The Truth About Eczema

If your little one doesn’t suffer from eczema you probably know one who does. Helen Foster investigates how to tackle the itch.

Let’s start by explaining what eczema is. It’s not just a bit of dry skin — although dryness is a symptom. It is areas of dry, scaly, red, itchy skin; it can appear anywhere but is most common on the face, elbows and backs of knees; it affects one in five children in the UK.

In its mild form it’s just an annoyance, but if it gets scratchy (which unsurprisingly it does) or it’s more severe, it can weep and bleed, or even become infected. At this point it can affect sleep and make little ones very miserable. Exactly what causes it isn’t known but it runs in families, so it may be genetic, and it’s often linked to allergies.

The experts say that if we treat eczema properly it can be controlled. The problem is, many of us are confused as to what ‘properly’ means. A few years ago, it was a bit like fire fighting: the eczema flared up and you’d use creams to calm it down. In the last few years, however, things have changed. We now recommend a more proactive approach that aims to keep the skin healthy and prevent flare-ups, says Professor John Harper, a paediatric dermatologist at London’s Portland Hospital (childderm.mod.uk/eczema/).

This proactive approach contains three steps...

First up — bathing. ‘Once a day for all eczema-prone children, twice a day for more severe cases,’ says Professor Harper. Think of it like cleaning a wound — you want to remove things like chemicals or surface skin cells that trap dry skin. To add moisture and counteract drying, particularly in hard water areas, every bath needs a bath oil. And never use regular soaps or shower gels, that make the skin more dry. Use creamy wash-off cleansers, such as Dermol or an aqueous cream.

If you use aqueous cream as a cleanser, always rinse it off well. This may be news to you as the advice only changed recently, and GPs may still suggest it as an emollient. But it’s now known that it can irritate both normal and eczematous skin. Also, explains Dr Anto Buxley, consultant dermatologist from the Barts Health NHS Trust, skin is naturally slightly acidic and aqueous cream is alkaline — the opposite — so it can break down the skin’s natural barrier if it’s left on.

‘It’s still fine to use as a wash-off cleanser though,’ he reassures.
Top mums’ tips

Both my boys have eczema and the youngest used to scratch his skin raw. I found that applying moisturiser every time I change his nappy seems to stop the itching. I have a bottle of cream in every room. We use Aveeno, and Shea Mootti do a lovely balm that I keep in the change bag.

STEFANIE, MUM TO OLIVER, 4
AND BENJAMIN, 1

One of the worst triggers for my daughter was shampoo – Green People’s Organic Children Lavender Burst shampoo was one of the few that didn’t affect her. Even if her Nana washed her hair just once with something different she would break out. Sunscreen also set her off and again, the Organic Children scent-free cream did the trick.

JACQUI, MUM TO KATE, 6

Set the washing machine for an extra rinse to make sure no powder is left on their clothes. And use Aveeno products. They’re easy to apply, smell nice, don’t ruin their clothes – and they work.

NICOLA, MUM TO DILLY, 3

Good to know

HAPPY SKIN

If you like to use natural products on your tots’ skin, you’ll be pleased to hear that the Childs Farm range has recently undergone independent testing showing that it’s suitable for use on eczema-prone skin.

From £3.99,
boots.com

TOTS SPA TREAT

The Avène spa in France specialises in treating eczema and psoriasis using spring water which contains inflammation-fighting bacteria. If a trip to France isn’t on the cards, try the Avène Xeracalm range.

From £15.50,
boots.com

SKIN CARE

Step two is moisturising, which you need to do all over once – or ideally twice – a day. The moisturiser you use should contain high levels of water to hydrate the skin but it shouldn’t be too greasy or occlusive (blocking the pores) and you must apply it everywhere, not just in areas where the eczema occurs. This helps protect the skin barrier and prevent problems.

Of course, trying to hold a squirming two-year-old still while you apply cream isn’t easy, but Dr Bewley has reassurance. ‘Use the thinnest cream that works for you and just quickly stroke it over each limb – it doesn’t have to be perfectly rubbed in everywhere if you’re doing it regularly. One thing you should remember though – always apply it in the direction the hairs grow. Applying against hair growth can make cream lodge in the hair follicles which can trigger a secondary problem called folliculitis.’

This combination of cleansing, oiling and moisturising should keep the majority of issues at bay. But if flare-ups do occur, doctors agree you need steroid creams which will fight the inflammation behind the condition.

Hearing this, many mums will throw their hands up in horror, but when it comes to drugs with bad reputations, steroids are much misunderstood. Yes, with prolonged use and at high doses they can cause side effects such as thinning skin, redness and stretch marks. But these side effects normally only occur when they aren’t used correctly, says Dr Adam Friedmann, consultant dermatologist at The Harley Street Dermatology Clinic: ‘Used well, they change everything.’

The problem is, many mums don’t know how to use them well. But don’t blame yourself because many doctors aren’t that clued up either. GPs may only get a few days of training on how to treat eczema. They also may simply not have the time to advise on the proper use of a cream, or to check to find out if they’ve worked (and offer follow-up advice if they haven’t).

‘The miles on using steroids correctly are simple,’ says Dr Friedmann. ‘You must have the right strength for the site of the eczema, its severity and the age of the child. Once that’s sorted out, they should only be used in very short bursts – a few days at a time, a week at most, only on affected areas.

Also, be sure you know how much to use. Not applying enough means you’ll need to use it for longer, which increases the chance of side effects. Put on the right amount to start with and things will clear up more quickly. If you don’t know how much to use, ask your doctor or pharmacist.

Eczema is associated with allergy, but it must be properly diagnosed

Finally, moisturiser and steroids shouldn’t be applied at the same time, as it dilutes the dose. ‘If you’re using steroids, then moisturise that area of skin at another time of day,’ says Professor Harper.

If the prevention and treatment is right, the majority of cases of eczema will be controlled and as each year passes the chance of it vanishing grows – by the age of seven, 65 percent of kids no longer suffer. But if your tot is one of the unlucky ones, don’t just keep dishing on creams and hoping. Go back to your GP and ask for advice. National Institute for Health and Care Excellence guidelines, for example, say children with moderate to severe eczema whose skin isn’t helped by proper treatment should be offered a food allergy test.

‘We know eczema is associated with allergy – most kids with it have more than one thing they are allergic to – but it must be properly diagnosed. I have children coming in to see me verging on malnutrition because their parents have cut out so many foods – yet the child still has bad skin as they haven’t found the cause,’ says Dr Friedmann. ‘If you need more help, ask to be referred to a dermatologist.’ ‘You mustn’t suffer in silence,’ says Dr Bewley. ‘There’s a lot of help out there – ask for it.’

WASH IT OUT

Allergy UK (allergyuk.org) gives its seal of approval to washer/dryers proved to be efficient at reducing or removing allergens, including the Servis Sensitive Washing Machine. And always use non-foam powders.