

Eczema In Children

Atopic Dermatitis (or "Eczema") is a very common and sometimes difficult to treat skin condition – *especially in children*. So what is Eczema?

Perhaps the easiest way to describe Eczema is that it's "like hay fever in the skin". Just as some individuals who are prone to hay fever will get itchy, watery eyes and a runny nose when the pollen is blooming, those with Eczema may get patches of itchy, red skin when exposed to any number of "triggers". These "triggers" can be allergens (like pollen, pets, foods, etc.) *or* they can even be *non-allergens* like dry air (wintertime) or irritating clothing. Regardless of the underlying trigger for those with Eczema, the rash ultimately results in "excessive immune system activity" within the affected skin – creating the dryness, redness, and itching that we recognize as the rash of Eczema.

The good news is that (just like those who have hay fever), *most* patients with Eczema have very brief flares which are easily controlled by keeping the right medications on hand to use when needed. Most patients will seem to "outgrow" Eczema in that, with time, their body gets accustomed to the "triggers" and eventually (teenage years for most) they don't break out nearly as often or as significantly as they did when they were children.

As mentioned, there are a number of medications we use to treat Eczema. Most are in the form of a topical steroid cream. There are other "non-steroid" creams and ointments which are available, and we might even use antihistamines (Benadryl-like medicines) as well.

If/when we see a patient whose history is highly suggestive of allergens playing a role, we will consider allergy testing. Some of this testing can be performed in our office, while others will require a referral to an allergist. Allergens like those from food, pets, and the environment (pollens, etc.) are more likely to play a role in patients who have significant Eczema which has proven very difficult to control.

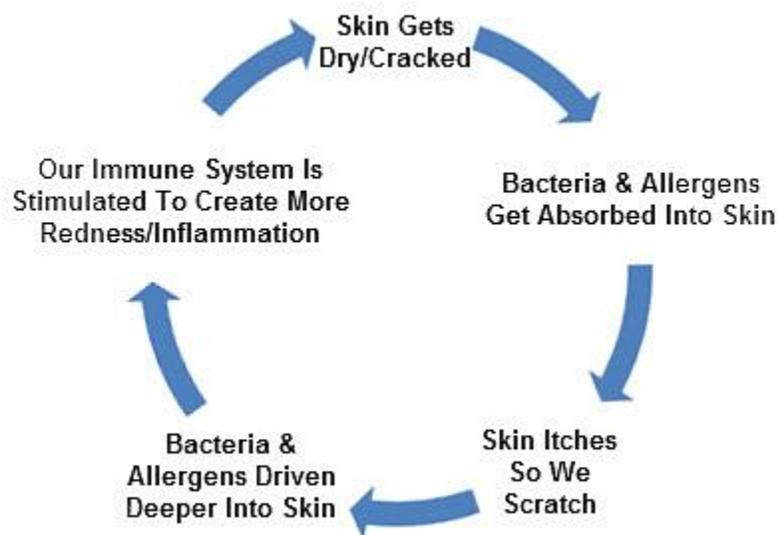
There are actually a number of other more common factors which contribute to Eczema flares. Although it isn't *necessarily* caused by dry skin, and all patients with dry skin don't necessarily have Eczema, they often go hand in hand. Following these instructions can go a long way in preventing flares.

The areas of our body which generally break out the worst with itchy skin and eczema are usually those which are also prone to dryness. It's important to understand that when we talk about "dryness", we're not necessarily referring to simply replacing moisture.

Instead, when we refer to "moisture", we're really referring to the *lipids* (or "oils") within the skin. There are actually numerous types of lipids, and those which are lacking in one patient

aren't necessarily the same as those which are lacking in another. It's important to remember that our skin naturally produces oils itself, and it's ***our own skin's natural oils which provide us with our best protection.***

When our skin's natural oils are maintained, the outermost layer of skin doesn't get dry and cracked. When this outer layer is dry and cracked, it allows allergens, irritants, and bacteria into the skin which then creates redness and itching. When the redness and itching starts, we scratch, which then opens up the skin more, we "scratch in" more bacteria and allergens, drawing our immune system's attention to the skin, which then creates inflammation, which then causes more dryness and cracking. This creates an even better environment for bacteria, creates more itching, allows more absorption of irritants and allergens, and *this cycle goes on and on.*



The number one way that we strip our skin of its natural oil production is through improper or overly-aggressive bathing. For our younger patients with Eczema, we recommend...

- 1) Do not allow them to take long, hot showers or baths. Many children enjoy playing in the tub, but it's one of the easiest ways to dissolve the necessary oils from their skin. They don't need to take a cold bath or skip bathing, though. The shower or bath water can be comfortably warm, but they should stay in just long enough to get the job done.
- 2) Try to use cleansers such as Dove, Cetaphil, Cerave, Caress, etc. which are less harsh on your skin. Remember (and this is a common misconception) – **even "moisturizing" cleansers do not add moisture to your skin no matter what the TV commercial says.** At best, a mild cleanser will be less harsh on the skin and strip less oil. This common misconception leads people to overuse "moisturizing cleansers" thinking that they are adding moisture when in fact they are stripping their skin of its natural oils.
- 3) When a moisturizer is used, we recommend an *unscented* lotion or cream such as Cerave or Cetaphil. It's preferable to apply the moisturizer within 3 minutes of getting

out of the shower or bath. Cerave, in fact, contains *ceramides* which mimic our own skin's natural lipids and is an excellent moisturizer.

- 4) ***This is probably the most important – Soap shouldn't be regularly applied "all over"!***
Our bodies can only create odor in three areas: our underarms, our bottom/groin area, and our feet. These are the areas which can be washed daily with soap without creating excess dryness. On the other hand, our "extremities" (shoulders to hands and hips to ankles) not only *cannot* create body odor, but they also produce *very little* natural skin oil. Have you ever noticed how dry skin tends to be worse on the arms and legs?

So, it's recommended that for daily showering/bathing, they only use soap on the areas that really need it (underarms, groin/bottom, and feet). Cleanser can be used daily in those areas that naturally produce an excess amount of oil (in most people) such as the face, scalp, and central chest. In other words, please don't use soap every day on the "dryness-prone" areas. Perhaps once or twice per week they can use soap all over – or of course any day that they're particularly dirty. Also, where it's used, soap should not be applied with a washcloth or "scrunchy".....just use the cleanser itself.

On the "dryness-prone" skin of the arms, legs, abdomen, mid-lower back, and flanks, we do sweat every day. But sweat is water-soluble and rinses clean with water alone. Trust us – by focusing on only those areas that need it, ***your child's skin will be clean but at the same time it won't be stripped of its natural oils.***

TREATMENT REGIMEN

MORNING

EVENING
