

# your eczema consultation

In this article, **Sandra Lawton** OBE (Nurse Consultant Dermatology, Queen's Nurse, The Rotherham NHS Foundation Trust) outlines what you can expect from and how to prepare for a dermatology consultation, while life-long eczema sufferer **John Fuller** gives a patient's perspective.

During your eczema journey you may meet a variety of healthcare professionals and be seen in a variety of settings depending on your age or your child's age. The initial assessment and management of mild-to-moderate eczema is usually undertaken in primary care by GPs, practice nurses and community teams, which may include health visitors, community nurses, community matrons and advanced nurse practitioners. Some dermatology services are community based and you may be treated by dermatology doctors, GPs with a special interest (GPwSI) in dermatology, and dermatology specialist nurses. Acute or secondary care outpatient services provide assessment and management of severe or complex eczema, with additional facilities for day care or admission and input from a multidisciplinary team, which includes consultant dermatologists, specialist registrars, staff-grade and associate specialist doctors, children's nurses and dermatology specialist nurses. These services will vary across the country, and some centres may provide an outreach service. This article will guide you through your eczema consultation and what to expect on your journey.

## Referral and specialist advice\*

Children and adults with moderate-to-severe eczema who do not respond to first-line treatments and interventions will require a referral where more specialist drugs and interventions will be available.

### The NICE 2007 referral criteria for atopic eczema in children under 12 years are as follows:

- **Immediate (same day) referral for specialist dermatological advice if eczema herpeticum is suspected.**
- Urgent referral\*\* (within 2 weeks) for specialist dermatological advice if:
  - the atopic eczema is severe and has not responded to topical therapy after 1 week; or
  - treatment of bacterially infected atopic eczema has failed.
- Referral for specialist dermatological advice if:
  - the diagnosis is uncertain;
  - the atopic eczema is not controlled, based on a subjective assessment by the child or parent/carer;
  - atopic eczema on the face has not responded to appropriate treatment;
  - contact allergic dermatitis is suspected;
  - atopic eczema is causing significant social or psychological problems;
  - atopic eczema is associated with severe and recurrent infections; or
  - the child or parent/carer might benefit from specialist advice on treatment application.
- Referral for psychological advice in the case of children whose atopic eczema has responded to management but for whom the impact on quality of life and psychosocial wellbeing has not improved.
- Referral of children with moderate or severe atopic eczema and suspected food allergy for specialist investigation and management.
- Referral of children with atopic eczema who fail to grow at the expected growth trajectory, as reflected by the UK growth charts, for specialist advice relating to growth.

### For children 12 years and over, and adults, referral is indicated if:

- there is uncertainty about the diagnosis;
- the eczema is severe;
- the eczema is associated with significant social or psychological problems (e.g. sleep disturbance);
- the eczema is not responding to the treatments (especially in the case of facial eczema) and the management plan;
- there are concerns regarding the amounts of treatments used and their possible side effects;
- treatment advice is needed (e.g. bandaging techniques);
- infection is a recurring problem;
- **eczema herpeticum (widespread herpes simplex virus) is suspected – requires urgent/same-day appointment;**
- allergic contact dermatitis is suspected (e.g. persistent eczema or facial, eyelid, or hand eczema) – a referral to a dermatologist should be made; or
- food allergy is suspected – a referral to immunology and dermatology should be made.<sup>1</sup>

\*If you are referred to a specialist service, you will be put on a referral to treatment (RTT) pathway. Put simply, this is the maximum recommended length of time that a patient waits from referral to the start of treatment, with these times varying in the UK (England and Scotland 18 weeks, Wales 26 weeks and Northern Ireland no set times). These waiting times will also vary depending on services provided in your area. Principles within any NICE guidance should be adhered to. The NES is aware that RTT targets are often not being met, so it is worth checking locally to see how long you may have to wait. For further information visit: [www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/RTT-Annual-Report-2015-16-v3-final.pdf](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/RTT-Annual-Report-2015-16-v3-final.pdf); [www.isdscotland.org/Health-Topics/Waiting-Times/18-Weeks-RTT](http://www.isdscotland.org/Health-Topics/Waiting-Times/18-Weeks-RTT); <http://gov.wales/statistics-and-research/referral-to-treatment-times/?lang=en> and [www.health-ni.gov.uk/topics/dhssps-statistics-and-research/hospital-waiting-times-statistics](http://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/hospital-waiting-times-statistics)

\*\*If you think your child meets the criteria, ask your GP for an urgent referral. Please note that the urgent referral time of 2 weeks set out in the NICE criteria for children is only a recommendation (i.e. it is not mandatory).

### JF says...

Getting that first consultation so that you are plugged into the NHS as a dermatology patient is the major breakthrough. For some patients it all happens quickly and seamlessly, while others can struggle to be referred by their GP.

Once that process has started, appointments can still be months away, during which time the eczema can radically change.

After your first consultation, follow-ups may be weekly, monthly or every 3 months, depending on treatments (e.g. patch testing and UV light therapy require weekly sessions).

Aside from the physical and medical anguish of a long-term health condition, there's also no escaping the inconvenience of travelling to hospital appointments and then having to wait around when you get there. My best advice is to plan for the worst and hope for the best. Just make sure you bring something to read or listen to – anything to pass the time and make it less frustrating.

Even if you live locally, going to an appointment can take a sizable chunk out of your day (I typically allow 4–5 hours), so do everything to make sure you don't miss your slot.

Check that your GP has your correct address as this usually pulls through to hospital databases. That way, any changes to times and dates by the hospital can be received and responded to in good time.

Text alerts can be useful reminders in the weeks and days before an appointment (but double-check costs before you sign up for these as texts from certain numbers can cost more if they aren't listed as 'free' in your payment plan).

Often your next appointment will arrive in the post, but when possible I like to arrange it there and then with the dermatology team so I can put it in my online and phone calendars straight away. The hospital will usually print the letter on the spot and send another one out nearer the time – but check the date and time as sometimes they change it!

If you can't make an appointment, ring the department and fix another date. However, the reality is that doing this may bump you back a month or two, so rearranging is best avoided.

## Diagnosis and history

As part of your consultation you will be asked questions about your general health and medical history. Eczema diagnosis is based on the appearance of your skin and your eczema history, so you will be asked specific questions about the eczema:

- > **ONSET:** When did your eczema first start?
- > **DURATION:** How long has your eczema been present?
- > **SITE:** What areas of your body are affected?
- > **PRURITUS (ITCH):** How bad is the itching, pain or soreness? How does it affect your life? What do you use or do to try to cope with it?
- > **FAMILY HISTORY:** Is there, or has there been, anyone else in the family with a skin disease, eczema, asthma or hay fever?
- > **OCCUPATION:** What is your job? What products are used at work and how do you protect your skin at work (e.g. clothing, gloves and barrier creams)? Does your skin improve when you are not at work?
- > **HOBBIES AND LEISURE TIME:** What are your hobbies and do they affect your eczema?
- > **CLOTHING:** What types of clothing fabrics do you usually wear and which fabrics flare or irritate your eczema?
- > **JEWELLERY:** What type of watches and jewellery do you wear?
- > **SKIN CARE:** What everyday products (e.g. shampoo, soaps, wipes) do you use? What skin-care products have you used in the past and what are you currently using? What types of make-up, perfumes and after-shave do you wear?
- > **IMPACT ON QUALITY OF LIFE:** How does eczema affect school, work, family and relationships?
- > **MEDICATION:** What medicines do you take regularly? What treatments have you used in the past and what are you using now to treat your eczema (these include prescribed and over-the-counter products). It is useful either to take your treatments with you to the appointment or write a list of the ones you have used/are using.
- > **HOW YOU USE THE TREATMENTS:** Which areas of the body do you put them on? How often do you use them? How much you are using?
- > **ALLERGIES:** Do you have any known allergies to medicines or products that come into contact with or are applied to the skin? Are you allergic to aero-allergens (such as house-dust mites, pollens, fungal spores or animal dander) or oral allergens (such as eggs, fish, milk or nuts)?
- > **DIET:** Do any particular foods make your eczema worse? What sort of reaction occurs?
- > **TRIGGERS:** Have you noticed anything that makes your eczema flare?

After the history-taking, your skin will be examined to confirm the diagnosis and assess how severe the eczema is. As part of your assessment you may be asked to complete a quality-of-life assessment or severity score. This gives an indication of how severe your eczema is and how it affects you on a daily basis (see Resources). Following this assessment, your team may undertake specific tests as part of your eczema care.

## JF says...

Your appointment may be months before it comes round, so take the time to scribble some notes on what outcomes you want from your consultation (e.g. advice around a type of eczema, worries allayed about the side effects of your treatment or a change to a new drug).

Go into your appointment prepared and ready to give as much detail as possible. Don't edit out information because you're embarrassed or think it won't be relevant, as it may end up being crucial.

If your skin has been really challenging, then explain the context to that. Have you missed work? Is your sleep interrupted? There are practical, monetary and stress implications to the way eczema impacts on us and they all build a picture as to the current severity.

Photos are a handy documenting tool. One of the most spiteful aspects of eczema can be its fickle nature – although you want to show the healthcare professional how your eczema is at its worst, when the appointment comes round your skin can miraculously appear on its best behaviour! Since our skin can fluctuate even from day to day, I recommend taking photos of your eczema when it is particularly bad and over a period of time – say a month. Time at the consultation is limited though, so edit your photos down to a handful that best illustrate what you're going through. No filters, no effects – just clear images taken in good light.

Equally, if a particular medication has made a difference (for better or worse) let the healthcare professional know.

Part of the successful conclusion to a consultation will be leaving with a clear action plan, peace of mind and guidance on what to do if things get worse.

## Tests

- > **SKIN SWABS:** Swabs are taken from the skin if an infection is suspected. A swab is a small ball of cotton wool on the end of a stick, which is used to obtain mucus and cells. The swab is then sent to the laboratory to look for bacteria (organisms) causing the infection. The three common tests are:
  - **microscopy** – inspection using a microscope to identify organisms;
  - **culture** – placing the swab in an environment optimal for organism growth, usually for 48–72 hours, after which it is re-examined for further growth; and
  - **sensitivity** – identified organisms are exposed to various antibiotics to ascertain which one will be an effective treatment and any they are resistant to.
- Swabs are also taken to look for viruses, including the herpes simplex virus (HSV) types 1 and 2 and the varicella zoster virus (VSV).
- > **FUNGAL:** To establish or confirm the diagnosis of a fungal infection, samples of skin, hair and nail may be taken.
- > **BLOOD TESTS:** Blood tests may be undertaken as part of your consultation for a number of reasons and these can vary depending on your age or your child's age. If the eczema is severe or you are started on systemic treatments, you will have a blood test before starting these treatments and to monitor your blood count, liver and

kidneys whilst on them. Severe eczema can result in iron-deficiency anaemia and – as iron deficiency aggravates pruritus (itch) – a test for this may also be done.

- > **BIOPSY:** If there is any uncertainty about your diagnosis, your doctor may take a sample of skin to examine it in more detail. This is usually performed under local anaesthetic and may require a few stitches.
- > **ALLERGY-FOCUSED TESTS:** An allergy diagnosis is based on an allergy-focused history, assessment of the eczema and response to treatment. Several specific tests may be undertaken as part of this assessment:
  - **Specific IgE test (previously known as a RAST):** This measures the amount of IgE (a protein that can cause a reaction) to a specific food allergen, such as peanut or egg. The test can give an elevated result without you having any symptoms. This is called ‘sensitisation’ and the elevated IgE is harmless. When an elevated result is seen in conjunction with symptoms related to that allergen, the condition is called an ‘allergy’ Therefore, specific IgE testing should only be requested if you have complained of symptoms related to an allergen and random testing is not recommended.<sup>2</sup>
  - **Skin prick tests (SPTs):** These demonstrate an allergic response to a specific allergen. In conjunction with an allergy-focused history, SPT can help to confirm the presence of an allergy to either a food or inhaled substance. SPT is the most common allergy test performed in an allergy clinic by specially trained staff. This is a simple, safe and quick test, providing results within 15–20 minutes. A tiny amount of allergen is introduced into your skin, and if you

are allergic to it, a small, localised allergic response will appear in the form of a wheal (bump) and flare (redness) at the site of testing.<sup>2</sup>

- **Patch testing:** This involves the application of common chemicals known to cause a contact allergy (e.g. nickel, fragrances and other cosmetic ingredients, rubber chemicals and specific products based on your occupation or history.) Each chemical is applied to a disc (about 1 cm in diameter and then taped to your back in strips of 10). You may be tested with up to 100 different substances. Patch tests are applied to the back so your eczema needs to be clear and well controlled before the test can be done. The patches are left in place for 48 hours and then removed and the skin examined to see if there are any reactions (red itchy areas). A final reading is taken after a further 2 days (96 hours) and the results will be discussed with you. The reactions seen may be either an allergic reaction or an irritant reaction. It is important that these tests are undertaken by dermatologists who specialise in patch testing, as you could have several reactions (both allergic and irritant) and a clear diagnosis is needed.
- > **OTHER TESTS:** You may have heard of other tests through adverts, word of mouth and the internet, including applied kinesiology, auricular cardiac reflex method, blood tests for IgG antibody, hair analysis, cytotoxic and vega testing. They have no relevance in diagnosing allergy and you should not undergo high-street or internet allergy testing because there is no evidence of their value in the management of atopic eczema.<sup>2,3</sup>

JF says...

Blood tests and pharmacy visits: It is common if you're on a range of medication relating to eczema to have blood tests taken after you have your consultation in a different department of the hospital or clinic.

Over the years, I have developed a well-oiled routine when seeing a dermatologist that involves dropping off my prescription first (you'll probably get a numbered ticket) and then going to phlebotomy (this may just be signposted 'blood tests').

I have had monthly blood tests for decades and there is a definite skill to taking blood efficiently and without causing too much discomfort. (To be fair, how easy the process is depends partly on your veins and I think it helps if you are not dehydrated – but that's only my own experience.)

JF says...

'Do you understand your medication?' This is a somewhat pointed question – I know that in the past I haven't really taken in the information but have nevertheless nodded my head and replied in the affirmative because I didn't want to appear stupid or waste anyone's time! But the diversity of medications to treat eczema can be challenging even for experienced healthcare professionals, so why should it be any different for patients? What strength of cream is meant for which part of the body and how long it should be used for are not always obvious.

Here, packaging doesn't help as the labels don't show the strength of medication and it is easy to confuse, for example, **clobetasone butyrate** (a moderately potent topical corticosteroid – brand name 'Eumovate') with the similar-sounding **clobetasol** (a very potent topical corticosteroid – brand name 'Dermovate').

In this particular case, Eumovate has pink colouring on the outside of the tube and Dermovate has brown colouring and I know both of them well but, when it comes to drugs I've not taken before, a pen and paper is worth taking along. Labelling on packaging may explain broad guidelines, but when consulted for eczema usage may be more complicated and nuanced.

Treatments

During your eczema journey you may be prescribed a variety of treatments, from creams to be applied to the skin to medicines that are taken orally, and phototherapy. You should receive written information with your treatments, be shown how to use them and be given a care plan to follow.

Don't be afraid to ask the following **W** questions:

- > **WHAT IS THE TREATMENT?**
- > **WHY HAS IT BEEN PRESCRIBED?**
- > **WHEN SHOULD I USE IT?**
- > **WHERE SHOULD IT BE USED?**

The use of topical treatment needs to be demonstrated by the healthcare professional in terms of the amount and how to apply it – e.g. a practical demo using fingertip units and applying in the direction of hair growth so the hair follicles don't get clogged and infected.

However experienced we are as patients, we do sometimes forget things and treatments are constantly evolving as is the language and abbreviations used to describe them.

If you're at all unsure about anything, make sure you have it clearly explained and write down any instructions there and then and – the next time you come along, or anytime in the future – don't be afraid to pipe up and ask for a refresher lesson.

## Conclusion

Your eczema journey may have run smoothly or you may feel it has been a battle at times. If you are not sure about any aspect of your care, do ask. It is useful to write down any questions or concerns before your consultation so you don't forget them, and you can work through these with your doctor or nurse. It is important that your progress is monitored for several reasons: to see how effective the treatments have been; to ensure you are using them safely and correctly; and to improve your eczema and quality of life. The National Eczema Society's information (factsheets, booklets, website and Helpline) will support your eczema journey and consultation.

## Resources

### Useful information

- AllergyUK:  
**[www.allergyuk.org](http://www.allergyuk.org)**
- British Association of Dermatologists:  
**[www.bad.org.uk](http://www.bad.org.uk)**
- Centre of Evidence Based Dermatology:  
**<http://nottingham.ac.uk/research/groups/cebd/index.aspx>**
- Medicines Org:  
**[www.medicines.org.uk](http://www.medicines.org.uk)** Patient Information Leaflets (PILs) for prescribed medicines
- New Zealand Dermatology Society:  
**<http://dermnetnz.org>**
- NHS Choices:  
**[www.nhs.uk](http://www.nhs.uk)**
- Patient UK:  
**[www.patient.co.uk](http://www.patient.co.uk)**
- Primary Care Dermatology Society:  
**[www.pcds.org.uk](http://www.pcds.org.uk)**

### Assessment tools

- Patient Oriented Eczema Measure (POEM):  
**<http://nottingham.ac.uk/research/groups/cebd/resources/poem.aspx>**
- University of Cardiff Department of Dermatology Quality-of-life tools:  
**[www.dermatology.org.uk/quality/quality-life.html](http://www.dermatology.org.uk/quality/quality-life.html)**

## References

- 1 NICE (2013) Clinical Knowledge Summaries – Atopic Eczema: **<http://cks.nice.org.uk/eczema-atopic#itopicsummary>** Accessed 22/03/2014
- 2 Allergy UK (2014) Diagnosis and Testing. **[www.allergyuk.org/diagnosis--testing-of-allergy/diagnosis-and-testing](http://www.allergyuk.org/diagnosis--testing-of-allergy/diagnosis-and-testing)** Accessed 22/03/2017
- 3 NICE (2007) Atopic Eczema in Children: Management of Atopic Eczema in Children from Birth up to the age of 12 Years. Clinical guideline No. 57. London: NICE **<http://publications.nice.org.uk/atopic-eczema-in-children-cg57>**