

ATOPIC DERMATITIS

What is Atopic Dermatitis?

Atopic dermatitis (atopic eczema) is a fairly common skin disease that affects about 3% of the U.S. population. It tends to occur in families who have asthma, hay fever, or other allergies. It occurs most commonly in infants and young children and frequently disappears before adulthood. It may reappear later, often on the hands.

What causes it?

The cause is not known, although a genetic predisposition seems likely. It is not contagious. The skin is dry and easily irritated by soap, detergents, wool, and other environmental factors such as extremes of temperature. These factors cause an abnormal itch sensation, causing the patient to scratch excessively, which accounts in large for the rash. In rare cases, the itch may be aggravated by specific allergies. In about 1% of cases, specific foods may worsen Atopic Dermatitis.

What treatments are available?

No permanent cure is possible. However, there are effective ways of controlling the eczema. Most persons are able to live comfortably with their skin abnormality.

Therapy depends on various factors, particularly the severity of involvement. Your doctor will check the items which are appropriate for your particular case. These simple techniques will control the skin in the vast majority of cases. However, if you still are having problems after faithfully following these directions, there are other strategies for control that we will discuss with you.

Prevention

The most important aspect of treatment is to control the urge to scratch by reducing the tendency of the skin to itch. This often results from dry skin or from an increased tendency to be irritated by various common substances in the environment.

General measures to reduce to itch sensation

Bathing

Bathe or shower with lukewarm or cool (not hot) water.

Lubrication

Within three minutes after drying after every bath or shower, apply a lubricant (moisturizer) to the entire body. It is important to apply this immediately after drying in order to trap any moisture remaining in your skin from bathing.

Greasy or oily lubricants such as Vaseline jelly, aquaphor, mineral oil, or "baby oil" are best, but many people do not like the greasy or oily feel. Good compromises that are more pleasant to use but still fairly effective are Eucerin cream or lotion and Nivea cream. There are a large number of other effective moisturizers. Examples include Nutraderm 30, LactiCare, Complex 15, Moisturel, Lac Hydrin Five, Purpose Dry Skin Cream, and many others. Find a moisturizer that you like to use and will use religiously.

If the skin is still dry, or itchy the rest of the day, apply moisturizing ointments, creams, or lotions as often as needed to maintain moist, supple skin. Keeping the skin well-lubricated is the most important part of your therapy. This will help reduce the itch sensation.

Many people find that Aveeno colloidal oatmeal (either oilated or non-oilated) (no prescription required) added to bath water reduces itching and also helps to moisturize skin. If the oilated form is used, a rubber bath mat must be used to avoid slipping. Even if the oilated form is used, a regular ointment or cream moisturizer should still be applied after the bath.

Clothing

Avoid wool or acrylic clothing in contact with the skin. Cotton is usually tolerated the best. Rinse clothes thoroughly after washing.

Climate

Excessively dry or humid conditions should be avoided to the extent possible. Some people, however, improve when they leave a damp climate with wide variations in temperature and move to a warm, dry climate. Overall, Park City is a difficult climate (especially in winter) for sufferers of Atopic Dermatitis.

Emotions

Anxiety, anger, and frustration can directly provoke itching. If these feelings are a problem for you, resolution of these feelings are often of value in controlling your skin disease.

Other

Avoid anything else that you find causes itching or irritation of your skin (such as specific creams, makeup, or perfumes). Keep fingernails trimmed short to reduce skin damage from scratching.

When the skin disease is active

Follow all of the above preventive instructions. Also:

Baths

Bathe once or twice per day with Aveeno colloidal oatmeal as described above. If bathing is not possible, or if it causes stinging or burning, use the soaking technique described below.

Soaks

During severe flares when the skin is weeping, oozing, or crusted (or if bathing causes stinging or burning), use this technique:

- a. Lie in a comfortable position, usually in bed, with waterproof material over the mattress to prevent wetting the mattress.
- b. Obtain dressings, which do not need to be sterile. These may be 2-4 inch wide Kerlix, soft gauze, or soft linen such as old sheeting or pillowcases, handkerchiefs, or shirts.
- c. Moisten the dressings by immersing them in a solution of two Domeboro or Bluboro tablets or packets per quart of lukewarm water. Alternatively, ¼ cup of vinegar per quart of water may be used.
- d. Gently wring out the dressings so they are sopping wet, but not dripping. Wrap loosely several layers on affected skin so that rapid drying does not occur. Cover with a towel.
- f. Remove after 15-30 minutes. If dry, it may be necessary to re-moisten dressings to remove adherent crusts. Re-apply approximately every 3-4 hours.
- f. Discard of launder dressing material daily.
- g. Do not treat more than one-third of the body at a time in order to avoid excessive chilling.

Lubrication

After the bath or soaks, pat dry. Within 3 minutes, apply a moisturizer (lubricant) as discussed above under "Prevention." However, while the skin is oozing or weeping, do not use ointments such as Vaseline Jelly or Aquaphor or heavy oils such as mineral oil. Instead, use lotions or creams such as Eucerin, Nivea, or Cetaphil during this period. When the skin is no longer weeping, you may switch to an ointment or oil moisturizer if you find these to be comfortable.

Medicated (cortisone-type) cream or ointment

Immediately after applying the moisturizer (within three minutes of bathing) and also one other time during the day, apply the cream or ointment noted below only on involved skin. Your doctor may start you with a high potency medication in a cream or lotion form if your skin is weeping and switch you to a weaker medication in ointment form as you improve. Once the rash has cleared, stop using these medications.

Start with this medication: _____
until _____

Then switch to this medication: _____

Protopic or Elidel

These are newer medications that, like cortisone medications, reduce the immune system in the skin thereby reducing inflammation and itch. Because of potential side effects, they are considered second line therapy.

Medications by mouth

Antihistamines

Itching can be further reduced with the use of oral antihistamines. There are many effective medications in this class. These are typically started at a low dose and gradually increased until relief is obtained or intolerable side effects occur. Drowsiness is the most common side effect. However, this and other side effects sometimes resolve after a few days even while continuing to take medication.

Caution must be used when driving or performing sensitive tasks. Use of alcohol should be avoided or limited due to increased side effects and NEVER used before driving. Caution must also be used if other medications that can reduce one's alertness are used (for example Valium, Librium, Xanax, and barbiturates). The combination of these medications may cause decreased alertness.