

Information on Caring For Your Child's Eczema

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By following a number of basic steps in treating your child's eczema, you may improve the severity of the flares and gain better control of the eczema. Often children are not moisturised sufficiently, steroids are not used adequately and bacteria on the skin is underestimated in the role of driving the eczema flares. Please discuss this information with your GP. Prescriptions may be needed.

The basic eczema treatments are ongoing regardless whether the eczema is flared or not. The goal for anyone with eczema is <u>to</u> <u>prevent</u> the skin from becoming dry and cracked and losing the skin's barrier. This will help reduce the frequency and severity of the flares.

The Basics

1. Bath/shower. <u>Bathing every day is very important</u> in eczema as it removes old creams, irritants and dead skin as well as cleanses the skin to decrease the amount of bacteria. Bath just before bedtime as it offers longer lasting moisturising and may promote a better sleep. The skin will need to be gently washed with the hand using a soap substitute which is simply a moisturiser. Clean the body with the moisturiser as you would with soap on skin that does not have eczema. A scoop of moisturiser can be cupped in the hand and used like a cake of soap.

<u>Do not use</u> any sort of normal soap as this will irritate your child's skin and likely cause a flare. The soap substitute should be whatever moisturiser is being used as a daily moisturiser however **Emulsifying ointment** or a thick cream such as **Health E Fatty cream** is recommended. Both of these will need a prescription from your doctor.

If there has been a problem with frequent infections, the use of an antiseptic added to the bath can be very helpful. Some of the recommended solutions are; Oilatum Plus, QV Flare Up (found at most pharmacies/follow instructions on the bottle) or use normal household bleach – 1cup to a full bath. Add to the bath once or twice per week or daily when the skin is flared.

2. Moisturise

Regular use of thick moisturisers *is the <u>most</u> important part* of the day-to-day treatment for people with eczema. Examples of thick moisturisers that are fully subsidised and available on prescription from your doctor are:

- Emulsifying Ointment (most preferred)
- Heath E Fatty Cream (next preferred)
- Cetomacrogol Cream (not as thick as the 2 above, but better than Aqueous Cream)
- Generally, Aqueous Cream is not a thick enough cream in eczema.

Moisturisers need to be applied '*top to toe*', to face and body and the scalp if needed, 3-4 times a day **or more** to keep the skin shiny and moist and never dry and rough. The skin should be checked often throughout the day to decide how quickly it becomes dry. This will help you work out how often the moisturiser needs be applied to prevent dryness. Most children will go through one 500g tub of moisturiser per week. Younger children may need to use 1 tub every 10 days and a baby 1 tub every fortnight. When you discuss this with your GP please make sure he prescribes enough moisturiser. For 3 months supply you may need 6kg (12 big pots)!

3. Prevent/Reduce Infections

- Always wash your hands before applying creams, etc to the skin (child if applying or parent who is applying)
- Don't leave any of your creams, lotions, etc open with lids off, as this makes them more likely to become contaminated with bacteria. For the same reason use a clean spoon or other suitable utensil, to remove creams from tubs or jars into another container. Do not put hands into jars. Scoop out what you will need for that treatment and discard any unused creams/lotions etc.
- Keep your child's nails short, may need cutting the nails 2 3 times per week
- Clean change of clothes after each bath
- Separate towels for the child with eczema
- Do not use creams beyond the written expiry date
- If the eczema is very bad, despite good basic care, your child may need an antibiotic. This will need to be by mouth, and will need to be discussed with and prescribed by your doctor. The aim of good basic care is to reduce the need for antibiotics by getting the skin as healthy as possible.

4. Steroid Creams

Steroids applied to the skin are lotions, creams or ointments which contain a corticosteroid drug. They work by decreasing the redness and itch in the skin during a flare-up. Think of steroids as an aid to putting out fires on the skin and like real fires, assistance is needed otherwise the fires increase in size and get out of control.

There is often misunderstanding about the safety of steroids and their side effects. If used correctly, steroids will **not** do any harm to your child and in most cases eczema cannot be managed without their use. It is very important to:

- use the lowest strength that *works*
- only use on the red areas
- keep using until the flare is controlled, this may take several weeks
- Steroids need only once daily application usually at night unless otherwise directed by your Doctor or your Eczema Nurse.

Remember the 5 basic treatments :

- 1. Bath daily using a moisturiser
- 2. Moisturise, moisturise, moisturise, moisturise, moisturise during the day
- 3. Use the steroid creams
- 4. Prevent infections with careful hygiene
- 5. Avoid known triggers

If you suspect that your child has infected eczema please see you Doctor immediately

SUPPORT ON THE WEB OR SOME YOU CAN PHONE

- Allergy NZ <u>www.allergy.org.nz/</u> Northland Contact: Sue Devaliant Tel: (09) 401 7585 Support group held in KeriKeri and Whangarei
- Itchy Kids
 <u>http://www.itchykids.org.nz/</u>
- Skin Care World
 http://www.skincareworld.co.uk/about.htm
- Kids Health

http://kidshealth.org/parent/infections/skin/eczema_atopic_der matitis.html

Allergy Pharmacy

<u>www.allergypharmacy.co.nz//</u> Where allergy products can be purchased on line at reasonable prices.

• ASCIA (Australasian Society of Clinical Immunology and Allergy)

<u>www.allergy.org.au</u> On this site you will find patient information on allergies and eczema. This site is also used by health professionals.

If you are unsure about any of this information please discuss with your doctor.

Regards

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