

Proper Skin Care for Atopic Dermatitis (Eczema) in Children

Frequent soaking baths (at least daily for 20-30 minutes) in plain (no soap) water are important, unless the chlorine content in your water is high (this may dry the skin further). IMMEDIATELY after getting out of the bath (within 3 minutes), pat dry and apply a very greasy, non-perfumed moisturizer (Vaseline, Eucerin, Aveeno, Cetaphil lotion, Absorbase, etc.). A portable kitchen timer is helpful to show how fast 3 minutes goes by.

AFTER the moisturizer is on, a topical steroid ointment may be applied to areas of red or itchy skin ONLY. It will penetrate through the moisturizer layer. Mild steroid ointments should be used on the face, like 1% hydrocortisone, but the eyelids should be spared. Stronger steroid ointments (like Westcort / hydrocortisone valerate, Kenalog / triamcinolone, Tridesilon / desonide, etc.) are fine for the rest of the body, but should not be used on the face, unless recommended by your doctor. Once the patches of eczema improve, it is best to use the mildest steroid ointment that keeps it under control. Only children with severe eczema should be using topical steroids daily, and these children may need a trial of Protopic / tacrolimus cream.

If a scaly scalp is also present, adult dandruff shampoo can be used once or twice a week. Selsun Blue or Head & Shoulders can be applied to the scalp, left on for 10 minutes, and rinsed off to provide relief of scalp flaking and itching.

A large regular (not just "as needed") dose of Benadryl / diphenhydramine, Atarax / hydroxyzine or Zyrtec / cetirizine before bedtime will help reduce itching during eczema flares. Additional doses can be given on an "as needed" basis, if discussed with your physician.

Use hypoallergenic soaps when bathing. Dove, Ivory Moisture Care, Aveeno, and Cetaphil cleanser are available from your commissary or base exchange. Do not use perfumed soaps, or lotions (most baby products contain perfume), as this will further irritate the eczema. In adolescents, make-up can also exacerbate the condition.

Often, children with moderate to severe atopic dermatitis have a lot of bacteria on their skin. This can lead to infection of their atopic dermatitis, especially if they are itching and scratching. It can make the eczematous areas appear very red and "weepy." In this situation, oral antibiotics are needed to help reduce the number of bacteria on the skin, and treat the current infection. Fingernails should be kept clean and short.

Toddlers may need to wear gloves or socks on their hands at night to prevent scratching. Any fevers of 102.5 °F or greater, associated with reddened and weeping skin, should be treated as an urgent situation, and your child should be seen in the hospital as soon as possible.

Of course, identification and avoidance of triggers contributing to atopic dermatitis will improve comfort level and appearance dramatically. The most common triggers in infants are foods (whether via breast milk or in their diet); milk, soy, egg, peanut, wheat, and fish are the usual culprits. Ask your doctor for food lists to learn about these ingredients, which may be hidden in foods, under different names. For older children, seasonal or year-round allergens (like pets, dust, grasses, mold, latex, etc.) may be making the eczema worse. Weather changes can definitely affect atopic dermatitis, with the winter months resulting in increased flares, due to the drier air. If you believe your child has other allergies, please consult your primary doctor to discuss.

Your Child's Medication List:

<u>Type</u>	<u>Name</u>	<u>Frequency of use</u>
Moisturizer	_____	<u>2-3 times per day, especially after bathing</u>
Steroid	_____	<u>2 times per day, as needed for red, itchy skin</u>
Steroid	_____	<u>2 times per day, as needed for red, itchy skin</u>
For itching	_____	<u>_____ mL every night before bed and _____ times per day as needed</u>