

## Primary Care Management Guidelines for Atopic Eczema

Eczema or dermatitis is a common inflammatory skin disease associated with itching, exudation, swelling and sometimes crusting.  
Atopy means an inherited disposition to eczema, asthma or hay fever and atopic individuals may have one or all of these manifestations.



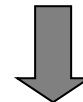
### PATIENT HISTORY

- Duration of eczema
- Possible triggers– infection stress chemicals food
- FH of atopy - eczema, asthma, hayfever
- Occupation / School (including effect of disease)
- Effect on quality of life - sleep loss, work / school
- Itch, soreness and pain
- Patient expectations and ability to comply with treatment



### PHYSICAL EXAMINATION

- Check sites (*scalp, face, trunk, limbs, flexures*)
- Character of lesions - acute (weeping) chronic (thickened and dry)
- Extent and size of coverage
- Assess degree of itching
- Assess complications, e.g. Secondary bacterial / viral infection, side effects of topical steroids



### INVESTIGATIONS

- Skin swab if skin looks infected

## Treatment Guidelines for Atopic Eczema

### Facial Eczema

Emollients

Mild - moderate topical steroid - Hydrocortisone 0.5-1%, Eumovate . Give preference to ointments especially if skin dry

### Scalp Eczema

Emollients to soften scale

Topical steroids - Bettamouse ® , Betacap ® Synalar Gel ®  
Tar based shampoo - Capasal

### Acute Eczema

Emollients

Topical steroids - use correct steroid for body site, severity of eczema and age of patient. Use for up to 2 weeks followed by short burst 5-7 days depending on severity.

Consider contact irritant / allergic cause

Consider secondary bacterial infection - Flucloxacillin /

Erythromycin for 7-10 days

Wet wrap bandages for severe flares but first exclude secondary infection

### Chronic Eczema

Emollients

Topical steroids - use correct steroid for body site, severity of eczema and age of patient. Use for short burst 5-7 days depending on severity, longer if very lichenified, up to 2 weeks. Consider occlusive bandaging to limbs if lichenified -Viscopaste or wet wraps. If you do not have confidence in the safe volumes and strength of topical steroids, please refer to Dermatology

## Other Treatment Considerations for Managing Atopic Eczema

### CRITERIA FOR REFERRAL TO CONSULTANT DERMATOLOGIST

#### Adults

- Treatment requires the use of excessive amounts of potent topical corticosteroids.
- The disease is moderate/severe and has not responded to appropriate therapy in primary care.
- The rash becomes infected with bacteria (manifest as weeping, crusting, or the development of pustules), and treatment with an oral antibiotic plus a topical corticosteroid has failed.
- Eczema herpeticum
- The rash is giving rise to severe social or psychological problems.
- Contact dermatitis is suspected
- Erythrodermia
- For consideration of second line treatment such as topical immunomodulators, phototherapy or cytotoxic drugs
- Diagnostic doubt

#### Children

- All as above
- Dietary factors are suspected