

# KNOWING YOUR CHILD'S

# ECZEMA



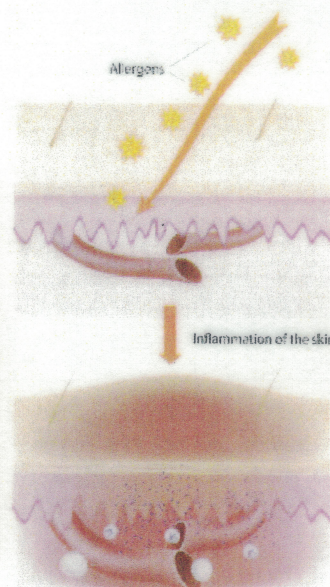
*Dr Liew Woei Kang, paediatrician allergist and immunologist of SBCC Baby and Child Clinic at Gleneagles Medical Centre answers our frequently asked questions on Atopic Dermatitis, also known as Eczema – a skin condition that often occurs in young children.*

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## What is atopic dermatitis?

Eczema is sometimes called dermatitis, which means 'inflammation of the skin'. There are different types of eczema. The most common type is atopic eczema, which is an inflammation of the skin that usually starts in early childhood, and tends to flare-up from time to time.

The word 'atopic' describes people with certain 'allergic' tendencies. However, atopic eczema is not just a simple allergic condition, but predominantly skin disease. People with atopic eczema have an increased chance of developing as asthma and allergic rhinitis.



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## How often does atopic dermatitis occur in children?

Eczema is most common in children under the age of five. About two in 10 Singapore schoolchildren have some degree of atopic eczema. The condition typically fades significantly or completely by the time the child hits their mid-teenage years.

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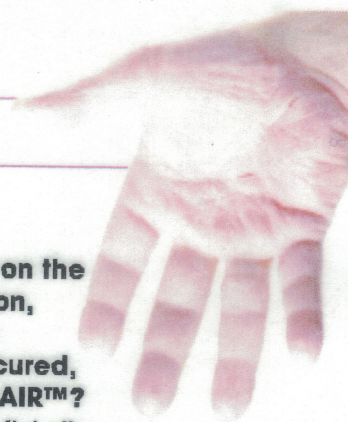
## What causes atopic dermatitis?

The cause is not known. The lipid (oily) barrier of the skin tends to be reduced in people with atopic eczema. This leads to an increase in water loss and a tendency towards dry skin. Hereditary factors play a part but the precise genetic cause is not clear. House dust mite allergies may trigger eczema in some

people. If you are allergic, it may be worthwhile to reduce the house dust mites with regular cleaning, paying particular attention to your bedroom, mattress, and bedclothes.

Food allergies may also trigger eczema. About two in 10 young infants with significant atopic eczema could have food allergies, which can make the condition worse. Most eczema patients, however, do not have a food allergy. The most common foods that trigger eczema symptoms are cow's milk, eggs, soya, wheat, fish, and nuts. If you suspect a food is making your child's symptoms worse, consult your doctor. Food elimination should only be done under medical supervision as overzealous measures can cause malnutrition.





#### 4 How is atopic dermatitis diagnosed? What are the symptoms?

Atopic dermatitis is diagnosed clinically based on the presenting symptoms and physical examination of the rash. Common symptoms include dry and itchy skin. Itch is the most prominent symptom. The child may constantly scratch or rub against the bedding etc in response to the itch. He/she may have trouble sleeping and suffer from skin infections. The skin can also become red and inflamed, with the active lesions forming blisters, weepy, or even infected. Skin creases on the elbows, backs of knees, and around the neck are most commonly affected. Babies often have eczema on their face. Atopic dermatitis has a variety of effects on the normal lives of patients including sleep-loss, stigmatisation by other children, significant discomfort and irritation, and reduced participation in physical activities.

### STOP THE SCRATCHING!

Treating eczema is a three-step process.

**STEP 1** Firstly, **avoid irritants and triggers**, where possible. Avoid soaps and bubble baths, which can dry out the skin and make it more prone to irritation. Instead, use a soap free substitute plus a bath/shower moisturiser. Try as much as possible not to scratch the eczema. Keep nails short to help prevent scratching. If you need to relieve an itch, rub with fingers rather than scratch with nails. Wear cotton clothes next to skin rather than irritating fabrics such as wool. Avoid getting too hot or too cold as extremes of temperature can irritate the skin. After you wash clothes with detergent, rinse them well.

**STEP 2** Secondly, **moisturise**. Dry skin tends to 'flare-up' and become inflamed into patches of eczema. Moisturisers are lotions, creams, ointments and bath/shower additives, which prevent the skin from becoming dry. They 'oil' the skin, keep it supple and moist, and help to protect the skin from irritants. This helps to prevent itch and helps to prevent or reduce the number of eczema flare-ups. The regular use of moisturisers is the most important part of the day-to-day treatment for eczema. You should apply moisturisers as often as you need. This may be twice a day, or several times a day if your skin becomes very dry. Apply liberally to all areas of skin. You cannot overdose or overuse moisturisers.

**STEP 3** Last but not least, use **topical anti-inflammatory agents**, of which **topical steroids** are the most established to reduce inflammation in the skin. It is common practice to use the lowest strength topical steroid, which clears

#### 5 Share with us more on the new treatment option, ATOPICLAIR™. Can eczema be completely cured, especially with ATOPICLAIR™?

ATOPICLAIR™ is a unique, clinically proven and non-steroidal flare-remission treatment for atopic dermatitis, which is also paraben-free and scent-free. It is indicated in the treatment atopic dermatitis in adults and children over the age of 6 months. In a study published by Boguniewicz, et al, in the Journal of Pediatrics in 2008, ATOPICLAIR™ was shown to be safe and effective as a monotherapy for the treatment of mild-to-moderate symptoms of atopic dermatitis, with children in the study experiencing complete or almost complete improvement in their symptoms within 22 days. ATOPICLAIR™ has a threefold action against atopic dermatitis:

- It calms itching and burning sensations with its anti-inflammatory properties.
- It restores the skin barrier function by providing key physiologic lipids and hydration.
- It protects the skin barrier with its anti-oxidant effects, hence, providing benefits beyond skin barrier repair.

the flare-up. If there is no improvement after three to seven days, then a stronger topical steroid is usually prescribed. For severe flare-ups, a stronger topical steroid may be prescribed from the outset.

Long-term use of topical steroid may have some side effects, including thinning of the skin, discolouration or permanent stretch-like marks. Some topical steroid may go through the skin into the bloodstream and can impact growth. Children who need repeated courses of strong topical steroids should be monitored. However, short courses of topical steroids (less than four weeks) are usually safe and usually cause no problems. Most people with eczema will be prescribed moisturisers to use every day and a topical steroid to use when eczema flares up. When using the two treatments, apply the topical steroid first. Wait 10 to 15 minutes after applying topical steroid before applying the moisturiser.

**Topical calcineurin inhibitors** are alternative non-steroidal anti-inflammatory treatment, and are often prescribed for eczema around the eyes or face, to reduce steroidal side effects. Oral **antibiotics** may be used if there are secondary bacterial infections of the eczema. If the area involved is small, topical antibiotic creams can be used. **Antihistamine** is sometimes used as an adjunct to ease itch. A dose at bedtime may help children who are troubled with itch to get to sleep. **PW**