NHS Waltham Forest Clinical Commissioning Group

NHS Waltham Forest CCG: Prescribing Advice for the Management and Treatment of Atopic Eczema in Children

Atopic Eczema - chronic relapsing nature

Primary care management

General principles

Give information for patient education – Please refer to the NHS Choices: Atopic eczema link.

- Patients to avoid irritants such as perfumes detergents, soaps, toiletries, cosmetics, certain fabrics (e.g. synthetic fibres), extreme temperatures
- Keep nails short and avoid scratching
- There is no benefit to dietary modification without confirmed food allergy. Exclusion diet therefore not recommended

Maintenance Treatment: Emollients

There is no evidence from trials to support one emollient over another. Choice based on patient preference and costs. For the Waltham Forest Emollient Formulary please click here.

- Use emollients all the time even when skin clear 3-8 times per day
- Avoid aqueous cream for soap substitute/emollient due to skin reactions.
- Ointments are better than creams for dry skin, but may be less acceptable.
- To avoid contamination of emollients remove from Tub/Pot using clean spoons.
- Avoid using emollients with preservatives e.g. E45
- Bath additives are NOT recommended: include risk of falls, no evidence of efficacy
- Any emollient can be added to bath, by melting in some warm water first

Flares

Flares - 1st line: Topical Steroids

Topical steroids should be used once daily.

- Use early in flares (redness inflammation, itching)
- Use the weakest steroid that controls the disease. Step up if required after 7 days. Continue for 48 hours after flare has been controlled. Care in flexures as potency of cream increased. Max moderate potency.
- Advise 30 min gap between application of emollient and steroid in either order. In an acute flare-up of atopic eczema, it may be appropriate to use more potent formulations of topical corticosteroids for a short period to regain control of the condition.
- It is not recommended put potent or very potent steroids on repeat prescriptions, and where necessary there should be a face to face/telephone review to consider step down treatment if required.
- Ointments rather than creams (avoids preservatives) unless skin weeping or very moist.
- See page 2 for more detailed recommendations by product
- 2nd line: Immunomodulators e.g. Tacrolimus/ Pimecrolimus

Bacterial Infection

Sudden worsening, crusting, weeping, pustulation, cellulitis

- 1 Small area: Fucidin cream
- Larger area/ >1 area, Oral Abx 7 days 1st line Flucloxacillin
- 2nd line: Clarithromycin (if Pen Allergy or known resistance)
- Antibacterial/Emollient combinations not recommended (eg Dermol)

Please refer to the North East London (NEL) Management of Infection Guidance for Primary Care

Itch?

Children (>6 months): 1 month trial of **non-sedating** antihistamine can be offered but caution advised as may lead to overuse/tolerance. Should be reviewed every 3 months.

Sedating antihistamines can be used for 7-14 days if sleep disturbed in an acute flare.

Topical anti-pruritics not recommended: no benefit

- Generalised erythroderma
- Severe generalised infection
- Eczema Herpeticum

URGENT REFERRAL

Moderate-severe eczema onset <6m of age

Consider Cow's Milk Protein Allergy (CMPA)

Consider:

- For formula fed infants start on alternative milk formula for 6-8week trial as per local guideline.
- All children with CMPA should be reviewed by a paediatric dietician to ensure nutritional adequacy of the diet NICE guidance CG116
- Early discussion with/referral to Paediatrics/ allergy service

Creams

1st line:
Epimax®, Aquamax®
ZeroAQS®

2nd line:
Zerocream®

3rd line:
Zerobase®/ Zeroveen®/ AproDerm® colloidal oat cream

Ointments

1st line: Emulsifying ointment 50:50 WSP: LP

2nd line:
Hydrous® ointment, Hydromol® ointment/ Zeroderm® Ointment /AproDerm® cream/ointment

3rd line:
Diprobase® ointment
Zeroderm®

Soap Substitutes/ Bath Additives

1st line:
Emulsifying ointment

2nd line:
ZeroAQS®
Aquamax®

3rd line:
Other emollient but NOT 50:50 WSP: LP

For further guidance please refer to the WEL Emollients Formulary and Guidelines

Referral criteria:

- Diagnostic uncertainty
- Failure to respond to topical treatment
- Recurrent secondary infections
- Suspected dietary factors
- Failure of 2 courses of Antibiotics
- Significant psychological distress (consider IAPT)
- Reaction to multiple emollients
- Contact allergic dermatitis suspected

URGENT: ECZEMA HERPETICUM
Same day telephone referral to duty Paediatrician/A&E

Treatments not recommended for initiation in primary care:

- Wet wrapping, paste bandages, Haelan tape unless advised by specialist and not if infection
- Oral steroids – if you feel may be necessary then refer
- **Tacrolimus/ Pimecrolimus – unless special interest practitioner or specialist and after discussing risks See Prescribing Advice for details

Preferred prescribing guidance

STEROIDS - cream/ ointment	**Mild**	Hydrocortisone 1% (cream/ ointment)	**Children:** Any area up to twice a day
	Moderate	Clobetasone butyrate 0.05% (cream/ointment) [Eumovate®]	**Children:** Up to twice a day. Face and flexures for severe flares max 3-5 days then reduce potency.
		Betamethasone valerate 0.025% (cream/ointment)	**Children:** Up to twice a day. Avoid face and flexures
	Potent	Betamethasone valerate 0.1% (cream/ointment)	**Children:** Age <12m only by specialist >12m Short term use up to 14d in areas like axilla and groin. Only if inadequate response to moderate steroid.
		Mometasone furoate 0.1% (cream/ointment) [Elocon®]	**Children:** Only use if inadequate response to moderate steroid and when recommended by specialist in <12 months of age. Use least amount possible once a day for no more than 5 days
	Very potent	Clobetasol proprionate 0.05% (cream/ointment)	**Children:** Never use without specialist advice

Key prescribing messages for steroids:

- Ointments should be used in the first instance if cosmetically acceptable
- Creams contain more water and therefore may contain more preservatives –but they may be more cosmetically acceptable.

Fingertip unit (FTUs): Please click here for information on fingertip units for topical steroid application

Acknowledgement: Pathway and content adapted from NHS Camden CCG: Atopic Eczema in Adults and Children Summary with consent.

References

- NICE guidance: Atopic eczema in under 12s: diagnosis and management Clinical guideline [CG57] Published date: December 2007.
- https://www.nice.org.uk/guidance/cg57/resources/atopic-eczema-in-under-12s-diagnosis-and-management-pdf-975512529349.
- BNFC. https://bnfc.nice.org.uk/treatment-summary/eczema.html.
- BRITISH ASSOCIATION OF DERMATOLOGISTS PATIENT INFORMATION LEAFLET Feb 2017 http://www.bad.org.uk/shared/get-file.ashx?id=69&itemtype=document.
- NICE clinical knowledge summaries: Eczema-atopic (NICE CKS). Last revised in January 2018 https://cks.nice.org.uk/eczema-atopic#!diagnosis

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