothing that have been dried outside and on which the pollen has collected. During the summer, pollen grains rise into the higher atmosphere in the early morning and then descend towards evening as the temperature begins to fall.

Moulds can also be a problem, so wear gloves when gardening and keep compost heaps covered. A damp environment encourages mould both indoors and outside. Moulds lie dormant in the winter months but become active in the spring and summer.

Temperature and climate

Our skin plays an important role in regulating our temperature. If you have atopic eczema, your temperature control will not be as effective as other people's. Many people with atopic eczema find their body has an erratic thermostat, being either too hot or too cold when others around them are comfortable.

Central heating, warm bedding and air conditioning can all aggravate eczema. Moving from one temperature to another (e.g. from centrally heated homes into cold air, or vice-versa) often seems to make skin worse. Changes in climate can also affect your skin – this includes colder weather as well as hotter and more humid conditions (some people find their skin improves in colder conditions but others find it is worse).

Sunscreens

Exposure to the sun helps eczema for some people, while others find that it can aggravate it. Always take care to protect your skin by using a high-protection (e.g. 30 SPF) sunscreen for sensitive skin, cool clothing and avoiding the sun when it is strongest (11.00am–3.00pm). Many people with eczema find sunscreens that block the rays are kinder to their skin than those that absorb them.

Clothing

Anecdotally, people with eczema tend to find that man-made fibres make them too hot, and so they itch (and scratch); and although no clinical evidence has been found to suggest that wool or other materials are triggers for eczema, most eczema sufferers find their skin is irritated by wool and anything rough (e.g. seams and labels). Wearing loose cotton or bamboo clothing and dressing in layers helps to maintain an even body temperature and reduce discomfort.

TIPS

- Cotton, bamboo or silk is commonly reported as comfortable.
- Check that seams are well stitched and that the backs of any fastenings are covered with fabric to reduce the risk of irritation.
- Remove any labels if you think they may irritate your skin.
- Wear 'layers' of clothing that you can put on or take off easily if you get too hot or too cold.

Food and diet

For some people, touching certain uncooked foods – in particular garlic, peppers and chillies, onions, tomatoes and citrus fruits – causes irritant contact dermatitis. Others believe that their atopic eczema is affected by what

they eat (although there is actually no clinical evidence that for adults there is any connection between diet and eczema getting better or worse).

If you do find that your skin is adversely affected by eating certain foods, simply eliminating the relevant food(s) from your diet is very unlikely to cause your eczema to go away. You will still need to use emollients every day and other treatments such as topical steroids when you have flares.

As for everyone, a varied and healthy diet is important to your overall wellbeing. If there seems to be something in your diet that makes your eczema worse, but you don't know what it is, the only way you can identify it is by an elimination diet, i.e. cutting out one suspect food at a time for 6 weeks and then reintroducing it for 2 weeks to compare the two time frames. Do not change anything else in the way you manage and treat your eczema, as then you will not be able to tell what, if anything, is making a difference. Be aware that any changes could also be coincidental as eczema flares tend to come and go.

Cosmetics and toiletries

People with eczema may need to be more careful when choosing cosmetics and toiletries, as sensitive skin is easily irritated and may only tolerate a few products. They also have a greater risk of developing a contact allergy than the general population.

Patch test any new product on skin unaffected by eczema for five days. You should also test any product you already use if it is advertised as 'new and improved' or 'reformulated' since these can be as troublesome as a completely new product.

Avoid shaving foam, astringents and after-shave. If you want to wet shave, do so with a soap substitute (many men find that ointment emollients are better for shaving than creams). Hair-removal products are rarely tolerated.

Cosmetic ingredients that can cause allergic reactions:

- Perfume (used to fragrance products).
- Preservatives (used to stop products degrading): formaldehyde; formaldehyde releasers germall 115 (imidazolidinyl urea) and Dowicil 200 (quaternium 15); Kathon CG/Euxyl K100 (isothiazoline); methylisothiazolinone (MI); and parabens (hydroxybenzoate).
- Avoid products containing lanolin or wool alcohol. Any product labelled 'lanolin-free' is suitable to use.
- Permanent hair dyes (e.g. paraphenylenediamine).
- Antioxidants used in lipsticks.
- Resins used in nail varnish.
- Alcohol (e.g. in deodorants and wet wipes).

Jewellery, piercing and tattoos

Jewellery that contains nickel can cause allergic contact dermatitis – this often first appears around the site of piercings. Although nickel is generally associated with cheap jewellery, it is frequently mixed with more expensive metals such as gold and silver (24-carat gold, however, is safe to wear). Stainless steel also contains nickel, but in good-quality stainless steel the nickel is tightly bound and will not be released.

Permanent tattoos involve injecting dyes into the skin, and people with eczema are at greater risk of suffering an allergic reaction to these or becoming infected. Heat from the tattoo needle and trauma to the skin may also trigger an eczema flare. If the tattoo is applied to an area of eczematous skin, the healing process is likely to take longer. It is recommended that if you decide to risk a tattoo, you go to a reputable tattooist and have a patch test first, although this is no guarantee that the procedure will be problem-free.

Temporary black henna tattoos also pose a risk as they contain paraphenylenediamine, which can cause serious allergic reactions and aggravate eczema.

Further information from the National Eczema Society

More information than can be given in a booklet of this size is available from the National Eczema Society. We have other booklets including:

- **Childhood Atopic Eczema**
- **Itching and Scratching**
- **A Guide for Teenagers with Eczema**
- **All About Contact Dermatitis**

Booklets and factsheets can be ordered from our website or from our Helpline.

Website: www.eczema.org

Helpline: Telephone* **0800 089 1122**
(Monday to Friday 8am to 8pm)

* Calls are free from UK landlines. Charges vary from mobiles.

Email: helpline@eczema.org

We are proud of the wealth of information available on our website and recommend you visit it whenever you need information. It is updated frequently. You can also check out our Facebook page for eczema news and views.

Our confidential telephone and email Helpline is at the heart of our work, providing information, support and reassurance to thousands of people struggling to cope with eczema. We

are not medically qualified and do not diagnose, prescribe, give medical advice or opinions on treatments prescribed by your healthcare professional. We do, however, offer a wealth of practical information about the day-to-day management of eczema and the different treatment options available.

The Helpline is open to all UK residents who are affected by eczema. Please allow five working days for us to reply to you if using the email. We are not able to answer queries from non-UK residents as terminology, healthcare systems and treatments may differ in your country of residence, which may cause confusion.

In addition, the National Eczema Society publishes *Exchange*, a quarterly magazine packed with:

- articles on eczema management
- features by people with eczema sharing their experiences
- treatment and research news
- experts' replies to your questions.

You can subscribe to *Exchange* for £20 p.a. at www.eczema.org or by calling our administrative office on **020-7281 3553**.

Other sources of information and advice

Relationship problems

Relate has therapists who deal specifically with sexual difficulties, and you do not need to go through your doctor or other healthcare professional in order to see them.

For more information, visit their website at www.relate.org.uk
Telephone counselling **0300 0030 396**.

If you go to a private therapist, make sure that they are a member of the **College of Sexual and Relationship Therapists**. For more information, visit their website at www.cosrt.org.uk or telephone **020 8543 2707**.

For more information contact the **British Association for Counselling and Psychotherapy**. Visit their website at www.bacp.co.uk or telephone **01455 883300**.

Work matters

The following people and agencies may be able to help you to make decisions relating to your career:

- Your doctor or skin specialist.
- Specialist Careers Officers of the **National Careers Service** at nationalcareersservice.direct.gov.uk or telephone 0800 100 900.
- The **Employment Medical Advisory Service of the Health and Safety Executive**. This is the medical branch of the Health and Safety Executive, which employs doctors and nurses with specialist expertise in problems involving work and health. Contact them through the Health and Safety Executive website: www.hse.gov.uk
- The **Disability Employment Advisor (DEA)** based at your local job centre. The DEA can, with your consent, contact your doctor or other healthcare professional for relevant information about you to help you explore other suitable jobs.

The National Eczema Society was there for me...

'I was 52 when eczema hit me. It started on my arm and just spread and spread until there wasn't anywhere I didn't have it. In the ears was maddening. My skin was red hot but I felt cold. I scratched and scratched and, of course, it became infected. Cold showers gave some temporary relief but were agony.

My doctor was kind and sympathetic but was not succeeding in curing me. That was a new experience. I'd always been cured before when I saw my doctor and it wasn't until I specifically asked him that I realised I wasn't going to be. Then came the waiting to see a consultant.

I was so distracted by the eczema that I only narrowly avoided being run over when crossing the road. The most frightening thing about this was that I wished I had been.

Then a miracle happened. I became aware of the National Eczema Society and with an earlier edition of this very booklet I began to make sense of things and to control my eczema. By the time I eventually saw the consultant, I had turned the corner.'

ROBERT



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The information in this booklet is only 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 information useful, but it does not replace and should not replace the essential guidance given by your doctor and other healthcare professionals.

This edition reviewed and updated October 2018
by Helen Dennis, Dermatology Nurse Adviser to the
National Eczema Society.

The National Eczema Society is grateful to the St John's Institute of Dermatology for their permission to reproduce the images of contact dermatitis on pages 4 and 21 of this booklet.

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