WHAT IS IT?
Seborrheic dermatitis is a common condition that causes redness, flaking, and scaling of the skin.
- It typically occurs in areas of the skin where oil (or sebaceous) glands are most prevalent, such as the scalp, face, eyebrows, beard, chest, groin, and skin folds.
- It is most common on the scalp and is known as “dandruff” in adults and as “cradle cap” in infants.

Seborrhea is not contagious nor a sign of poor personal hygiene. Symptoms typically start after puberty, then come and go throughout adulthood. Men are more commonly affected than women. Stress and fatigue may also worsen symptoms.

WHAT CAUSES IT?
The exact cause is unknown, however sebaceous glands are believed to play a role in the development of seborrheic dermatitis.
- Symptoms typically appear during times when sebaceous glands are growing and enlarging, such as in infancy (in response to the mother’s hormones) and puberty.
- Seborrhea may also be an inflammatory response to the growth of yeast called Malassezia. Malassezia normally lives in small numbers on the skin and thrives in areas where oil glands are prevalent. Since ultraviolet light slows the growth of Malassezia, most people experience fewer symptoms during the summer months.

WHAT ARE THE SYMPTOMS?
Typical symptoms include red greasy skin, covered with flaky white or yellow scales.
- The skin may be itchy or sore. In severe cases, the skin can become thickened and plaque-like.
- Dandruff is a common problem when the condition is on the scalp. Many people mistakenly think that the cause is dry skin, so they decrease the frequency of shampooing. This results in the development of more scales that, in turn, causes more itching and inflammation.
- People with facial symptoms often complain of flaking skin around their eyebrows and nasal folds.
- Men who grow facial hair also frequently develop seborrhea around their beards; however, the condition disappears once they shave.

HOW IS IT DIAGNOSED?
A visual examination of the skin is usually enough to identify the condition. Sometimes a skin biopsy may be necessary to rule out other causes.

WHAT IS THE TREATMENT?
Seborrheic dermatitis cannot be cured, but treatment can keep symptoms under control.
- The treatment recommended will depend on the severity and location of the lesions.
- You may need to try different products or combinations before symptoms improve.
- Because seborrhea is a chronic condition, symptoms are likely to recur, so watch for symptoms and resume treatment as needed.

GENERAL SKIN CARE
- Wash regularly with soap and water in order to remove oil from the skin. Avoid harsh soaps and rinse completely.
- Use a mild skin moisturizer.
- Avoid skin products containing alcohol since they can cause seborrhea to flare.
- Wear cotton clothing to keep air circulating around your skin.
- Avoid rough clothing to reduce skin irritation.
- Sun exposure can also improve symptoms. Be sure to wear sunscreen after 15-30 minutes of direct sun exposure.
TREATING DANDRUFF IN ADULTS

- Apply mineral or olive oil to the scalp to soften and remove scales from your hair. Leave it in for an hour (or overnight if there is extensive scaling), then comb/brush your hair (to lift the scales) before washing it.
- Use a medicated shampoo to control symptoms. These shampoos can be used for as long as needed.
  - Massage the shampoo thoroughly into the scalp, then wait 5-10 minutes (or the recommended time listed on the label) before rinsing well.
  - Use medicated shampoos daily or at least 2 times a week until symptoms are controlled. Then decrease use to once a week or less to prevent the return of symptoms.
  - A non-medicated moisturizing shampoo and conditioner can be used to prevent over-drying of the hair.
- Start with an over-the-counter (OTC) dandruff shampoo.
  - Shampoos containing selenium sulfide (Selsun Blue, Exsel), zinc pyrithione (Head & Shoulders, DHS Zinc), salicylic acid (Neutrogena T/Sal, X-Seb, Scalpicin), or coal tar (DHS Tar, Neutrogena T/Gel, Polytar) may be used daily.
  - Nizoral A-D (ketoconazole 1%) is an OTC antifungal shampoo that may be used twice weekly, alternating with your daily shampoo.
  - These shampoos may also be rubbed gently on the face, ears, and chest before being rinsed off.
  - If symptoms do not improve after 4-6 weeks, try a different shampoo.
  - If one type of shampoo works for a time and then seems to lose its effectiveness, try alternating between 2 types of dandruff shampoos.
  - Alternating medicated shampoos on a daily basis may also increase their effectiveness (eg, antifungal on Monday, zinc on Tuesday, selenium on Wednesday, tar on Thursday, etc).
- Prescription strength shampoos are available if symptoms are not improving with OTC shampoos after 4 weeks. Examples include Selsun (selenium sulfide 2.5%) and Nizoral (ketoconazole 2%).
- Prescription strength topical corticosteroids may be used if shampoo alone is not effective.
  - Solutions, gels, or foam preparations are more effective for the scalp.
  - Steroid products may be used once daily for 2-4 weeks. Avoid excessive use which can lead to thinning and whitening of the skin.

TREATING SYMPTOMS ON THE FACE AND TRUNK

- Corticosteroid creams, antifungal creams, or a combination of the two are commonly used.
  - A mild steroid cream is typically tried first.
  - Only low-potency steroid creams should be used on the face. Overuse can lead to thinning and whitening of the skin.
- For seborrhea related to facial hair in men, ketoconazole shampoo is used daily until symptoms resolve, then once weekly.
  - A low-dose steroid cream can be added to control initial inflammation and itching.
  - Shaving can also improve symptoms.
- If eyelids are red or scaly, wash them gently each night with baby shampoo and wipe away scales with a cotton swab. Warm compresses can also help.
- For long-term treatment of seborrhea on the face or trunk, an antifungal cream or shampoo used once weekly is recommended.

TREATING SEVERE SYMPTOMS
Symptoms that are unresponsive to standard therapies may respond to an oral antifungal medication. These medications should be used with caution due to low rates of hepatotoxicity (damage to the liver). A referral to a dermatologist to discuss further options is recommended.