Management of Atopic Eczema in Children

Emollients are the mainstay of treatment

- Use multiple times daily
- Always use liberally – 250-500g/week
- They should be used long term, even when the eczema is better
- Some emollients may do for all, or prescribe an emollient package (moisturiser, soap substitute and bath emollient)

Take a focussed allergy history:

If moderate/severe eczema in < 2 years there is a high risk of food allergy – consider testing and consider referral (see food allergy guideline)

If there is moderate/severe eczema in >3 years

Important to assess quality of life and the affect of eczema on day to day life
Stepped approach to management of eczema

Tailor the potency of topical corticosteroids to the severity of the child's atopic eczema, which may vary according to body site. Nb: topical steroids should be used in addition to emollients.

They should be used as follows:

For mild atopic eczema	-	use mild potency steroids e.g. 1% hydrocortisone once daily
For moderate atopic eczema	-	use moderate potency e.g. clobetasone butyrate 0.05% once daily
For severe atopic eczema	-	use potent e.g. betamethasone valerate 0.1.%, Mometasone furoate 0.1%
For the face and neck	-	use mild potency steroids except for short-term (3–5 days) use of moderate potency for severe flares
For flares in vulnerable sites such as axilla and groin	-	use mild potency steroids except for short-term (7–14 days) use of moderate or potent preparations for short periods only

Do not use:
- potent topical corticosteroids on the face and neck
- potent topical corticosteroids in children under 1 year unless advised by a specialist
- very potent steroids without specialist dermatological advice

Consider Topical Calcineurin Inhibitors if confident with prescribing

Consider secondary infection:

- Particularly if not improving, rapidly worsening or if there is weeping, crusting, fever or malaise
- Treat with tropical or oral antibiotics
- If frequent infections consider antimicrobial emollient E.g. Dermol 500
- **Beware eczema herpeticum - Requires immediate referral to paediatrics. Important to alert parents on how to recognise infection**

Antihistamines should not be used routinely - Try and treat the eczema but if required:

- Offer 1 month trial of non-sedating antihistamine in eczema with severe itching Eg. Cetirizine, review in 3 months
- Offer 7-14 day trial of sedating antihistamine for acute flares or if sleep disturbance is significant e.g. Alimemazine tartrate, Chlorphenamine

TOP TIPS

- Do not use aqueous cream as an emollient
- Encourage daily bathing with bath oils & soap substitute unless otherwise specified
- Don't be afraid to start topical steroids
- Step up and step down steroid strengths – use weakest that you can to gain control then reduce
- Ointments are oil based and more hydrating
- 1 fingertip (little finger) unit of steroids should be used for an area of two palms

To refer to Paediatric dermatology: Criteria: uncertain diagnosis, multiple flare ups, recurrent severe infection with eczema, benefit from specialist advice, contact allergic dermatitis, significant social/psychosocial effects

- **Evelina Childrens Hospital** : Letter FAO Dr Jemima Mellerio, Paediatric dermatology, South Wing, Staircase A St Thomas' Hospital Westminster Bridge Road London SE1 7EH
- **Kings College Hospital** : Choose and Book

For more information please refer to full NICE Guidance (CG57): http://guidance.nice.org.uk/CG57

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