

Information on Childhood Eczema for Well Child Providers

Eczema:

Eczema (also known as atopic dermatitis) is a common inflammatory condition of the skin. Eczema has been shown to have high direct and indirect costs to families and health care systems with significant morbidity and impact on quality of life. Good management can enable improved health & quality of life for the child and family.

Prevalence:

Eczema is a common condition for New Zealand children and adolescents being ranked 9th out of 60 countries for children and 39th out of 96 countries for adolescents. Eczema affects 15-20% of children; estimated to affect 15% of Māori and 16% of Pacific children compared to approximately 10% of other ethnicities. Maori and Pacific children have a greater prevalence for severe eczema (1,2).

Symptoms include but are not limited to:

- Dry, itchy skin which in the acute phase may be a red and raised rash
- Infantile eczema commonly commences on the face and moves to body
- Flexures are more commonly affected in the child and adolescent
- Weeping, angry red skin may indicate infection
- In a chronic phase the skin may be thickened and discoloured (darker or lighter)

Treatment and Management:

- **Carer Education;** have a care plan which is understood and reviewed regularly
- **Triggers;** includes soaps, skin infections, overheating etc
 - not all irritants can or should be avoided; recognition & management reduces flares
- suspected food allergies need medical review (3)
- **Emollients;** help repair skin barrier function, reduce dryness & itching
 - use is guided by skin condition & symptoms i.e. may need to be used several times a day on skin and daily as soap substitute in bath or shower
 - large quantities need to be used & prescribed
 - products with sodium lauryl sulphate (SLS) should not be left on skin(4)
- **Topical steroids;** important to reduce inflammatory response & enable treatment to work, tailored to severity of eczema(5)
 - safe to use in children(6)
 - should be readily used: underuse is a key reason for poor control
 - adequate potency & quantity needs to be prescribed
 - steroid use should be reviewed regularly by the prescriber
 - when eczema doesn't respond or needs continuous use of steroids then child needs review by their health professional
- **Infection Management;** antiseptics such as bleach, chlorhexidine and QV Flare Up are used in the bath to treat & minimise flares & skin infection
 - if infected needs medical or nursing review

Website Resources:

NICE guideline <http://www.nice.org.uk/nicemedia/live/11901/38566/38566.pdf> . Comprehensive guideline

Scottish national clinical guideline for primary care <http://www.sign.ac.uk/pdf/sign125.pdf>

Kidshealth <http://www.kidshealth.org.nz/eczema-atopic-dermatitis>. Eczema network handout (info & care plan) plus **videos** on how to bath & apply topical therapy <http://www.kidshealth.org.nz/tags/skin>

DermNet NZ www.dermnetnz.org . NZ Dermatological Society has a fact sheet on [atopic dermatitis](#) in children

Global Resource for Eczema Trials (GREAT) database <http://www.greatdatabase.org.uk> A collection of published RCTs and systematic reviews

Allergy New Zealand www.allergy.org.nz . Video as above and a [fact sheet about eczema](#)

Itchy Kids www.itchykids.org.nz NZ support group run by parents for parents/whanau of children with eczema.

References:

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3. Sinclair, J et al. IgE-mediated food allergy—diagnosis and management in New Zealand children. *NZ Medical Journal* 2013; 126: 1380
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5. Taibjee, S. & Charman, C. Steroid phobia- a major obstacle in caring for eczema sufferers 2009
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