

ATOPIC DERMATITIS, or “ECZEMA”

What is Atopic Dermatitis?

Broadly speaking, atopic dermatitis is a condition of overly sensitive skin. It is more common in families where *anyone* in the family has allergies, eczema, or asthma, since some of the genes for these diseases are shared. While some people have a single allergy—for example, one child's skin may only flare from nickel contact, from snaps on pants, or inexpensive jewelry—most eczema sufferers are a *little* bit allergic or sensitive to a LOT of things, making it almost useless to try to identify one exact cause. In these patients it is best to develop habits that avoid all the most common irritants.

Why the dry skin?

A key element of eczema, other than skin reaction, is a defect in the top layer of skin that allows the skin to dry out easily. When the skin dries out, the skin barrier is compromised, allowing chemicals and irritants deeper into the skin layer, which makes the reaction worse. In a nutshell, the dry skin lets irritants in; the irritants make the skin rough and drier—which sets up a snowball effect.

So what do I do about it??

Prevention is always the first step; preventing irritants and dry skin. When that is not enough, then medication therapy is recommended.

So, how do I prevent it?

Try to follow prevention steps:

PREVENTION

- 1) **Detergent:** Whenever possible, use perfume and dye free detergent on your child's clothes. With babies, you hold them so often up against you that you really need to wash your own clothes in perfume and dye free detergent as well. Please don't feel like more expensive is better; the key is to be perfume and dye free. There are many brands such as All Free & Clear, Tide Free, or Kirkland Free & Clear, that don't cost any more than the scented kinds. You do NOT have to pay extra for special “baby” detergents. They do not work better.
- 2) **Fabric Softener:** Liquid or dryer sheets? Answer: NEITHER. Save your money. Fabric softener doesn't really make your clothes softer, it coats them in chemicals to make them FEEL soft. More chemicals on the skin is not good. If you miss having your clothes a little softer/less wrinkled, try using the rubber dryer balls like those “as seen on TV” for sale in the store (Walgreens, RiteAid), or just use plain old tennis balls in the dryer and they will mechanically soften up the clothes. They'll make some noise, but are reusable and chemical free.
- 3) **Soap:** So, you should clean the child often, right? Actually, soap is very drying to skin, so most of the time for “maintenance cleaning” water and a good washcloth wipe down are plenty. Use soap for visible dirt or soil. The soap ALSO needs to be perfume and dye free. Glycerin soaps that have no perfumes are an option; Dove unscented/Sensitive skin bars, Dove sensitive skin body wash, Cetaphil gentle skin cleanser all are options that are gentle and perfume free.
- 4) **Moisturizer:** The SINGLE most important times to moisturize is RIGHT after a bath, since your skin evaporation causes the dryness and itchiness to flare, and RIGHT before putting on cotton PJ's (synthetic fabrics tend to flare eczema). What moisturizer to use? There are hundreds of them; some are awful (like eczema creams that have perfume/lavendar that will worsen a lot of children with REAL eczema), some that are great for most but awful for some (like Eucerin cream that is great...unless you are allergic to wool since there's some wool oil in there.) Most are petroleum based, and have up to 40 ingredients; most work well, but only if you're not sensitive to an agent on that list. It can be trial and error. You want little to no water in the product. Lotion makes your skin feel great immediately, but it also then evaporates quickly, making the dryness and itchiness return. Creams are

better than lotion. Ointments and greases are better than creams. Here is the irony: in the few studies that have been done, using Vaseline (petroleum jelly), Crisco (vegetable shortening—not butter flavor, just white), or coconut oil (not coconut milk) work just as well as any of those brand names listed above for the majority of patients, and are a LOT cheaper. Most dermatologists for children recommend these as the FIRST choice rather than the commercially available products. Use the moisturizer as often as needed to keep the skin from feeling dry—your child should “look like a waxed car” where water would bead up on them if splashed. Try to keep containers around the house for “drive-by sliming”—if they are running by and you see a dry spot, reach out and grease it up quickly before letting them go on their way! For older children with eczema, they are frequently going to want to start using perfumed lotions or body sprays like Bath&Body Works or Axe type perfumes and colognes...the quick answer for an eczema patient is quite simple: NOPE.

TREATMENT

So we're doing all the prevention, and she's still itchy and has red irritated patches. What do we do now?

- 1) **Prevention:** You STILL DO all the prevention things above.
- 2) **Anti-itch therapy.** Dermatologists like to say that eczema isn't a rash that itches, it's an itch that rashes. First it's dry, then it gets itchy, then you rub/scratch it, and THEN it gets red and scaly. You don't THINK you're rubbing/scratching, but skin is funny...you also don't THINK you are rubbing your elbows that often, and feel how scaly THEY are! It doesn't take a lot. So, preventing itch is important. For people with frequent eczema, then being on a daily anti-itch/allergy medication can be a good idea, such as cetirizine (zyrtec) or loratadine (claritin) every morning. You can ON TOP OF THIS use diphenhydramine (benadryl) at night or for bad itching in the daytime, but be aware it makes about 10% of kids hyper and 60% of kids tired, so we often only use it at night. It is OK if this is EVERY night as long as it is the correct dose. Loratadine / Cetirizine are the same dose: for children 2-5 years old, the dose is 5 mg (either half a 10 mg tablet or 5mL of liquid medication.) For 6 years + it is the same as an adult, 10mg which is one 10 mg tablet or 10 mL of liquid. If it is not covered by your insurance or there is a copay, the cheapest place to find them over the counter are at Costco; Loratadine's Costco name is Allerclear, and Cetirizine's Costco name is Allertec—both come in bottles of 10 mg tablets, with a year's worth (365 tabs) for about \$12-14, only about a dollar a month. Can be worth it financially to beg a favor from a friend if you are not a Costco member, but generic versions are available at typical pharmacies as well.
- 3) **Anti-inflammation therapy:** Once the skin is red and inflamed, it will thicken and scab up more, is more itchy, and more prone to infection. This is when steroid creams are often used to “cool” off the inflamed area. Steroid creams are tricky; some are weak like hydrocortisone 1% and can be used everywhere as often as you need to. Some prescriptions are up to 1000 times stronger and can only be used once or twice a day, or only on specific body parts—overuse can lead to thin skin, more infections, or cataracts. So, go ahead and use hydrocortisone all you want, but if you need a prescription steroid cream, which is not uncommon, please make sure you know how to use it correctly, and where is safe.
- 4) **Bacterial colonization treatment:** Sometimes if your eczema has flared long enough or badly enough, eventually Staph bacteria find their way in there and cause chronic inflammation, and needs to be treated with antibiotics. When needed, it is very helpful. However, the more often it is needed, the more likely the bacteria will “learn” to fight the antibiotics, and then the infection will get harder and harder to treat. If your child HAS needed to be on antibiotics for their eczema, strongly consider starting once a week “bleach baths” to minimize the need to be on antibiotics in the future. It is important to do them correctly and safely, so PLEASE don't “wing it”; we have handouts in every exam room on how to do bleach baths safely and will be happy to get you one.
- 5) **Allergy testing or blood testing:** Again, for most patients allergy or blood testing show that

you are sensitive a little bit to a lot of things, and for most patients trial and error are far more effective than testing. However, some groups of patients DO tend to benefit from allergist evaluation; very young infants who develop body-wide eczema who do not respond to typical prevention measures may have food protein allergies to cow's milk or soy, and may benefit either from testing or a trial off.

Older patients whose eczema flares up suddenly and more severely without a known cause are also often a group who may have a "hidden allergy." For most, though, allergy testing may show you some of what you are sensitive to, but since there are so many things we don't have a test for, you still end up with the same eczema, just fewer fun foods. However, if you feel that testing may be more positive than negative for you and your child, please feel free to ask.

6) Dermatology Referral: There just isn't all that much variation nationwide in the typical therapies for eczema—they are pretty much what is listed, but for some more severe patients there is an "art form" to which steroids to use and where, and whether or not longer antibiotics are needed. Most of the time, the referral doesn't change therapy advice, but again we are happy to send you to the dermatologist if you would like a referral placed. Sometimes WE will recommend the referral for certain types of eczema that can be very hard to tell if they are truly eczema or another common skin condition known as psoriasis—since the treatments for these are different when they get more severe, it is important to have a correct diagnosis. If even the dermatologist can't tell by looking, they may recommend a tiny biopsy (small incision to take a piece of skin for the microscope, and either skin glue or a tiny stitch) to tell for sure. If WE think you need to go to get the right diagnosis, please do go.

Lastly: You need to NOT SAY THIS to your child: "Stop Scratching."

Yes, they shouldn't scratch. Yes, scratching makes it worse. But just like self-soothing behaviors like nail biting, telling them to stop cold only makes the anxiety and the itching worse, and they just scratch more as soon as your back is turned. REPLACING it with a healthier choice works far, far better. When you want to say "stop scratching!" train yourself to say "go put on vaseline!" or "go put on hydrocortisone!" or "ask me for some benadryl!" This way you are helping them learn coping skills in how to reduce the itchiness in healthy ways, instead of increasing stress. It's hard to train yourself as a parent to do, but keep working on it...it gets easier over time!