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# Eczema/Atopic Dermatitis

**WHAT IS IT:** Eczema is an often inherited chronic itchy skin condition which can affect all ages. The cause is unknown and it is not contagious. The skin loses its ability to be an effective barrier against the environment. This makes people with eczema more sensitive to chemicals, harsh cleansers/soaps, rough clothes (wool is often not tolerated), and allergenic agents. The skin is also less effective at keeping natural skin oils in, and thus not maintaining its own natural moisture. Like a brick wall that has lost its mortar, the skin becomes a poor barrier and crumbles.

**ENVIRONMENT:** Minor irritation of the skin may provoke scratching and additional irritation, which can trigger the formation of cracked, itchy, thickened or discolored patches. Eczema is frequently called the **ITCH THAT RASHES**, showing the importance that scratching at the itchy areas creates, worsens and prolongs the rash.

Cotton sleepwear, sheets, and blankets are less irritating and, in general, wool and scratchy synthetic fibers should be avoided. New clothing and linens should be washed before being worn. All clothing should be rinsed in clear water. Anti-static chemicals or fabric softeners may actually increase irritation especially if they have heavy perfumes. The use of non-scented detergents such as Cheer Free, All Free, and Tide Free may cut down some of the irritation that will occur with highly fragranced products such as Surf. Starched clothes are particularly irritating. Mechanical irritation can be reduced by keeping a child's body covered for as much time as possible. Children who come in and pull their socks off so they can scratch the tops of their feet on the carpet are much more likely to have their eczema stay active in those scratched areas. Covering the skin protects from irritation, scratching, may prevent infection, and minimizes exposure to irritants such as grass, dust, etc.

Dehumidify/air condition the air in the summer, and humidify the air (40%) in the winter. This can cut down on irritation due to accumulated perspiration/ over drying.

Dust is an irritant. Vacuum homes with bare floors and the patient's living quarters often and when the patient is out of the house. Make sure all carpets, blankets and drapes are non-wool.

Other sources of air pollution, that should be avoided whenever possible are:

## CIGARETTE SMOKE

**HOUSE DUST MITES-** These should be controlled by regular vacuum cleaning of carpets, curtains and bedding. Using a plastic mattress cover helps decrease house mite populations. To further control house mites, spray with fungicide, which destroys aspergillus penicilloides, which the house mites feed on.

**ANIMAL DANDER -** Direct patients toward fish, turtles, non-hair bearing pets.

**AVOID-** Chrysanthemum plants, live fir trees (Christmas trees), paint or varnishes in the house.

## HOW YOU TREAT IT:

- **CONTROL AS MANY ENVIRONMENTAL FACTORS AS POSSIBLE**
- **MOISTURIZE:** The basic principle is to restore the barrier function of the skin. This is often done through frequently applying moisturizers, creating a coating on the skin which acts as an artificial barrier. For this reason, the greasier the moisturizer, the better (Vaseline, Eucerin, Elta, Aquaphor, Hydrolatum 800-601-3843). Lighter creams rub in better, such as before putting clothes on, but are not as an effective barrier (Vanicream 800-325-8232, Eucerin Calming Crème, Cam Lotion, Cetaphil Cream or Lotion). Routine use of moisturizers will minimize skin irritation and dryness, thus decreasing eczema flares needing further treatment.
- Adult patients with hand eczema, specifically (cracks and red scale of hands) may enjoy and benefit from regular paraffin hand dips. The units used in salons are now for sale for home use (Sharper Image, check Walmart/Target). This creates a waxy barrier on the hands. Dip hands approximately 6 times, place in plastic bags and wrap with towels for approximately 15 minutes. Not recommended for people whose eczema is worsened with heat. **NOT RECOMMENDED FOR CHILDREN!**

## TOPICAL MEDICATION:

- **Topical steroids/"cortisone" lotions/creams/ointments:** These are the mainstay for treating an active flare of persistent, red, itchy rash. Like for moisturizers, creams may rub in better, but ointments act as a better barrier. Most cortisone salves can be used safely on-and-off for years. Long-term persistent use of a steroid can cause skin thinning and/or stretch mark formation. When large areas of the body are treated with strong topical steroids, periodic medical checkups are necessary. Certain stronger steroids should not be applied to the thinner skin of the face, armpits, groin or rectal areas. This is done only for short periods and under the close supervision of a doctor.
- **Topical non-steroidal anti-inflammatory agents (Calcineurin inhibitors):**  
**Elidel Cream/ Protopic Ointment:** These are non-steroid based topical medications which do not have the skin thinning/ stretchmark producing side-effects of topical steroids. They are best for mild to moderate eczema, and thin-skinned areas such as the face, eyelids, armpits and groin.
- **Mimyx Cream:** This is a prescription moisturizer which has been developed as a concentration of the natural oils of the skin. It has no steroids or other active chemical ingredients. It is to be applied 2-3 times a day to affected areas. It may be used on newborns on up. It may be used for extended periods of time without fear of side-effects.

## ORAL MEDICATION:

**Antihistamines:** Claritin (OTC), Allegra, Zyrtec, etc are non-sedating antihistamines which may decrease the itch sensation. Atarax, a sedating antihistamine is often given to take at dinner time. It will make you sleepy, and help you sleep more soundly, ignoring the itch sensation.

**Oral Steroids:** Severe cases of eczema may require oral forms of steroids. However, oral steroids have more potential side-effects than topical steroids, and may make your eczema "rebound", or come back worse, as you come off the steroid pills.

**Antibiotics:** The open skin areas of eczema are more prone to infection. If areas of eczema become painful, drain fluid, or develop a yellow crust, it may be that there is a bacterial or viral infection also involved. These can become severe and are a reason to call/see your doctor for treatment.

**DIET:** Not all people with eczema have diet allergies, but some people (20%) may have certain food(s) that they eat which can cause their eczema to flare/worsen. The most common things are eggs, cows milk, nuts, fish, peas, chocolate, tomatoes, citrus fruits and strawberries. The last three may cause an irritation to the skin which is unrelated to an allergy.

**HYGIENE:** The super-fatted soaps such as Alpha-Keri, Basis and Neutrogena are preferred to harsh detergent or heavily fragranced soaps such as Irish Spring, Coast, Lever, Ivory, Safeguard and many "antibacterial soaps", which tend to irritate the skin and remove the protective layer of natural skin oils that prevent drying. Use mild soaps/ or non-soap cleansers (Cetaphil, Aquanil, Oilatum AD) to skin fold areas (groin, perianal, axillae) and "spot clean" fingers & toes as needed, try to minimize "Soap and Water" cleaning. Water alone is often good enough to rinse off. Baths should be kept luke warm, not hot, and moisturizers should be added to the skin immediately after the bath (while skin is still slightly damp) to "seal in" the water soaked up by the skin. Tar (Balnetar over-the-counter/ Cutar emulsion- prescription) and oatmeal (Aveeno) preparations added to the bath water decrease the sensitivity and lessen the likelihood of a "flare"/ active rash.

Many of the so called herbal or botanical shampoos and moisturizers contain many of the same types of plants that atopic patients have learned to avoid when encountered in the backyard, the woods or fields. A general rule of thumb is if a product sounds like it is good enough to eat, came out of the garden or sounds like a vitamin supplement, do not use it on the skin. This will also apply to shampoos, moisturizers, cream rinses and laundry products. A loose corollary to this applies to lanolin, which is a wool by-product. For many people who can not tolerate wool, lanolin will duplicate the itchy and prickly sensation that wool causes on contact with the skin. For this reason, some people will actually do worse on such products as Eucerin, despite the fact that a sibling or relative has done well on it.

A final rule of thumb is that with regard to infants with eczema, nothing made by the usual manufacturers of baby products will be suitable. Most of the baby products, such as Baby Magic etc, contain a variety of sensitizers such as lanolin and fragrances, which may be intolerable to the baby and actually increase eczema. There is no standard that is applied to the way words such as "hypoallergenic", "non-sensitizing", "Dermatologist tested" and "sensitive skin" are used. Frequently products labeled as such are terrible for people with eczema. Commercial diaper wipes often contain alcohol, fragrance and usually lanolin and may be replaced by Cetaphil, Aquanil, Oilatum AD or Spectroderm used with unscented facial tissue or unscented toilet tissue. "Triple Paste", non-prescription, is the best diaper rash ointment.

