

# Patient Handout: Eczema in Children

## WHAT IS ECZEMA?

Eczema is a chronic inflammatory skin problem that causes dry skin and itchy red patches. These patches may become scaly and hardened, or may have fluid-filled bumps that crust and ooze.

Eczema can occur anywhere on the skin, but common locations are:

### In Infants:

Face, elbows, knees, and diaper area



### In Older Children:

- Sides of neck
- Inside the elbows
- Wrists and hands
- Behind the knees
- Ankles



Eczema typically goes through cycles of improvements and flare-ups, and can migrate around the body; just as one patch clears up, another may develop.

## WHAT CAUSES ECZEMA?

The exact cause of eczema is unknown, but many genetic and environmental factors play a role. It has a tendency to run in families, and is associated with asthma and allergic rhinitis (hay fever). Eczema is NOT contagious.

Despite popular belief, eczema is rarely linked to food allergies.

The skin is an important barrier to germs from the environment. When the skin becomes dry and cracked in eczema, this barrier is disrupted. Irritants and germs can enter, causing skin infections or making the eczema worse.

This is why regular moisturising in eczema is so important – it restores the skin's moisture and barrier function, preventing skin infections and worsening eczema.

## CAN ECZEMA BE CURED?

There is currently no cure for eczema, but it can be controlled with a proper treatment plan of self-care measures, moisturizers and prescription creams.

Eczema is common in children, and about half will grow out of it.

## WHO CAN TREAT ECZEMA?

Eczema can initially be treated by a family doctor or a GP. Your GP may refer your child to a skin specialist (dermatologist) in certain situations at their discretion.

## HOW CAN I HELP MY CHILD?

**1. AVOIDING TRIGGERS:** keep track of things that cause your child's eczema to flare. These may include:

- Heat, sweat
- Dry environments like winter (*moisturize frequently and use a cool mist humidifier*)
- Emotional stress or anxiety
- Harsh soaps and detergents (*use mild, non-phosphate detergents and rinse twice*)
- Scented products and perfumes
- Wool and rough fabrics (*dress and sleep in soft, natural fabrics like cotton*)
- Dust mites (*use dust-proof covers on mattresses and pillows. Wash bedding often with hot water*)
- Pets or carpets (*choose hardwood floors*)
- Playing in tall grass

### 2. BATHING AND MOISTURISING:

Daily baths are good for eczema. Bathe your child in lukewarm water for 10-15 minutes, and use a gentle cleanser like Cetaphil. Avoid hot or long baths as it can dry out skin. After the bath, apply a moisturizer immediately to lock in moisture.

*Continued on the next page*

**Moisturise** often throughout the day to keep the skin hydrated. The best moisturizers are **thick creams** (Eucerin, Cetaphil, and Nutraderm) or **ointments** (petroleum jelly, Aquaphor, and Vaseline). Lotions have less oil content and are not as effective.

Also helpful are **barrier repair moisturizers** (Cerave, Restoraderm). They contain a skin essential oil named ceramide, which is lacking in eczema patients.

**Bleach baths:** Your healthcare provider may recommend a dilute bleach bath to help control skin bacteria and improve eczema.



To create one, use 1 tsp of regular bleach (4-6%) for every 5 litres of water, or 1/4 to 1/2 cup bleach in a full bathtub of warm water. Bathe for 5-10 min, then rinse well with warm water. The baths can be done 2-3x per week.

### 3. PRESCRIPTION MEDICATIONS:

In an eczema flareup, your GP can prescribe creams or ointments to bring the inflammation down.

**(A) Corticosteroids creams and ointments:** These are first-line treatment and come in a range of strengths:

- **Mild Strength** (Hydrocortisone): for mild flares. Apply to eczema patches once or twice daily for 2-4 weeks, with 1 week break after.
- **Moderate Strength** (Betamethasone 0.1% cream or mometasone cream): for moderate flares. Spot-apply onto eczema patches daily for 2 weeks, and step down to mild strength creams when eczema has improved.
- **High Strength** (Betamethasone ointments, Clobetasol): for severe flares. Spot apply to severe patches for up to 2 weeks, then step down to mild or mod strength creams. Do not apply strong creams to face or skin folds as it can cause skin thinning and tiny blood vessels to appear.

#### **! Things to note about steroid creams and ointments:**

1. Keep using moisturizers while on steroid treatment. They can be applied before or after the steroid treatment.
2. Steroid creams and ointments are most effective when applied immediately after a bath.
3. After applying steroid treatments for 2 to 4 weeks, take a 2 week break from the steroid treatment to prevent skin thinning, bruising, and other side effects.

**(B) Tacrolimus 0.03%:** this is a topical calcineurin inhibitor that can be used in moderate to severe flares that aren't responding to steroid creams. Unlike steroid creams, it does not cause skin thinning and can be used on the face, eyelids, neck and skin folds.

Tacrolimus should not be used in children < 2yrs. Apply a thin layer to affected area 1-2x daily until lesions clear. There may be a mild tingling or burning sensation after application that should disappear after 10-15min. Do not apply for longer than 6 weeks.

### 4. CONTROL THE ITCH:

**(A) Oral antihistamines** like Reactine, Claritin, and Atarax can help relieve itching. Pediatric formulations can be bought over the counter in pharmacies, or be prescribed by your GP.

**(B) Keeping creams/moisturizers cold in the fridge, or using cold compresses** can provide easy and fast relief of itching. Soak a cloth with water or Burow's solution and place on the skin for 20 to 30 minutes. Keep the cloth continuously wet and uncovered to allow evaporation. Then pat the skin dry and apply your medication

**(C) Keep your baby's or child's fingernails short and smooth** to minimize skin damage from scratching.

### WHEN SHOULD I CALL MY CHILD'S DOCTOR?

Children with eczema are prone to skin infections. Call your child's doctor if you notice signs of skin infection, which may include: **fever, redness and tenderness, or pus-filled bumps** on or around affected areas. A short course of antibiotics may be required.

Also, call your child's doctor if you notice a sudden change or worsening of your child's condition.

#### **For more information and tips, visit:**

1. The Eczema Society of Canada website [www.eczemahelp.ca](http://www.eczemahelp.ca)
2. Canadian Dermatological Association website [www.dermatology.ca/skin-hair-nails/skin/eczema](http://www.dermatology.ca/skin-hair-nails/skin/eczema)
3. National Eczema Association website [www.nationaleczema.org](http://www.nationaleczema.org)