



Atopic Eczema

What is atopic eczema?

Eczema is sometimes called dermatitis, which means 'inflammation of the skin'. There are different types of eczema. The most common type is atopic eczema, which is an inflammation of the skin that usually starts in early childhood, and tends to flare-up from time to time.

The word 'atopic' describes people with certain 'allergic' tendencies. However, atopic eczema is not just a simple allergic condition, but predominantly skin disease. People with atopic eczema have an increased chance of developing as asthma and allergic rhinitis.

What are the symptoms of atopic eczema?

The skin usually feels dry and itchy, and can become red and inflamed. The inflamed areas can become blistered and weepy, or become infected. Skin creases on the the elbows, backs of knees, and around the neck are most commonly affected. Babies often have eczema on their face.

Who has atopic eczema?

Eczema is most common in children under the age of five. About 2 in 10 Singapore schoolchildren have some degree of atopic eczema. The condition typically fades significantly or completely by the time the child hits their mid-teenage years.

What causes atopic eczema?

The cause is not known. The lipid (oily) barrier of the skin tends to be reduced in people with atopic eczema. This leads to an increase in water loss and a tendency towards dry skin.

Hereditary factors play a part but the precise genetic cause is not clear.

House dust mite allergies may trigger eczema in some people. If you are allergic, it may be worthwhile to reduce the house dust mites with regular cleaning, paying particular attention to your bedroom, mattress, and bedclothes.



Food allergies may also trigger eczema. About two in ten young infants with significant atopic eczema could have food allergies, which can make the condition worse. Most eczema patients however do not have a food allergy. The most common foods which trigger eczema symptoms are cow's milk, eggs, soya, wheat, fish, and nuts. If you suspect a food is making your child's symptoms worse, consult your doctor. Food elimination should only be done under medical supervision as overzealous measures can cause malnutrition.

What is the usual treatment for atopic eczema?

Treating eczema is a three step process. The first step is to **avoid irritants and triggers**, where possible. Avoid soaps and bubble baths, which can dry out the skin and make it more prone to irritation. Instead, use a soap free substitute plus a bath/shower moisturiser. Try as much as possible not to scratch the eczema. Keep nails short to help prevent scratching. If you need to relieve an itch, rub with fingers rather than scratch with nails. Wear cotton clothes next to skin rather than irritating fabrics such as wool. Avoid getting too hot or too cold as extremes of temperature can irritate the skin. After you wash clothes with detergent, rinse them well.

The second step is to **moisturize**. Dry skin tends to 'flare-up' and become inflamed into patches of eczema. Moisturisers are lotions, creams, ointments and bath/shower additives which prevent the skin from becoming dry. They 'oil' the skin, keep it supple and moist, and help to protect the skin from irritants. This helps to prevent itch and helps to prevent or reduce the number of eczema flare-ups. The regular use of moisturisers is the most important part of the day-to-day treatment for eczema. You should apply moisturisers as often as you need. This may be twice a day, or several times a day if your skin becomes very dry. Apply liberally to all areas of skin. You cannot overdose or overuse moisturisers.

The third step is to use **topical steroids**, which reduce inflammation in the skin. It is common practice to use the lowest strength topical steroid which clears the flare-up. If there is no improvement after 3-7 days then a stronger topical steroid is usually then prescribed. For severe flare-ups a stronger topical steroid may be prescribed from the outset.



Long-term use of topical steroid may have some side effects, including thinning of the skin, discolouration or permanent stretch-like marks. Some topical steroid may go through the skin into the bloodstream and can impact growth. Children who need repeated courses of strong topical steroids should be monitored. However, short courses of topical steroids (less than four weeks) are usually safe and usually cause no problems.

Most people with eczema will be prescribed moisturisers to use every day and a topical steroid to use when eczema flares up. When using the two treatments, apply the topical steroid first. Wait 10 to 15 minutes after applying topical steroid before applying the moisturiser.

Other treatments

Topical calcineurin inhibitors are alternative non-steroidal anti-inflammatory treatment, and are often prescribed for eczema around the eyes or face, to reduce steroidal side effects. Oral **antibiotics** may be used if there are secondary bacterial infections of the eczema. If the area involved is small, topical antibiotic creams can be used. **Antihistamine tablets** are sometimes used as an adjunct to ease itch. A dose at bedtime may help children who are troubled with itch to get to sleep.

About Us

The Asthma and Allergy Association is a community-based organization that aims to increase awareness of allergic diseases in Singapore, and facilitate patient education and empowerment.

We hold a series of public talks and family-oriented events throughout the year, such as the World Asthma Day and our Food Allergy Awareness Day family carnival & seminar, as well as other public education programs. The AAA also administers several funds to help low-income families buy asthma and eczema medications.

To join the AAA, visit our website at www.aaa.org.sg and download a membership form. Membership costs just \$20 a year. Members receive invitations to family activities and free seminars and talks by leading allergy specialists. We can also help you connect with support groups in Singapore.