Eczema is the most common specific skin disorder encountered but it is very poorly managed and often dismissed — yet it can have an enormous impact on quality of life. Eczema nurse specialists Pauline Brown and Debbie Rickard explain how to properly manage eczema on a day-to-day basis in this final of a two-part series.

Eczema is a condition in which the skin becomes dry, sensitive and inflamed, causing redness and intense itching. It can occur on any part of the body. It can be controlled with treatment as well as limiting things that irritate the skin, e.g. woollen clothing. The symptoms of eczema are dry, itchy, cracked or red skin. Your child may scratch or rub their skin until it bleeds, and the broken areas may weep, ooze and crust.

It is thought that the primary problem for eczema is the skin barrier. The skin barrier can be viewed as a brick wall: the skin cells are the bricks and the lipid lamellae are the cement. The wall is stabilised by passing, through the bricks, iron rods which are compared to the special structures that keep the skin together. In order to maintain a constant thickness, skin cells are shed continually from the surface of the skin.

People with eczema have gaps in their lipids, or mortar, which result in cracks all the way through the skin barrier. Irritants such as soap cause more breakdown and the ‘brick wall’ starts to fall apart. A broken barrier lets allergens enter the skin easily. Germs and more irritants then lead to an eczema flare-up.

This is why the cornerstone to managing eczema is repairing the skin barrier with heavy moisturisers — whether for a baby, school-age child, adolescent or adult.

The sooner eczema is treated, the better. Not only does it help a child’s physical and social wellbeing, and that of the whole family, but early and effective treatment can decrease the severity of skin barrier issues in the future.

**PRACTICAL SKIN CARE**

- Emollients
- Topical steroids
- Bacterial management
- Wet wraps/dry wraps
- Identify irritants
- Behaviour modification

**EMOLLIENTS**

Emollients are heavy moisturisers that, when used adequately, have a number of...
**THE BENEFITS OF EMOLLIENTS**

- Your skin will become soft and smooth
- The redness, swelling and itching will decrease and possibly stop
- Less or no steroid will be needed
- For most people and when their condition is stabilised, a mild to moderate steroid can easily manage eczema when adequate emollient is used
- Broken areas will heal faster
- You will sleep better
- You will be able to work better
- You will have improved social relationships as you feel better
- You will have greater control and confidence in managing your eczema.

**BATHING AND SHOWERING**

Used in the bath, the amount of emollient required depends on what your — or your child’s — skin is like. For example, if skin is only dry with no obvious eczema, use half to one handful of emulsifying ointment or a lighter emollient of your choice. If skin is very dry, flaky and scratched, then use two to four handfuls and continue to use emulsifying ointment until your — or your child’s — condition improves. Do not use soap as this is drying and irritating to the skin.

You can melt the emulsifying ointment until it is like oil and pour it into the bath, away from you. Bath water can be as hot as you like if plenty of emollient is added. As water cools, the emollient will solidify. This is what you can use to massage into your skin wherever it is affected by dryness or eczema. The emollient should not clog your bath or pipes; just rinse it out of the bath thoroughly or you can scoop it out as the bath is emptied. The bath needs to be cleaned afterwards.

Bathing is important as this cleans the skin, removes crusting and scaling and decreases bacteria on the skin. It also puts moisture back into your skin (rehydrates). If it is done well, bathing will decrease the amount of emollient that must be applied during the day — and possibly at night. Ideally, bathing should be daily but can be decreased as your skin condition improves.

Bathing daily is not always possible. Therefore, if you are showering you will need to use an emollient, such as an emulsifying ointment, as a soap substitute. Soap must not be used as it is an irritant to the skin. Whenever possible, try to bathe one to two times a week, or more often, as showering does not rehydrate the skin.

At the end of the bath, it is important to rinse off with fresh water and pat your skin dry. Whatever you put on your skin in the first three to five minutes after the bath will be absorbed 10 times more than at any other time. This is not so important when the skin is in good condition.

Most shampoos are soaps and if used you must try to prevent them from getting on your skin. Emollients can be used instead of shampoos and will leave your hair shiny if you rinse them out with fresh water. Emollients applied to the scalp will relieve scalp dryness. For thick hair, melt the emollient until it is the consistency of oil and then apply it.

The best time to bath is at night as this will keep your skin more moist during the night and help you sleep through.

**BATHING**

If the skin is broken or weeping, emollients will help the skin heal faster and feel more comfortable.

- decrease shedding of skin;
- improve skin barrier function so that the skin is not so irritated by conditions or allergens and is less open to infection;
- decrease redness and swelling; and
- decrease the length of time and strength of steroid you need to apply to the skin.

To work, emollients can be used in a number of ways.

**ON THE SKIN**

Apply the emollient regularly as required, whenever your skin feels dry or itchy, is red or just feels rough. Only enough to put a shine on your skin is adequate.

Apply it as often as needed, even if you applied it only half an hour before, or if you have just scratched the area. This may need to be several times a day. Once enough emollient is applied, it will help your skin to function by itself and you will need less. This will change from day to day.

The heavier or stickier the emollient, the longer it will last. So while it may be more difficult to apply, it will need to be applied less often than a lighter, easier-to-use emollient.

It is important for you to learn to apply emollients when you are itchy so you can break the itch-scratch cycle. Once you are able to do this, you will see an improvement in your skin and you will have greater control of your eczema.

It is also important to involve loved ones such as close friends, your partner or parents. They can provide you with the support and encouragement you need to manage your eczema, which is a chronic condition.

**PREVENTION**

Using emollient as a preventative measure is the key to helping control eczema. It is important to recognise irritants or triggers for your skin. For example, apply emollient before or after going outside in the wind and/or cold; apply emollient after swimming or washing your hands.
Emollient needs to be applied to the affected areas just before you go to sleep, even if you have just bathed an hour before. You scratch at night because as the bed warms up, your skin dries out and gets itchy.

Continue to use emollient at least in the bath and/or shower and apply to the affected areas of skin once a day even when your skin is in good condition.

HANDY EMOLLIENT HINTS
Think in a positive manner and use positive language.

It is best to apply emollient when you are feeling positive. If you apply it when you are fed up, angry or tired — and it is normal to feel this way — it can make you feel resentful and negative about your eczema management.

When you are scratching, you can help relieve the itching, minimise damage to the skin and help the skin heal by applying emollient, even when the skin is scratched red and raw.

Distribute small containers of emollient so it can be available wherever you are; e.g. the bathroom, bedroom, kitchen or office desk. If emollient is in one room you are less likely to apply it when you need it. If it is in smaller containers, this will make heavier emollients, such as emulsifying ointment, easier to apply (it softens with warmth) and decreases contamination by bacteria from fingers and skin. You can also put it in a plastic bag and cut one end from which you squeeze out the emollient. It softens and there is no contamination.

TOPICAL STEROIDS
Topical steroids are lotions, creams or ointments which contain a corticosteroid drug. They work by reducing and dampening down the inflammation/redness in the skin during a flare-up. When the cells of the skin become angry and red, getting control of these symptoms without steroids can sometimes be impossible. Think of steroids as an aid to putting out fires.

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

It is very important to:
- use the lowest strength that works;
- use the right amount by using a fingertip unit (download an Eczema Management Plan from www.allergy.org.nz in A-Z of Allergies, Reactions and Eczema, which shows how much to use);
- use only on the red areas or as directed by your health professional;
- keep using the steroids for a couple of days after redness has improved then stop or
- if using a more potent steroid, step down to a lower strength for the couple of extra days, then stop.

WHEN TO STOP AND RESTART STEROIDS
All steroids should only be used for as long as the ‘flaring stage’ exists. This means start the steroid when there is increased redness and itching. Some eczema may need a few more days extra of the steroid after the bright redness has gone to maintain the control. Restart steroids at any point when a flare-up reappears.

If there is no improvement after using the current steroid for three to five days, then a stronger topical steroid may be needed. For severe flare-ups, a stronger topical steroid may be used from the beginning as described above. Sometimes two or more preparations of different strengths are used at the same time. For example, a mild steroid for the face, and a moderately strong steroid for patches of eczema on the thicker skin of the arms or legs. Also note that if you have been using a steroid for a long time and it is no longer working, it is worthwhile discussing with your doctor the possibility of using a different steroid but in the same strength, as sometimes the body gets too used to one preparation.

In many cases, a course of treatment for seven to 14 days is enough to clear a flare-up of eczema. In some cases, a longer course is needed. Short bursts of high strength steroid as an alternative? A short course (usually three to five days) of a strong topical steroid is often used to treat a flare-up of eczema. A strong topical steroid often works quicker than a mild one. This is in contrast to the traditional method of using the lowest strength wherever possible. However, studies have shown that using a high strength for a short period can be more convenient and safe. The total amount of steroid used for a short course may actually be less than using a low dose for a long course.

A potent steroid may be used one to two times a week to affected areas in conjunction with emollient therapy for...
older children and adults for maintaining eczema. It assists in minimising flare-ups.

ANTIHISTAMINES
There is no evidence to show oral antihistamines decrease the itch in eczema. However, sedating anti-histamines at night may help some people with eczema to sleep and prevent scratching. It is important not to over-use sedating antihistamines (known as first generation) as normal sleep patterns may be altered. There is also increasing evidence they have an effect into the next day and, while they are not addictive, you can build up a resistance if you use them regularly. It is ideal to treat the symptoms so antihistamines are not required.

BACTERIAL MANAGEMENT
People with eczema are susceptible to skin infections because of scratching causing the skin to become open. A sudden flare-up of eczema can be associated with a secondary bacterial infection and usually requires treatment with an oral antibiotic medicine. It is important that you visit your GP if you cannot get the skin under control in five to seven days, or sooner if you become physically unwell.

Symptoms of bacterial infection are:
- Weeping open cuts from scratching: angry, cherry-red skin with crusting
- Increased itch: scratched and raw skin
- Pustules, boils or abscesses
- Unpleasant smelling skin
- Fever and general unwellness.

Antiseptic washes are important in the maintenance and treatment of eczema infections and help to reduce bacteria (in particular Staphylococcus aureus) on the skin. When the skin is infected it can be more difficult to keep eczema under control. It has been suggested people with eczema may be ‘allergic’ to some of these bacteria and that this may aggravate the condition. This is another important reason for regular bathing.

Antiseptic/antibacterial solutions such as Dilatam Plus or QV Flare Up can be added to the bath water. Follow the directions on your care plan or the instructions on the back of the bottle. Use 1-2ml of Dilatam Plus in a baby bath, or four to eight small container capsfuls in a normal bath. Normally an antiseptic solution is used in every bath for a short period of time to decrease infection and then may be used once weekly thereafter to maintain a low level of bacteria. This can be used in infants younger than six months.

BLEACH IN THE BATH
The use of bleach in the bath is evidence-based and can be used if cost is a factor with the above antibacterial washes. It can dry the skin out so it’s important to add a moisturiser, e.g. melted emulsifying ointment. Bleach concentration, such as Janola, should be 1/1000, (1ml to 1 litre of water) so approximately half a cup to a full bath of 50 litres. When these solutions are suggested, they should be added one to two times a week until the problem has settled and then reintroduced on a need-only basis.

DRY WRAPS
Once you have the appropriate use of emollients and topical steroids in place (there are always exceptions) and the worst of a flare-up is over, dry wrapping can be useful for added comfort and to help keep the skin from drying out. It involves the application of the emollient followed by only one layer of dry Tubifast – this is special elastic wrapping that can be cut to fit. Dry wrapping can also be used as ‘patch wrapping’ at any time to cover small areas that are continuing to be a problem, such as behind the knees or elbows.

WET WRAPS
Wet wraps consists of a layer of warm, wet Tubifast bandage covered by a corresponding layer of dry Tubifast bandage. Emollients, with or without topical steroids, are applied before the bandaging is put in place. Wet dressings cannot be used in the presence of infection, as the moist environment will encourage bacterial growth. You may need to see your doctor for antibiotics. Wet wraps should also not be used in the presence of eczema herpeticum or chicken pox. See your doctor if you are not sure.

Wet wraps work in three different ways:
- Help bring temperature regulation back into equilibrium as this is inadequate with poor skin integrity
- Moisturising — emollients covered with wet bandages are absorbed deeply into the skin to provide a longer lasting moisturising effect
- Provide protection from the itching and scratching cycle so that skin gets a chance to heal properly.

Wet wraps can be considered if your child is severely affected by eczema that is not well controlled despite adequate emollients and topical steroids being applied appropriately. They can also be considered if your child does not sleep well at night despite good skin management. Mild eczema does not need wet wrap treatment; however, dry wraps may be useful. Wet wraps can be used for moderate eczema, and can be put on after the bedtime bath and left on for 24 hours, or removed in the morning and left off during the day. Wet wraps work better if you have a good understanding of emollient therapy but cannot or are unwilling to apply the
amounts required. Surprisingly, this is a good option for adolescents.

Wet wrapping needs to be taught, managed and supported by health professionals who know what they are doing, otherwise it can be ineffective and a valuable management tool is lost. If this happens, it can disconnect a family and increase disillusionment.

IDENTIFY IRRITANTS

Two-thirds of eczema sufferers have non-allergic eczema, which can include:
- soap-based products, body wash chemicals;
- heat, dry air or heating;
- stress and anxiety;
- woolly/rough clothes/fabrics;
- certain food chemicals or colourings/preservatives (intolerances and not allergy); and
- some infections — bacterial, viral, fungal; and many other factors.

One-third of eczema occurs in people who have allergic tendencies. When difficult eczema has not responded to the more simple measures, and this is particularly for young children, then you should be referred on for a review of your child’s condition and to assess if there is an allergic trigger, such as food. Food is more likely to be a trigger when there is sudden and severe onset in an infant, and before the second year of life. Eczema is influenced by so many different factors, so even when a child has an identified food allergy, an improvement in their eczema may or may not be seen.

If there is any suggestion of food allergy, children must be under the supervision of a doctor, or a nurse practitioner and preferably a dietitian if foods are taken out of the diet. Do not attempt elimination diets without proper advice as this could greatly affect your child’s normal growth and development.

Other steps that may need to be taken if eczema does not respond to standard management are admission to hospital for treatment and medication. If these measures fail, for those few children with very severe eczema, there are oral medications that dampen down or ‘switch off’ the immune system. This would need to be given careful consideration, but only under the care of a paediatrician or dermatologist.

Basic management principles apply across the ages, especially when eczema is severe, exacerbated or poorly controlled. Allergy diagnosis and management become less significant with increasing age and the ability to self-manage eczema.

If you suffer from moderate to severe eczema, you are likely to need skilled professional support for good management. There are always exceptions and management should be individualised.

Self care is essential for good control of eczema, resilience and general physical and emotional wellbeing. In the younger child, help and support is required to maintain self care. For the older child and young person, this help and support is still required but it is more emotional than physical.

You need to address the physiological issues first. Then if it’s required, you need to look at other aspects to assist a child or adolescent self-manage their eczema: help them to identify triggers, the barriers to proper care, and then help them come up with possible solutions. Management needs to be incorporated into daily life, but remember, you can only do one thing at a time.

SCHOOL-AGE CHILDREN

Family and health professionals often underestimate ability to self-manage. You can encourage and support your child to recognise symptoms and triggers, and then use basic management. For example, help them recognise the tingly feeling before the itch and get them to apply emollient. Provide them with options for management, not whether they can manage it or not.

You also need to involve your child in the management plan. Provide them with appropriate rewards and consequences and follow through. Consistency is essential. Again, your child can really help with this. Involve other family members, including siblings, extended whanau and other adults such as the child’s teacher, in management.

For boys it’s particularly important to have male role models supporting daily management. Talk with your child about their eczema and/or other chronic health conditions but don’t make it the focus of your family or relationship with your child.

SCHOOL-AGE CHILDREN

Family and health professionals often
specialist or health professional can provide that sounding board for you, your child and all involved.

It is okay not to be the perfect parent – you are doing your best – and it is okay for your child to know this. That is why you should consider involving other adults, whether it’s family, friends or professionals, as they are your support system – not your child.

As with any other health condition, it is important to allow your child to be a child and you can help them by encouraging them to draw. Your child can’t comprehend that eczema is not part of them, and as it improves they may be fearful of not having eczema. Help them to adjust. Your child is more resilient than you think, and sometimes they may be trying to protect you. So you can learn to recognise what is a normal response and learn to ask for help when you need it. In some instances, you may need to involve psychological support.

On the management front, bathing can be decreased as your child’s skin improves. However, bathing does decrease the need for other skin-care so you may both wish to keep doing this. You can assess this by seeing if the skin flares with decreasing bathing. Dry or wet wraps may also be a good option for your child if they don’t want to put emollients on regularly or forget, especially at school. Depending on the severity of their eczema, they will need a mild to potent topical steroid. Finally, swimming is a big trigger.

ADOLESCENTS
Adolescents are the most vulnerable group, and they often hide their eczema from you and from health professionals. In order to get them to manage their eczema properly they need time, and it is essential for them to have trust. Teens will go through the bath and emollient routine, but they just need to know why it is important. Showering with an emollient is an option and it can be increasingly used as opposed to bathing as their skin improves. Teens will need some lighter emollient options, especially to use around their face. They are also likely to require a moderate-potent topical steroid at times for flare-ups and maintenance. Dry and wet wraps work extremely well for young adults and can even be a fashion statement.

Teenagers need to be allowed to experience what happens when their eczema care plan is not carried out. It could be that they need to hit rock bottom in order to decide that, yes, their eczema is a problem and they will make the changes needed. Allow them to make mistakes and to know it is okay. You also need to let them implement their eczema care plan in their own way and at their own pace. What is important is that they have adults – you – who will support them no matter what.

If their eczema is having a detrimental effect on their wellbeing, affecting their school or work attendance or is causing skin infections or other health issues requiring medical treatment or hospitalisation, then in the short term they need to have a management plan to follow that is supervised by parents/adults and health professionals.

Adolescents need support in a variety of ways, particularly through family, friends and the ongoing involvement of health professionals. From school age, depending on individual needs, they may need regular visits arranged with health professionals to provide motivation to maintain their care plan as well as advice regarding implementation. When seeing a health professional, your teen may wish to have family or friends present or to be seen alone. Texting is also another way to offer support.

ECZEMA IN ADULTS
For adults suffering from eczema, it is often severe and has a profound effect on their lifestyle. It is poorly supported and many adults are resigned that little can be done to treat it – often they use no topical steroids at all. At some eczema nurse clinics, adults are seen on a case-by-case basis. They are usually referred by a GP or consultant after all normal management has been tried. If an adult is willing to implement the basic eczema management and they have no other compounding health issues, it works well in most instances. The difficulty is maintaining this as part of their lifestyle. Unlike children, the adult has not usually learnt to implement this into their normal day-to-day life so greater adaptation is needed, at least initially.

LAST WORD
The successful management of eczema is finding the right fit for the family, child, young person and adult. Once you do that, then it is worth the effort. For most people, there is such an improvement that eczema is no longer an issue. These changes can have a profound impact on every aspect of life. In the meantime, however, there is still much we don’t know about the condition.