

Eczema and Dry skin



Symptoms

Eczema causes the skin to become inflamed and itchy, and is also known as atopic dermatitis. It can occur at any age, but is most common among children, although most grow out of it by their teenage years.

People with eczema have dry, sensitive skin that becomes red, swollen and extremely itchy. There is often a rash on the forehead, cheeks and scalp, and it can spread to the trunk (torso), creases of the elbows, knees and wrists. Scratching can make the rash irritated, crusted and weepy. The itchiness can interrupt sleep.

In babies, the rash can occur all over their face and body, while in toddlers and school-aged children, it can be on the wrists, elbows, ankles and genital area. Children can experience frequent 'flare ups' with the condition improving with treatment initially, but later becoming irritated again.

Adults with eczema can have the rash all over their body, but most commonly on the hands, wrists, elbows or nipple area. The skin in adults can become thicker and drier.

Causes

It is not known exactly what causes eczema, but it does run in families with a history of the condition, or a history of asthma and allergies (see *Hay fever* Health Information Brochure). The cause may be genetic or how the body's immune system reacts, as these individuals are more sensitive to changes in weather, temperature and skin products or soaps.

Lifestyle options

Certain triggers or allergens can worsen eczema and treatment is aimed at controlling and preventing inflammation and itching by:

- avoiding known triggers
- hydrating the skin with moisturisers
- using steroid creams from the pharmacy or the doctor as directed.

Triggers for some individuals can include:

- soaps, bubble baths, detergents, or cleaning agents
- foods such as cow's milk, eggs, peanuts
- allergens like house dust mite, animal hair, perfumes
- lanolin or preservatives in skin products
- air that is low in moisture
- getting too hot or cold
- wool fibres and rough/tight fitting clothing
- stress
- chlorine from pools.

Keep childrens' fingernails cut short to prevent scratching which may cause skin infections. Mittens may be tried on babies.

Pharmacy options

Always inform pharmacy staff if you are taking any other medicines, or if you have any other health conditions, because some medicines may not be suitable for you.

Bathing should be brief, and in warm (rather than hot) water to avoid further drying out of the skin. Use soap alternatives, ask your pharmacist for their recommendation, to wash, and apply a gentle, non-perfumed moisturiser or steroid cream, immediately after the bath (while the skin is still wet) to maximise the hydration of the skin. Pat the skin dry with a soft towel and avoid rigorous rubbing of the skin.

Steroid creams or ointments are used for severe or persistent eczema. They should be applied immediately after bathing (before a moisturiser). If the skin is extremely dry, ointments may be more effective and soothing than creams. Apply enough to cover the area sufficiently, ask your pharmacist for guidance. You may be concerned about side effects of steroid creams, but when used as directed by your pharmacist or doctor, they are safe to use. Your pharmacist can talk to you about the 'Fingertip rule' when applying steroids. Use prescription steroid creams on the face or in the nappy area only when specifically instructed to do so. An over-the-counter 1% hydrocortisone cream or ointment may be suitable in these delicate areas.

Antihistamines may help with sleeping when itchiness and scratching is severe. Using a sedating antihistamine at night for few nights in a row may help when symptoms are at their worst.

Wet wraps or dressings can sometimes help with severe itchiness. They are wet bandages wrapped over skin after applying moisturisers or steroids to help increase their absorption into the skin. They are often first recommended in hospitals. Ask your pharmacist about wet dressing instructions, or visit: www.rch.org.au/derm/eczema/Knowing_your_child_s_eczema/

Non-steroid Prescription-Only creams may be advised if steroid creams do not control the condition. Therapy with light rays or immune suppressing medicines may also be necessary.

Ask your pharmacist for advice on the most suitable treatment for you.

See a doctor if:

- there is no improvement in 1–2 weeks after using the recommended treatments
- the itchiness is disturbing the sleep
- the rash is infected with pus or honey coloured scabs, or if the skin becomes raw and bleeds.

More information

Health Direct: www.healthdirect.gov.au

Dermnet NZ: www.dermnetnz.org

Disclaimer: The information provided is a guide only, is current at time of publishing, and is not intended to replace the advice of your pharmacist or doctor.

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