Atopic dermatitis, also called eczema, is a chronic, relapsing inflammation of the skin. The skin irritation produces intense itching, which occurs both during the day and at night. The rash of atopic dermatitis is worsened by scratching. Eighty-five percent of patients will present during the first 5 years of life, the earliest age being 3 months. The nature of the rash varies with the age of the patient. In infants, the rash is mainly on the face, knees, and elbows. In older children and adults, the rash involves the creases of the elbows and knees, as well as the wrists, ankles and face. A few patients will have hand irritation as the only problem. Thick skin, also called lichenification, is due to chronic scratching and becomes more of a problem as the patient grows older. The majority of children outgrow their atopic dermatitis. Eczema persisting in adulthood consists mainly of itching, thickening and dry skin, affecting mainly the creases of the arms and legs as well as the neck and trunk. In most patients, other members of the family also have eczema, asthma or hay fever.

No one knows what causes atopic dermatitis, but the tendency to develop dry itchy skin with allergies is inherited. Many things can cause the skin to itch in patients with atopic dermatitis. Inhaled allergens like house dust, pollens and animal dander are quite common. Allergies to egg, milk, soy, wheat, peanut, fish, and other foods are known factors, especially in very young patients. Physical factors like changes in temperature and humidity are a problem. Winter is notorious for low humidity causing excessive drying of the skin. Excessive sweating, especially with exercise, can cause intense itching. Wool and acrylic clothing directly irritate the skin, as do perfumes, cosmetics, scented soaps and detergents or alcohol containing items. Emotional stress can make atopic dermatitis worse. Certain bacteria and viruses complicate atopic dermatitis.

1. Avoid specific irritants. Obtain 100% cotton clothing and bed sheets, and avoid wool clothing. These items should be washed in detergent free of dyes, perfumes and softeners. Avoid fabric softeners. Limit exposure to house dust, animals or pollen if you are allergic. Special covers can be purchased for your pillows and mattress. Speak with Dr. Baswell or Dr. Caplan about which foods to completely avoid. Certain foods that a patient is skin test positive to may not cause clinical symptoms. Food challenges may be done in the office or at home. For home food challenges, avoid the suspected foods for at least two to three weeks; then challenge with moderate amounts of each food for three days. If no increase in rash or itch occurs, that food may not be an important allergen. If the skin flares, seek treatment and withhold the food until your follow-up appointment. Go on to try the other foods, one at a time, the same way.

2. Keeping the skin moist is critically important. The worse the eczema is, the more you need to bathe, as long as you do it correctly. Soak for 20 minutes in plain warm water (no oils or anything else in the tub). Oils added to bath may prevent water from entering and moisturizing the skin. Use Dove soap “For Sensitive Skin” at the end of the bath. Always pat dry with a cotton towel after bathing. This will leave a little moisture on your skin. Apply any medicated ointments prescribed. Then apply a moisturizer/sealant cream to the rest of the body. Examples are listed on the reverse side of this handout. Avoid lotions as they contain mostly water and alcohol and can be drying.
How do I treat atopic dermatitis?

3. Antihistamines are helpful to reduce itching, especially at night. Also, remember to keep the nails trimmed as short as possible. Covering small children’s hands at night with a soft cotton glove or sock may be helpful to prevent scratching.

4. Red or inflamed skin may require prescription creams or ointments. For more severe irritation, topical steroids are good. They come in low, medium and high potency. For mild irritation, start with over the counter hydrocortisone ointment. More severe irritation may require a stronger steroid ointment. Don’t use higher potency steroids on your face, genital areas or underarms. Long term use of higher potency topical steroids can cause thinning of the skin and stretch marks. Elidel/Protopic work well for these areas for moderate to severe eczema.

5. Skin infections should be treated aggressively. Seek treatment if the skin becomes red, tender, swollen, or has any drainage.

6. If scabs and crusts are thick you may need soaks to loosen the crusts so topical medication can reach the skin.

7. Patients with eczema should not receive the smallpox vaccine nor be exposed to anyone who has recently received the smallpox vaccination. Patients with atopic dermatitis can have spread of the vaccinia virus (from the inoculation) and get a generalized rash. Also, try to avoid contact with people who have fever blisters/cold sores (Herpes).

Specific instructions:

___ Daily bath for 20 minutes in plain water. If you use soap or shampoo, do this at the very end. We recommend using Dove soap for “Sensitive Skin”.

___ Pat dry with a towel so the skin is still moist and not completely dry.

___ Apply medicated ointments to affected areas:

   ____ Triamcinolone 0.1% steroid ointment to trunk, back, extremities twice daily
   ____ Elidel to face, underarms, and genital regions twice daily
   ____ Hydrocortisone 1% ointment to any affected areas twice daily

___ Apply moisturizing/sealant cream over rest of the body, head to toe. Vanicream, Eucerin Creme, Cetaphil Cream, Aquaphor, and CeraVe work well and come in 1 lb jars. Also, Crisco (unflavored) and Vaseline are good choices especially for infants.

___ Avoidance: ____________________________

___ Antihistamines: ____________________________