

# ALL YOU NEED TO KNOW ABOUT ATOPIC DERMATITIS

Atopic Dermatitis is a non-contagious chronic, skin rash that usually is inflamed, red, and can be bumpy, patchy, scaly and may ooze. The itching associated with the condition usually is worse in the early evening and at night. It is 'The Itch That Rashes'.

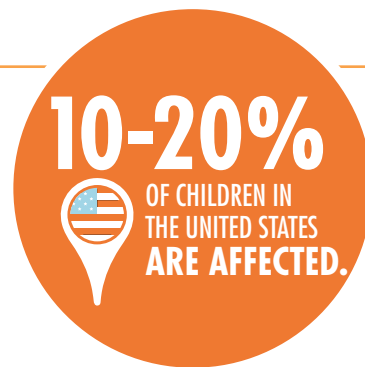
The condition affects 10 to 20 percent of children and 1 to 3 percent of adults. Approximately 80 percent of patients develop the disease before age 5.

Atopic dermatitis often is hereditary and the earliest sign of allergic disease. Nearly 80 percent of patients diagnosed with the condition develop allergic rhinitis (also called hay fever) and/or asthma.

In infants and younger children, atopic dermatitis occurs on the face (other than the nose or scalp), neck, arms and legs. Diaper rash usually is not atopic dermatitis. In older children and young adults it occurs on the hands, feet, face, crook of the elbow and behind the knee. Patients with the disease typically have dry, pale skin. Adults often have more generalized rashes.

A thorough history is essential in diagnosing atopic dermatitis and determining triggers. Various tests may aid in determining the cause of the condition. Allergy testing can be very difficult to perform and correctly interpret in patients with severe eczema. Fortunately, many food allergy triggers are outgrown (egg, milk).

Scratching worsens the condition and can lead to infection, so it is important to treat the itching and inflammation.



Management of the condition includes avoiding triggers, keeping the skin hydrated (taking 20-minute lukewarm baths followed by application of moisturizer) and using topical anti-itch or anti-inflammatory medications, including topical corticosteroids, calcineurin inhibitors, and oral antihistamines.

Patients with severe cases may require additional treatments, including specific food avoidances, oral medications, wet dressings, exposure to ultraviolet light, immunotherapy (allergy shots) or other therapies. In rare cases, hospitalization may be required.

Patients with severe, chronic or persistent atopic dermatitis are often co-managed by a dermatologist.

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## COMMON TRIGGERS OF ATOPIC DERMATITIS

Only some patients are triggered by food or airborne allergens.

SOAPS & DETERGENTS

CHEMICALS

ABRASIVE CLOTHING

TEMPERATURE EXTREMES & DRY AIR

STRESS & BEING SICK

## MANAGING ECZEMA

### BATHING TIPS

Bathe in warm – not hot – water.

Use cleanser where needed and make sure the cleanser is mild and fragrance-free. Do not use bubble bath.

If the eczema is frequently infected, twice-weekly bleach baths can be beneficial.

After bathing, gently pat the skin partially dry.

If you have medicine that is applied to the skin, apply medicine when the skin is almost dry and use the medicine as directed.

Apply moisturizer on top of the medicine and to the rest of the skin. Moisturizer should be applied within the first 2 minutes of getting out of the tub/shower to obtain best control of eczema.

### TIPS FOR CHOOSING A MOISTURIZER

When selecting a moisturizer, consider choosing a thick cream or ointment.

Some patients do better with fragrance-free products, so consider petroleum jelly – an inexpensive, fragrance-free product that works well.

When selecting a product, “trial and error” sampling of different types may help to identify the best moisturizer.

Examples: Vanicream, Vaniply, Aquaphor, CeraVe, Curel, Cetaphil

### TIPS TO EASE DISCOMFORT

For best results, apply moisturizer at least twice a day. This prevents dryness and cracking. It also can decrease the need for eczema medications.

Keep fingernails short and smooth. This decreases the likelihood that scratching will puncture the skin. Putting cotton gloves on at night may help prevent scratching during sleep.

Keep temperature and humidity levels comfortable. Avoid situations in which the air is extremely dry, or where one may sweat and overheat. This is the most common trigger of the itch/scratch cycle.



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