

# Managing Eczema

By Ian Tin Yue Wong and Dr. James N. Bergman



## FastFact

Eczema is one of the world's most frequently diagnosed skin conditions.

**W**hen formally studied, the personal impact of eczema on life quality has been found to be equivalent to that experienced by families with diabetes or cystic fibrosis.

Eczema usually presents in early childhood, but can also first appear in adults. Childhood eczema often continues into adulthood, either as sensitive skin or clinical eczema. However, the exact rate of eczema persistence is debated.

Eczema manifests as recurrent, persistent, red, dry, itchy areas of skin that are often excoriated. The involved areas can be thickened when the eczema is chronic or can ooze clear or yellow fluid if the

eczema is acute and the skin barrier is disrupted. Eczema can be constant but often follows a recurrent relapsing course, with periods of remission interrupted by flares. However, it should be remembered that even during a period of remission the skin of people with eczema is not completely normal, as they have an intrinsic barrier defect. Thus, even when the skin is clear, individuals with eczema need to apply moisturizers frequently to the whole body, and be vigilant and start treatment at the first sign of disease activity (flare).

## Disease development

Eczema is more often seen in individuals with a personal or family history of atopy, including asthma, eczema and allergic rhinitis. Our developing understanding of the disease focuses on immune-mediated pathways and skin-barrier defects. At present, there is no cure for eczema; however, there are effective treatment and preventative strategies available, and novel treatment options are under development. Several studies have shown that using daily moisturizers in infants at high risk of eczema (i.e., with a strong family history) may lower a child's risk of eczema by 50 per cent.

Compared with the general population, individuals with eczema are at increased risk of food allergies, asthma and allergic rhinitis. This may be due to their intrinsic barrier defect, which allows easier access of allergens into the skin and thus creates "a perfect storm," where allergens are in the skin of a person with a reactive immune system, thereby increasing the chance of sensitizing the individual to the food and an allergy developing. While not yet proven, controlling the barrier (e.g., with moisturizers) and the individual's eczema (e.g., with anti-inflammatory treatment) might prevent allergies and the other allergic diseases that are associated with eczema.

Both physicians and the general public often believe that eczema is caused by foods. Eczema does increase the risk of food allergies, which typically present with hives, vomiting, diarrhea and breathing problems—typically within minutes of exposure. It is very uncommon for a food allergy to present with isolated eczema without these other symptoms. Families often avoid certain foods for their children based on concerns about them developing food allergies. Old recommendations on food avoidance as a method of preventing food allergies have been

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revised, as we have gained further evidence that gut exposure to foods can actually potentially prevent allergies. The LEAP study from the UK showed significant reductions in peanut allergies in children who ate peanuts from the age of six months, as compared with those who avoided peanuts.

## Topical medications

Anxiety regarding topical medications is common among physicians,

children with eczema and parents. Topical steroids are effective and safe treatments for active eczema, if used properly. The therapy should be started at the first sign of symptoms rather than waiting until they are unbearable, as this results in better control with less medication. It's important to remember that steroids are natural—they are present in everyone. The topical corticosteroids used in eczema are not the same as the anabolic steroids that athletes use

## FastFact

The number of people with eczema in Canada is higher than the worldwide average.

## HOW TO prevent a flare

### Avoid

- Scented and drying soaps
- Harsh detergents
- Rough, tight-fitting or scratchy clothing
- Extreme hot/cold temperatures, (hot showers and baths)
- Using a wash cloth, sponge, loofah or anything that is rough
- Jewelry containing potential irritants, such as nickel
- Physical and mental stresses
- Scratching

### Instead

- Test a new liquid or bar cleanser on a small patch of skin before applying it all over
- Use fragrance-free moisturizing skin cream, ointment or lotion all over your body after you wash
- Put a dressing on the itchy area
- Use unscented cleansers with oil or fat bases
- Dry yourself gently by patting instead of rubbing after you wash
- Eat healthy foods
- Get plenty of sleep



# 5 Tips

## for living with eczema

- 1 Moisturize, moisturize, moisturize. Integrating regular moisturization throughout the day and following bathing as part of one's daily routine can help prevent eczema flares.
- 2 Choose appropriate clothing. Select clothes that are cotton-based and loose fitting. Prewashing new clothes with mild, unscented liquid laundry detergent can help mitigate irritant exposure.
- 3 Be aware of the seasons. The dry, winter months are especially troublesome for people living with eczema, as flares can be frequent without proper skin care. However, the hot, humid summer months can also be bothersome, as sweat can be irritating and provoke itching.
- 4 Control your stress levels. Emotional stress can contribute to eczema flares and worsening of symptoms, and increase anger and frustration.
- 5 Keep your nails short. Regular clipping helps decrease excoriations following itching and scratching.

**FastFact**  
About 10 to 20 per cent of the population lives with eczema in one form or another.

# Knowing when to seek medical attention in eczema care is imperative in preventing complications and worsening of eczema.

to cheat in sports. In general, mild topical steroids are used for sensitive areas such as the face, armpit and groin, and medium-potency steroids are used for the body. If the right strength is used in the right location, and if the individual is off the medication more than on it over the longer term (i.e., weeks), then the risk of thinning of the skin or suppressing natural steroid production is very, very low.

### When to see a doctor

Knowing when to seek medical attention in eczema care is imperative in preventing complications and worsening of eczema. Individuals should see a doctor when their eczema significantly disrupts their quality of life and prevents them from achieving restful sleep and attending school or work. Furthermore, they should see their doctor when there

are signs of infection (oozing or crusting skin). Moreover, individuals who experience frequent flares or a flare that doesn't respond to appropriate medical therapy should see their doctor for reassessment. Lastly, an individual who is concerned about their prescribed treatment for any reason should visit their doctor or pharmacist, as poor compliance to prescribed therapy will decrease the therapy's benefits and prolong suffering. **CS**

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**FastFact**  
Eczema is particularly common in young children and infants: 10 to 15 per cent of Canadian children under 5 are affected.

