



SPECIALTY: GENERAL MEDICINE - DERMATOLOGY
CLINICAL PROBLEM: ATOPIC ECZEMA IN ADULTS

The prevalence of eczema is increasing (as are other atopic disorders). In the majority of children with eczema improvement is spontaneously with age and relatively few still have eczema when they are teenagers. However, the tendency to develop eczema does not disappear completely and it is not uncommon for eczema to flare up during adult life, if an unsuitable occupation is chosen.

Please see separate guideline for Atopic Eczema in Children

MANAGEMENT OF ECZEMA

Mild eczema

- Avoid irritants (e.g. strong soaps, detergent, bubble baths)
- Bath oil
- Moisturisers (after bathing)
- Mild topical steroid if necessary (e.g. 1% hydrocortisone ointment)

Moderate eczema - as above plus:

- Soap Substitutes
- Regular topical steroid (e.g. 1% hydrocortisone ointment)
- Combine with topical antibiotic if infected (e.g. *Fucidin H*, *Vioform HC*, etc)
- Moderately potent topical steroid if necessary
- Nocturnal antihistamine
- Dietary intervention

Severe eczema - as above plus:

- Potent topical steroid if necessary
- Occlusive bandaging
- Oral antibiotics if clinically indicated
- Regular antihistamines

Please refer to steroid step ladder for further guidance as illustrated in guideline for Atopic Eczema in Children

REFER TO HOSPITAL FOR

- Repeated infections
- Consideration of immunosuppressive therapy/ultraviolet therapy
- Patch testing

**Treatment of Eczema of the Scalp is the same as in Psoriasis
Please refer to the Psoriasis Guideline**

- **Please see separate dermatology guideline for Allergy Testing**
- **When treating infective eczema please continue to treat the eczema as well as administering the antibiotic**
- **Check if patient had previous sensitivity to creams and lotions**
- **Usually use ointments not creams**

Patients who wish to learn more about Eczema can contact:

The National Eczema Society
163 Eversholt Street
London
NW1 113U
Tel: 0171-388 4097

References :

Dr Russell-Jones, FRCP. Guidelines for GP Referrals in Dermatology 1997; p19
Poyner T, MRCP, MRCGP, DPD. Casebook: Atopic Eczema, The Practitioner, 2000; **244**: p830.

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