ECZEMA (Atopic Dermatitis)

WHAT IS IT?
Eczema is a chronic inflammatory skin condition that can cause itching and discomfort. It is also known as atopic dermatitis. “Atopic” refers to someone who is likely to develop allergies, and “dermatitis” refers to skin that is inflamed and irritated.

HOW COMMON IS IT?
Eczema affects both adults and children but is more common in babies. About 11% of people in the United States have this condition. Symptoms usually appear by age 5 years and improve as children age. However, about 50% of individuals are affected throughout their lifetimes.

WHAT CAUSES IT?
Current theories suggest that eczema is due to abnormalities in the epidermis, the outermost layer of skin, that result in decreased barrier function. There is now little support for the previous theory that eczema is due to an overreactive immune response to environmental factors.

WHAT ARE COMMON TRIGGERS?
Dry skin is the biggest culprit that triggers or aggravates eczema. Items that commonly dry and/or irritate the skin include soaps, detergents, and household cleaners. Triggers also include heat, low humidity, and stress.

There is controversy regarding whether environmental or food allergies can trigger or worsen eczema. Examples include wool, lanolin (wool fat), viruses, animal dander, and dust mites.

WHAT ARE THE SYMPTOMS?
Patches of dry, itchy skin are typical. The skin may also become red, scaly, crusted, or thickened.
- Common sites for the rash include the elbow folds, behind the knees, behind the neck, on the backs of the hands and/or feet, and on the face and eyelids.
- Severe eczema may cover most of the body. However, it is uncommon to see symptoms in the armpit, groin, or buttocks areas.
- The rash may also occur in round coin-shaped patches (called nummular eczema).
- Eczema is not contagious. However, excessive scratching can lead to a bacterial infection of the skin, characterized by worsening redness, pain, swelling, fever, and/or pustular drainage.

HOW IS IT DIAGNOSED?
Eczema is usually diagnosed based on its typical appearance and associated symptoms.

WHAT IS THE TREATMENT?
Eczema cannot be cured, but it can be controlled by developing a skin care plan specific to your needs. A key component of any plan is to keep the skin well-moisturized, as dry skin often triggers symptoms.

PREVENTIVE MEASURES
- **Bathing tips** to avoid dry skin:
  - Don’t bathe or shower more than once a day. If symptoms are severe, bathe less often.
  - Limit baths and showers to 5-10 minutes.
  - Use warm water and a small amount of soap. Avoid hot water.
  - Use mild soaps, such as unscented Dove, Oil of Olay, Cetaphil, or Basis.
  - Do not scrub vigorously with a washcloth, sponge, or brush, as this can irritate the skin.
  - After bathing, dry your skin by patting gently with a towel. Avoid rubbing the skin.
- **Moisturize, moisturize, moisturize!**
  - Contrary to popular belief, moisturizers in and of themselves do not moisturize. They work by trapping water in the skin. So it is best to use moisturizers on damp skin when possible, ie. within 3 minutes after a shower or whenever you wash your hands.
  - Moisturize at least 2 times a day.
- Choose a good moisturizer. Creams and ointments work better than lotions. Avoid products containing alcohol.
  o Lotions have a high water content and may actually worsen dry skin as a result of evaporation.
  o Thick creams such as Cetaphil, Eucerin, and Nutraderm are good choices.
  o Ointments are thicker and often more effective, especially in the winter. Examples include petroleum jelly, Vaseline, and Aquaphor. Avoid products containing lanolin (ie. Aquaphor) if you are allergic to wool.
- To increase skin hydration, apply moisturizer and cover the problem area with a damp cotton garment covered by a dry garment. Change this dressing every few hours during the day, or use it overnight.

Treat your skin gently.
- Avoid fabric softeners, bubble baths, perfumes, colognes, sprays, powders, etc.
- Use “fragrance-free” (not just “unscented”) soaps and detergents.
- Choose liquid fragrance-free laundry detergents, and use them in a quantity smaller than the recommended amount. Add an extra rinse to the wash cycle if needed.
- Wear absorbent fabrics and clothing that is not rough on the skin. Cotton or a cotton blend is a good choice, while wool and silk may be more irritating.
- Avoid tight clothing and waterproof fabrics. However, use rubber gloves when washing dishes to protect your skin. Wear cotton gloves under the plastic gloves to avoid skin irritation and to soak up sweat.

Other self-care measures:
- Try not to scratch! Instead pat, firmly press, or grasp itchy skin, and apply soothing lubricants. Cool wet compresses can also help.
- Avoid sweating and overheating. Maintain cool temperatures. Do not overdress or use too many blankets. Avoid saunas and steam baths.
- For extreme dryness, a humidifier or vaporizer may help. Keep the appliance clean to prevent the growth of mold.
- If you suspect food as a trigger, keep a food diary to identify possible culprits.
- Reduce stress. Eczema can flare up under stress. It is important to learn how to recognize and cope with stress. Use stress reduction techniques or talk to staff at Student Health, University Counseling Services, or the Wellness Resource Center to learn more.

Medications
- Antihistamine tablets (eg. Benadryl, Zyrtec, Claritin, Allegra) can help reduce itching. Benadryl is a good choice for night-time itching because of its sedative effects.
- Topical corticosteroid preparations are the mainstay of eczema therapy. They are used during flares to control inflammation and itching.
  o Steroid creams, lotions, and gels are available in different strengths. It is best to use the lowest effective dose for as short a time as possible.
  o Generally nothing stronger than a low-dose steroid cream should be used on the face and neck.
  o Only a thin layer of steroid medication is needed to be effective. Excessive or long-term use can cause thinning/whitening of the skin and stretch marks.
  o Medicated creams and ointments should be applied to affected areas only. Moisturizers are applied to the whole body. If both are used at the same time, apply the medicated cream or ointment first.
- A short course of corticosteroid pills taken by mouth is sometimes used to treat severe eczema flares.
- “Immunomodulator” medications (eg. Elidel cream, Protopic ointment) are effective for moderately severe cases of eczema. The FDA has issued warnings about a possible link between these medications and lymphoma and skin cancer; however, no definite causal relationship has been found. The FDA currently recommends the use of these medications only in patients who fail or cannot tolerate other treatment options.
- A dermatology referral to discuss other medications and ultraviolet light treatments may be recommended for patients with severe systems.