Paediatric Atopic Eczema Management Guide for Primary Care

September 2020

Basic measures

- **Emollients** and **soap substitute** for all
- Avoid irritants/triggers
  e.g. *perfume*, *detergent*, *soap*, *toiletries*, *synthetic fibres*
- Keep nails short + avoid scratching
- Don't shave the scalp as can cause more irritation

Emollients

- Use all the time, even when skin clear, 3-8 x per day
- Choice based on patient preference and CCG emollient guidelines 250 g / week minimum
- Ointments - remove from tub with a clean spoon to avoid bacterial contamination
- Severe/extensive eczema should have a bath oil to add to bath water

Steroids *(part 1)*

- T**wice** daily, apart for Mometasone (*Elocon)*
- Use early in flares (don't "wait until bad")

Steroids *(part 2)*

- Use least potent steroid that controls the disease
- 10-30 min gap between steroid and emollient, at Barts Health we advise application of steroid 1st
- **Continue ≥ 48 hours after the flare has resolved**
- Antibiotic/steroid creams not routine, only for infective flares *(**antibiotic stewardship**)*
- Monitor potent steroids in flexures as can cause atrophy/striae (more in adolescents, esp groin/axillae)

Infection *(don't forget to swab)*

Bacterial - consider if acute worsening of eczema/ crusting / weeping / cellulitis-like areas

- Small area- Fucidin topically.
- Larger – 1st line co-amoxiclav for 7 days
  2nd line (and if Pen allergic) clarithromycin

Eczema herpeticum (more common in Bangladeshi)
Punched out lesions around the eyes/ears/face.
If eye involvement, extensive or fever refer to A & E
If not, treat with oral aciclovir, HSV dose for 5 days

Emollients *(in order of most to least greasy)*

1st line: WSP; 50:50; Aproderm ointment; Hydrous ointment; Zeroderm; Epi Max
2nd line: Hydromol ointment; Cetraben; Doublebase; Aproderm Colloidal Oat cream

Soap substitutes:

ZeroAQS; Aquamax; Emulsifying ointment

Antimicrobial-containing emollients- e.g. Dermol: short term only when clinically indicated (e.g. recurrent infections to reduce *S. aureus* load). Not on repeats unless recommended by Dermatology

Bath additives

As per NHSE guidelines, GPs should not initiate bath preps for any new patients but where clinically advised prescribing may continue

Steroids

Mild Hydrocortisone
Moderate Clobetasone butyrate (*Eumovate*)
Potent Betamethasone valerate (*Betnovate*)
Potent Mometasone furoate (*Elocon*) once daily
Very potent Clobetasol propionate (*Dermovate*)

Maintenance treatment:
Consider twice weekly with topical steroid with moderate - severe eczema with frequent flares. Apply to areas of known frequent flare

Flares: increased redness / inflammation / itching

Mild
Areas of dry skin
Infrequent itching
Small areas of redness
Little impact on daily activities and sleep

→ **Mild**
Hydrocortisone 1% ointment to affected areas face body and limbs for 7 - 14 days. If no improvement after 7 days step up to moderate potency steroid for body and limbs only.

Moderate
Areas of dry skin
Frequent itching +/- excoriation
Localised skin thickening
Impact moderate on daily activities/sleep

→ **Moderate**
- < 1 year old, treat as mild
- > 1 year old, *Hydrocortisone 1% ointment* to affected areas face moderate potency steroid to body and limbs until clear

Severe
Widespread dry skin
Incessant itching +/- excoriations, bleeding, fissuring
Extensive skin thickening
Severe impact on daily activities & sleep

→ **Severe**
- < 1 year old, **refer to Dermatology**
- >r 1 year, *Hydrocortisone 1% ointment* to affected areas face and potent steroid e.g. *Betnovate/ Elocon* to body / limbs until clear

Itching

Infant > 6 months., 1 month trial of sedating antihistamine
Review after 1 month (not generally long term use)

Secondary care referral?

- **No improvement or worsening despite 3 weeks of optimal topical treatment**
- **Recurrent infections**
- **Suspected allergy**
  See Milk Allergy in Primary Care and NICE eczema guidelines
  Refer to Paediatric Allergy if indicated

Pimecrolimus/tacrolimus

Licensed in > 2yrs n moderate/ severe eczema
Start/continue only on specialist advice

Refer children's community nursing team

Personalised support for family / carers re: eczema.
Referral form on Emis. Specify if interpreter needed

References:
NICE (2007) Atopic Eczema in children. Clinical Guideline 57
National Eczema Society www.eczema.org
Milk Allergy in Primary Care https://gpifn.org.uk/imap/