

Eczema

Hilliard Pediatrics, Inc. -- Dr. Tim Teller, M.D. -- 3/16

Eczema and **atopic dermatitis** are *dry, sensitive skin* conditions. They are very common in childhood. It often runs in families, especially in families with allergic (“atopic”) problems such as allergies, asthma, and food allergies. It can improve over time, although it is hard to know which children will improve over time or have the condition get better. It can start very early in life, with children less than 2 months of age showing signs of it.

What to expect. Eczema causes the skin to be dry, rough, and irritated. It can cause small clusters or areas of bumps (“papular eczema”) or larger (coin sized or bigger) rough, red patches. Although it can occur anywhere on the body, it tends to cluster at the creases of the elbows and knees as well as the face of younger children. It often is not in the diaper area. Many children are quite itchy, especially if the involved area is not covered with clothing. About 8 out of 10 children will have it *worsen during the cold weather season*. About 2 out of 10 children will have it worsen during the warm, summer months. Eczema often frustratingly comes and goes and can be completely gone before reappearing. So far, there is no cure for eczema, although plenty of treatments help keep it under control.

What to do for the rash. The rash may not need any treatment or take quite a lot of time and effort to keep it under control. Many children with mild eczema are not bothered by it. If the rash is not itchy and does not bother the child otherwise, no special treatment is required. Regularly **moisturizing** the area with **creams, lotions, or ointments** is recommended. One ideal time to moisturize the skin is right after bathing. This locks the moisture into the skin. If the rash is worse and more aggressive treatments are required, we typically continue the moisturizers and add something to control the rash and irritation. The most common creams for this are “**steroid**” **creams**, like the over-the-counter hydrocortisone cream. They help treat the inflamed, rashy areas of skin. They are best used for short periods of time when the rash is at its worse, typically once or twice a day (morning and evening) for a few days to a week. Then, with the rash looking better, it is best to return to using moisturizers regularly to help with the dryness. When nothing seems to be helping the rash and irritation, we often need to use a prescription steroid cream. Remember that *no cream can cure the eczema*, though we should be able to help reduce the rash and dryness. Note: the “papular” eczema that looks like bumps also responds to the same treatments.

What to do for the itching. As you can imagine, scratching at the rash can make the eczema worse. In fact, sometimes the itch starts before the rash appears. The phrase used for that is “the itch that rashes”. The itching is typically worse at night and many times the only time a medicine might be needed for the itching is at bedtime. The itching of eczema may respond to the same treatments that help the rash: **moisturizing the skin regularly and steroid creams when needed**. If they do not work, we may need to have the child use an antihistamine (like Benadryl®) to help with the itching. **Antihistamines** help with itching by controlling a chemical, histamine, in our system that causes us to itch. The itching is often worse in the evening and bedtime. Many children will just need a dose of the antihistamine in the evening. Doses of Benadryl® during the day can be given every 6 hours. However, antihistamines do often make children sleepy. That is not a problem at night, but can be trouble during the day. A few children need a prescription strength antihistamine, such as hydroxyzine, if the Benadryl® does not help. Another option, and less likely to make children sleepy, is the over-the-counter Zyrtec®.

How to bath a child with eczema. Long, hot baths or showers wash away the healthy oils of our skin that help keep it moisturized. Some soaps or bath washes are more irritating or drying to the skin. We recommend bathing in warm (not hot) water once every 2-3 days for no more than 15 minutes. Make sure to moisturize the skin right after the bath to lock the moisture in the skin. If your child needs a bath more than every 2-3 days, moisturizing after bathing is all the more important. Avoid soaps or bath washes with too much scent or “100% pure soap”. Avoid bubble baths.

Avoiding other irritations to the skin. Many children with eczema will have certain things make the eczema worse. These things include some laundry detergents (use detergents that are fragrance-free such as Dreft® and All Free Clear®), wool clothing, dyes and other chemicals on new clothes (make sure you wash the clothes before they are worn), chemicals in swimming pools and hot tubs (make sure your child showers afterwards and then moisturizes well), and hand sanitizers that contain alcohol. Since dryness makes the eczema worse, making the air more moist with a humidifier can help the rash. Be sure to use a sunscreen on the eczema when out in the sun. The rash areas are very sensitive to the sun and can be slow to heal if they become sun burned.

When to see a dermatologist. Sometimes a child’s eczema does not get better with the moisturizing creams and the over-the-counter or prescription steroid creams that usually help the rash. These children often benefit from seeing the skin specialist, the dermatologist. We can refer your child to a dermatologist when it is time to have your child see them.

When to see an allergist. Some children with eczema, especially severe cases at a young age, are associated with food allergies. When this is suspected, we can refer your child to have allergy testing done to find out if a food is causing or worsening the eczema. Older children with seasonal allergies with difficult to treat eczema may also benefit from seeing an allergist.

Important information about steroid creams. Steroid creams like hydrocortisone are very helpful with eczema. They are strong and can cause side effects. So we want to use the weakest cream that helps and want to use the least amount of cream the helps. Avoid putting

the cream in the underarm, groin, or the diaper area unless we tell you to. Watch for thinning of the skin or for the blood vessels closer under the skin. These are side effects that we will want to hear from you.

Skin color changes may stay after the rough eczema is gone. Dr. Esteban Fernandez Faith, MD, dermatologist at Nationwide Children’s Hospital says it so well: The color of the skin where the eczema was may be lighter or darker after the eczema has cleared. These color changes or “footprints” will resolved over time and do not improve faster [by] putting your maintenance or rescue medicines on them. Remember that your eczema medicines only go on red, rough, thick, or itchy patches of eczema. Continue to use your moisturizer on the footprints several times a day.” Note: these color changes also need good **sun protection** to heal well. Sun damage makes it difficult for these areas to return to normal skin color.

Over-the-counter products that you might find helpful for dry, sensitive skin:

SOAPS

Dove® White Beauty Bar
Basis® Sensitive Skin Bar
Cetaphil® Gentle Cleansing Bar
Aveeno® Moisturizing Bar

LAUNDRY DETERGENTS

Dreft®
All Free Clear®

CREAMS

Aveeno® Soothing Relief Moisture Cream
Aveeno® Eczema Care Moisturizing Cream
Cetaphil® Moisturizing Cream
Cetaphil® Skin Restoring Moisturizer
Eucerin® Original Cream
Moisturel® Therapeutic Cream

LOTIONS

Aveeno® Daily Moisturizing Lotion
Aveeno® Skin Relief Moisturizing Lotion
Aveeno® Itch Relief Lotion
Cetaphil® Moisturizing Lotion
Eucerin® Original Lotion
Moisturel® Therapeutic Lotion
CeraVe® Moisturizing Lotion

BATH WASHES

Aquaphor® Gentle Wash
Aveeno® Eczema Care Body Wash
Aveeno® Daily Moisturizing Creamy Wash
Aveeno® Skin Relief Body Wash
Aveeno Soothing Bath Treatment
Cetaphil® Gentle Skin Cleanser
Cetaphil® Skin Restoring Body Wash
Purpose® Gentle Cleaning Wash
Dove® Deep Moisture Bath Wash

OINTMENTS

Aquaphor® Baby Healing Ointment
Aquaphor® Healing Ointment
Vaseline® Petroleum Jelly
Aveeno® Skin Relief Healing Ointment

STEROID CREAMS

Hydrocortisone cream 1/2%
Hydrocortisone cream 1%

ANTIHISTAMINES

Benadryl® (diphenhydramine) Allergy Liquid
Benadryl® (diphenhydramine) Dye-Free Allergy Liquid

What to do for your child’s eczema:

First: avoid things that irritate the skin and keep it moist every day.

If these measures do not help and there are areas of rough, irritated skin: add hydrocortisone cream, once or twice a day for a few days to a week to calm those areas down. Continue to regularly moisturize the skin.

If the rough, irritated areas seem to need hydrocortisone cream many days in a month or the hydrocortisone cream never seems to work well, we often try a prescription strength cream. We will want to exam the skin in the office to discuss how best to help your child.

If the child scratches a lot and the creams, lotions, or ointments are not helping, try Benadryl liquid for itching. If less than 25 pounds, ½ tsp. (2.5 ml.) by mouth every 6 hours; if 25-50 pounds, 1 tsp. (5 ml); if 50-70 pounds: 1 and ½ tsp. (7.5 ml.).

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