

Guidelines for the Management of Adult (Atopic) Eczema

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

Mild Eczema

Moderate Eczema

Severe Eczema

Eczema herpeticum

Secondary bacterial infection

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

Step 3: Treatment

Images courtesy of DermNet NZ

Mild-to-Moderate	Moderate	Moderate-Severe
<p>For Acute Flares:</p> <ul style="list-style-type: none"> - Topical Steroid ointment (e.g. Hydrocortisone, Eumovate, Betnovate) <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • BD for up to 14 days, then twice weekly for up to 14 days <p>If frequent recurrent flares:</p> <ul style="list-style-type: none"> - consider weekly 2-days consecutive (weekender) use of topical steroid OD over areas of recurrent flares for up to 4 months 	<p>For Acute Flares:</p> <ul style="list-style-type: none"> - Topical Steroid ointment (e.g. Mometasone) <ul style="list-style-type: none"> - 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) <ul style="list-style-type: none"> - BD for up to 14 days, then twice weekly for up to 14 days <p>If frequent recurrent flares:</p> <ul style="list-style-type: none"> - consider weekly 2-days consecutive (weekender) use of Mometasone OD or Tacrolimus OD over areas of recurrent flares for up to 4 months 	<p>For Acute Flares:</p> <ul style="list-style-type: none"> - Topical Steroid ointment (e.g. Mometasone/Dermovate) <ul style="list-style-type: none"> - 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) <ul style="list-style-type: none"> - BD for up to 14 days, then twice weekly for up to 14 days <p>If frequent recurrent flares:</p> <ul style="list-style-type: none"> - 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)

Topical Steroids Ladder		
Least Potent Most Potent	Hydrocortisone	Delicate sites (face, axillae, anterior neck, inner thigh, groin)
	Clobetasone (Eumovate)	
	Betamethasone (Betnovate)	Body
	Mometasone (Elocon)	Hands and feet
	Clobetasol (Dermovate)	



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

Least greasy Most greasy

Lotions

Creams

Ointments