

Facts about eczema

Allergy and Immunology Awareness Program



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Eczema, also known as atopic dermatitis, is a chronic, non-contagious, inflammatory skin condition characterized by dry skin, red, irritated and itchy skin, oozing and scaly rashes. People with eczema often have a family history of allergies. Eczema is common. It affects between 10 and 20 percent of children and seven percent of adults.

What is eczema?

People with eczema have very dry and sensitive skin. Symptoms may worsen by exposure to many different things, like allergens such as pet dander or dust mites. Other common triggers include:

- Sweat.
- Fragrances.
- Chemicals.
- Itchy fabrics.
- Heavy or tight clothing.
- Humidity or extreme changes in temperature.
- Bacteria.

Identifying the triggers that can irritate your skin or make your eczema flare up is key to addressing eczema – and staying healthy.

Eczema comes and goes. About 50 percent of people with eczema will experience symptoms by 12 months old, and 85 percent will experience symptoms by age five. Most eczema resolves during childhood, but 30 percent continue with eczema into adulthood. Adult eczema is a chronic condition. In fact, one out of every four cases of eczema starts in adulthood.

What are eczema symptoms?

Symptoms of eczema include:

- A red rash or red patches of skin, especially inside the folds of the elbows and knees.
- Itching.
- Dry skin, which can crack and bleed.

In infants and young children, eczema is usually located on the cheeks, outside of the elbows and on the knees. In older children and adult eczema is typically on the hands and feet, the arms and the back of knees. Adults with chronic eczema may have inflamed, red, itchy patches of skin that can erupt in oozing flare-ups. Over time the skin affected by eczema can thicken.

Symptoms can be painful, cause skin coloring changes and blisters. Scratching the skin may lead to skin infection.

How is eczema diagnosed?

Allergists often see patients with eczema because allergists are specially trained to treat skin conditions, like eczema, which are often related to an allergic response.

Your allergist may perform a skin prick test, which involves applying a diluted allergen on the surface of your skin. The allergist observes the tested area for about 15 minutes to see if a bump or redness develops. The test is usually done on the back or forearm in adults and on the back in children, with several allergens tested at once. Some young children with moderate to severe eczema also have food allergies. It is recommended that children under the age of five who have moderate to severe eczema be evaluated for milk, egg, peanut, wheat, and soy allergies. If the child continues to have eczema even after treatment, an allergist can help identifying which foods, if any, to remove from your child's diet.

How is eczema treated?

Children and adults are diagnosed with eczema can manage the condition with the guidance of an allergist.

Moisturizing is the first line of treatment. Since eczema is a chronic condition, moisturizers should be applied twice daily even when skin appears clear to help prevent dryness.

Your allergist might tell you about at least once a day using a mild, non-soap cleanser. Immediately apply moisturizer, while you are still wet, to seal in Moisture. This method can provide relief from the itching and improve the eczema.

For mild to moderate eczema, which is not responding to moisturizing alone, your allergist might consider stepping up your treatment to a prescription corticosteroid or nonsteroidal cream or ointment.

For moderate to severe cases of eczema, that is not controlled well by topical prescription therapies, your allergist might suggest a biologic. Biologic are treated therapies designed to treat specific inflammatory cells and proteins involved in eczema. Biologics have been shown to improve and clear eczema lesions, decrease the number of eczema flare-ups, control itching and improve quality of life. A biologic can be used with or without topical anti-inflammatory treatments.

Phototherapy is another option for severe cases of eczema that uses a special type of light to reduce itchiness and inflammatory. This type of therapy can also increase vitamin D production, which can help skin. Phototherapy is given in three to five weekly applications over two to three months at a facility with special equipment.

Another option is systemic immunosuppressant oral medications that may be used as an alternative to phototherapy. These have been shown to be effective with severe and difficult to manage cases. Regular follow up visits with your allergist and blood tests may be needed to watch for side effects.

Notes:

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