Integrated skin service
Connected care for Skin

NHS

Eczema Guidelines

Severity of eczema

Mild
Areas of dry skin, infrequent itching (with or without areas of redness)

Moderate
Areas of dry skin, frequent itching, redness (with or without excoriations and localised skin itching)

Severe
Widespread areas of dry skin, incessant itching, redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking)

Quality of Life
should be assessed during the consultation (doesn't always correlate with severity)

Mild Impact
Little impact on everyday activities, sleep and psychosocial wellbeing

Moderate Impact
Moderate impact on everyday activities and psychosocial wellbeing, frequently disturbed sleep

Severe Impact
Severe limitation of everyday activities and psychosocial functioning, nightly loss of sleep

Emollients
These smooth, soothe, hydrate and protect the skin. They should be used in all patients with eczema. Patient choice is key.

Mild Eczema
- ExCetra Cream
- Zerocream Cream

Moderate Eczema
- Epimax Cream
- Epimax Oatmeal Cream
- Zerodouble Gel
- Aveeno Cream

Severe Eczema
- Epimax Ointment
- Zeroderm Ointment
- Cetraben Ointment
- Hydromol Ointment*
- WSP:LP (50:50)*
- Epaderm Ointment*

Recommended routine for emollients

- Wash with soap substitute in bath.
- Apply as required throughout the day
- Apply emollient in a downward direction.

- Wash with soap substitute in bath.
- Apply emollients 3 – 4 times per day
- Apply emollient in a downward direction.
- If required elasticated viscose stockinette garments at night.

- Wash with soap substitute in bath.
- Apply emollients 3 – 4 times per day
- Apply emollient in a downward direction.
- If required elasticated viscose stockinette garments during the day and/or at night.

* Specialist initiation only

All emollients above (except Zerodouble Gel and WSP:LP) can be used as soap substitute. Aqueous cream is not recommended as an emollient because it may cause stinging in a high proportion of patients. Paste bandages may be considered in patches of lichenified eczema on the limbs.
Generally an adult using regular emollients will require 500g and a child 250g per week.

Topical steroids

Mild Eczema
First line
- 1% Hydrocortisone cream/ ointment

Second line
- Synalar 1 in 10 cream

Moderate Eczema
First line
- Eumovate cream/ ointment

Second line
- 2.5% Hydrocortisone cream/ ointment
- Betnovate-RD cream/ ointment
- Synalar 1 in 4 cream/ ointment

Severe Eczema
First line
- Betnovate cream/ ointment

Second line
- Synalar cream/ gel/ ointment

Do not use if under 12 months of age unless under specialist advice

Guidance for topical steroid use
1 FTU (0.5g) will cover an area of affected skin the size of two adult palms

- Apply to affected areas once or twice daily (before or after emollient) until redness and itching has completely settled, and then continue for a further two days then reduce frequency of application not potency. Restart as soon as redness and itching appears.
- Consider secondary infection if not improving with a potent steroid after 14 days.
- Use mild topical steroids for face and neck but moderate for 3-5 days during flares.
- Use moderate or potent steroids for 7-14 days max in flexures.
- It may take 6 weeks of a potent topical steroid to gain control in some cases. Consider a combined antibiotic and topical steroid preparations for localised infections but do not use for more than 2 weeks (e.g. Fucidin H or Fucibet).
- Do not use very potent steroid (e.g. Dermovate cream/ ointment) without specialist advice.
- Complete a treatment plan and give to the patient/ carer.

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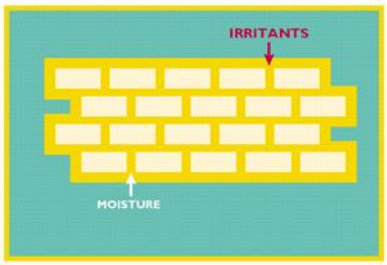
Suitable quantities of topical steroid required by an adult for twice daily application for *one week*

Face and neck = 15-30g
Both hands = 15-30g
Scalp = 15-30g
Both arms = 30-60g
Both legs = 100g
Trunk = 100g
Groins and genitalia = 15-30g

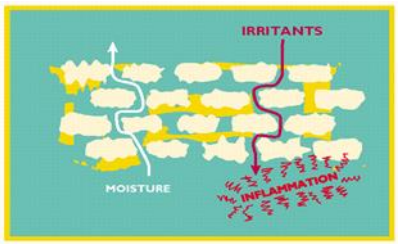
Suitable quantities of topical steroid required by a child for twice daily application for one week

The BNF for Children should be consulted for suitable quantities. The amount required depends on the age and size of the child. The FTU should be measured using an adult finger and the area affected established be using the palms of adult hands.

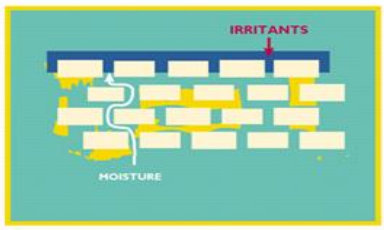
Go through brick wall analogy with all patients



NORMAL SKIN



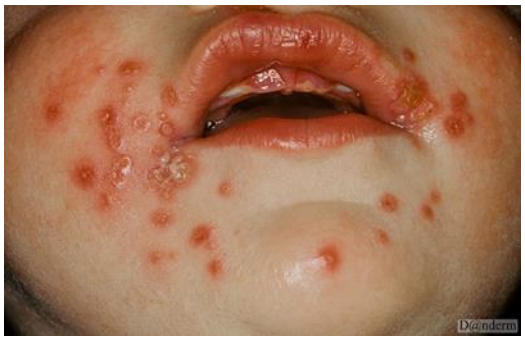
ECZEMA – AN IMPAIRED SKIN BARRIER

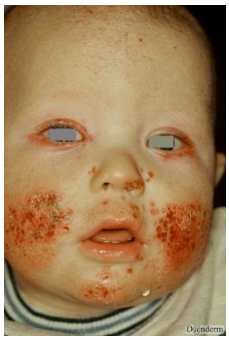


RESTORING THE SKIN BARRIER USING AN EMOLLIENT

Children with atopic eczema and their parents or carers should be offered information on how to recognise eczema herpeticum. Signs of eczema herpeticum are:

- Areas of rapidly worsening, painful eczema.
- Clustered blisters consistent with early-stage cold sores.
- Punched-out erosions (circular, depressed, ulcerated lesions) usually 1–3 mm that are uniform in appearance (these may coalesce to form larger areas of erosion with crusting).
- Possible fever, lethargy or distress.





Referral for specialist dermatological advice is recommended for children with atopic eczema if:

- The diagnosis is, or has become uncertain.
- Management with the correct potency of topical steroid (as above) has not controlled the atopic eczema satisfactorily based on a subjective assessment by the child, parent or carer (for example, the child is having 1–2 weeks of flares per month or is reacting adversely to topical medicaments).
- Atopic eczema on the face has not responded to appropriate treatment.
- The child or parent/carer may benefit from specialist advice on treatment application (for example, bandaging techniques).
- Contact allergic dermatitis is suspected (for example, persistent atopic eczema or facial, eyelid or hand atopic eczema).
- The atopic eczema is giving rise to significant social or psychological problems for the child or parent/carer (for example, sleep disturbance, poor school attendance).
- Atopic eczema is associated with severe and recurrent infections, especially deep abscesses or pneumonia.

Guidelines based on NICE (2007) 'Atopic eczema in children: Management of atopic eczema in children from birth up to the age of 12 years and ELHT medicines management formulary. Review November 2020.
By Dr C Owen and ANP J Ratcliffe, Dermatology ELHT. Version 1.