

Please provide the patient with eczema information leaflet by the British Association of Dermatologists. This can be found on their website: http://www.bad.org.uk/for-the-public/patient-information-leaflets

History and Examination and Exclude Additional Pathology

Focused history:

- Age onset
- Triggers & family or personal history of atopy
- Severity assessment (mild/moderate/severe)
- Quality of life assessment

Examine:

Distribution, severity, morphology - dry skin, redness, excoriation, lichenification, co-existing infection

Exclude:

- Symptoms or signs suggestive of <u>eczema herpeticum</u> (acutely tender punched-out lesions)
 - o Contact dermatology on-call/ emergency department for advice
- Symptoms or signs suggestive of <u>secondary bacterial infection</u>
 - Consider sending bacterial swab
 - Treat with topical steroids
 - Consider commencing oral antibiotics in addition to topical steroids if systemically unwell or worsening symptoms
- Exclude <u>scabies</u> (especially in immunocompromised or at risk patients)

Step 2: General considerations in management of Eczema

- Avoid irritants (e.g agents with sodium lauryl sulphate (SLS) [Aqueous Cream])
- Regular, liberal use of emollient (recommended quantities used in generalised eczema being 600 g/week for an adult and 250 g/week for a child), emollients can also be used as soap substitute
- **Emollients containing antimicrobials** (e.g Dermol) should only be used for infected eczema and for short periods

There is **no clinical evidence** for:

- Silk Garments
- Water softeners
- Topical antibiotics (e.g Fucidic acid) alone
- Non-sedating antihistamines
- Probiotics
- House Dust Mite reduction/avoidance measure
- Not washing on daily basis

Mild Eczema

Moderate Eczema



Severe Eczema



Eczema herpeticum



Secondary bacterial infection

Images courtesy of DermNet NZ

Step 3: Treatment

Mild-to-Moderate

For Acute Flares:

- †opical Steroid_ointment (e.g. Hydrocortisone, Eumovate, Betnovate)
 - OD for up to 14 days, then twice weekly for up to 14 days
- -Consider topical steroid–sparing agents for head and neck (e.g. Tacrolimus; use advice and guidance if unsure)
 - BD for up to 14 days, then twice weekly for up to 14 days

If frequent recurrent flares:

 consider weekly 2-days consecutive (weekender) use of topical steroid
 OD over areas of recurrent flares for up to 4 months

Moderate

For Acute Flares:

- Topical Steroid ointment (e.g.Mometasone)
 - OD for up to 14 days, then twice weekly for up to 14 days
- Consider topical Steroid –sparing agents for head and neck (e.g. Tacrolimus; use advice and guidance if unsure)
 - BD for up to 14 days, then twice weekly for up to 14 days

If frequent recurrent flares:

 consider weekly 2-days consecutive (weekender) use of Mometasone OD or Tacrolimus OD over areas of recurrent flares for up to 4 months

For Acute Flares:

- Topical Steroid ointment (e.g.Mometasone/Dermovate)
 - OD for up to 14 days, then twice weekly for up to 14 days

Moderate-Severe

- Consider topical Steroid –sparing agents for head and neck (e.g. Tacrolimus; use advice and guidance if unsure)
 - BD for up to 14 days, then twice weekly for up to 14 days

If frequent recurrent flares:

- consider weekly 2-days consecutive (weekender) use of Mometasone or Tacrolimus OD over areas of recurrent flares for up to 4 months

N.B: Please consider escalating topical steroids strength prior to referral to secondary care.

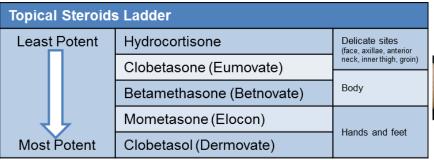
Restart od of topical steroids for 2 weeks if patients experience a flare-up during weekender maintenance regime.



Key Prescribing and Counselling Information for Healthcare Professional

Topical Steroids

- Avoid direct contact with eye (risk of cataracts and glaucoma)
- Avoid moderately potent steroid to inner thigh (risk of striae) and groin/axillary region
- If pregnant, relatively contraindicated in first trimester. Judicious use afterwards.
- Advise patients to use enough to make the skin look shiny or to use fingertip units (see below)





1 Finger Tip Unit = from tip of finger to first line (roughly 0.4-0.5g)

Image courtesy of DermNet NZ

Fingertip Unit (FTU)		
Area of body	FTU/application	Amount needed for adult male (OD for 7 days (g))
Face and neck	2.5	8.75
Trunk (front or back)	7	24.5
One arm	3	10.5
One hand (one side)	0.5	3.5
One leg	6	21
One foot	2	7

Topical Calcineurin Inhibitor (Pimecrolimus/Tacrolimus)

- Advise cautious use at initiation due to known irritation ('stinging-like'); should lessen with recurrent use
- Increase the surface area as tolerated
- Avoid use prior to exposure to sunlight
- Not to be used in occlusion therapy
- If pregnant: Manufacturer advises avoid unless essential; toxicity in animal studies following systemic administration.

Topical Emollients

- Advise against slipping, especially if used as a bath additive or applied after bathing
- Apply in one direction, along the direction of hair growth
- If prescribing a tub of ointment, advise to use spoon to decant emollient to minimise infection risk
- Advise patient of risk of burn injuries if smoking after application of paraffin-based emollients
- Regular washing of clothes and bedding to avoid these becoming impregnated with paraffin and flammable
- Consult local formulary to view options.
- Prescribe emollients according to the dryness of the skin and individual preference/ tolerance

