

Healthcare Professional support pack

For Healthcare Professionals managing people with eczema

Produced by



ECZEMAANDDERMATITIS.CO.UK

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NICE guidance on atopic eczema¹

Conduct a holistic assessment at each consultation

Physical Assessment

- Step 1** Assess the severity of eczema (clear, mild, moderate or severe)
- Step 2** Treat areas of differing severity independently
- Step 3** Step up or down according to severity and clinical response

Other Treatments

Phototherapy
Systemic therapy

Face: Topical calcineurin inhibitors
Bandages

Tacrolimus

Body: Tacrolimus
Bandages

Bandages

Steroids

Mild potency
topical steroids
for flare-ups

Body: Moderate potency
(for 7-14 days maximum for
axillary and groin flare-ups)

Face: Mild potency (for severe
flare-ups moderate potency
topical steroids for
3-5 days maximum)

Body: Potent topical steroids
(for 7-14 days maximum for
axillary and groin flare-ups)

Emollients

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Emollients

- Normal skin
- No evidence of active eczema

Clear

- Areas of dry skin
- Infrequent itching (with or without small areas of redness)

Mild

- Areas of dry skin
- Frequent itching
- Redness (with or without excoriation and localised skin thickening)

Moderate

- Widespread areas of dry skin
- Incessant itching
- Redness (with or without excoriation, extensive skin thickening, bleeding, oozing, cracking and changes in pigmentation)

Severe

Emotional Assessment

Assess the impact on quality of life and psychosocial wellbeing:

- None – no impact
- Mild – little impact on everyday activities, sleep and psychosocial wellbeing
- Moderate – moderate impact on everyday activities, sleep and psychosocial wellbeing
- Severe – severe limitation of everyday activities and psychosocial functioning, nightly loss of sleep

All atopic eczema severities can have an impact on wellbeing and quality of life (even mild). Take this into account when deciding on treatment strategies.

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The emotional impact of eczema



Eczema can have a significant impact on the emotional wellbeing of people with eczema.

You can help.

It's good to talk...

Listen to their concerns and provide reassurance

...and take action

Give them practical suggestions

Advise them about sources of support

Refer for help when necessary

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Communicating effectively with people in your care



Communicating effectively with those in your care will help them to understand their condition

1 Language – think about the words you use

- Are they right for the person's age?
- Are they too complicated for a non-native English speaker?
- Do you use abbreviations, colloquialisms or slang?

2 Education – consider someone's ability to learn

- Children learn differently as they grow up but will usually need a mixture of words and pictures
- Adults may have different levels of learning ability
- Visual aids and handouts can be useful for everyone

3 Relevance – how suitable is your information?

- When you give advice and make practical suggestions, keep someone's situation in mind
- Not all suggestions will be relevant to everyone
- People are individuals, and will have their own education and support needs

4 Understanding – message received?

- Always ask if people have any questions or would like anything repeated
- Remember that they may not always tell you if they have not understood what you have told them
- Check by asking them to repeat back what they have understood



Eczema education plan

Developing a phased education plan for people with eczema will help you to give them useful information about their condition in bite-sized pieces. Use this plan to keep a record of the education you have provided.

Name

Age

Topic	Complete <small>Tick and Date</small>	Notes on understanding
Understanding eczema		
How the skin works and what happens in eczema	<input type="checkbox"/> -- / -- / --	
Causes of eczema: - Clearing up misconceptions - Common triggers - Avoidance/minimisation strategies	<input type="checkbox"/> -- / -- / --	
Course of the disease: - Fluctuating nature - Likely future course - Treatment goals	<input type="checkbox"/> -- / -- / --	
Understanding treatments		
Emollient therapy: - Treatment goal – reducing flares - How emollients work - How to apply them - Frequency and quantity	<input type="checkbox"/> -- / -- / --	

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Topic	Complete Tick and Date	Notes on understanding
Understanding treatments continued...		
Topical steroids: - Treatment goal – managing flares - How steroids work - How to apply them - Frequency and quantity	<input type="checkbox"/> -- / -- / --	
Antibiotics: - Treatment goal – clearing infections - Signs and symptoms of infection - How antibiotics work - How to apply them - Frequency and quantity	<input type="checkbox"/> -- / -- / --	
Other treatment options: - Bandaging and wet wraps - Immunomodulator therapy - Phototherapy - Systemic therapy	<input type="checkbox"/> -- / -- / --	
Emotional impact of eczema		
Emotional distress: - Body image and self-esteem - Stress and anxiety - Sleep disruption - Social isolation	<input type="checkbox"/> -- / -- / --	
Challenging situations: - Bullying - Discrimination - Family stress - Relationship difficulties	<input type="checkbox"/> -- / -- / --	

Topical steroids – dispelling common myths

Topical steroids form an important part of the treatment plan for most people with atopic eczema.

When eczema flares up, topical steroids reduce inflammation, ease soreness and irritation, reduce itching and the need to scratch, allowing the skin to heal and recover.¹ However, patient perceptions about steroids can sometimes prevent them from using this treatment. Surveys have shown:²

- More than half of parents of children with eczema believe that topical steroids should only be used to treat severe eczema² – this is not the case, steroids are considered the first-line treatment for flare-ups.³
- One fifth of parents believe that topical steroids are too dangerous to use on their children² – it is essential that parents/carers are provided with reassurance about the value of topical steroids when used appropriately.⁴
- More than a quarter of parents have not used prescribed topical steroids as a result of their concerns about this treatment² – if education is provided during the consultation process and their concerns are addressed, this can positively influence treatment adherence.²

Fears about using topical steroids are often based on misconceptions about how steroids work and their potential side effects. Addressing these issues can help people to better understand and adhere to treatment.

Myth 1 Topical steroids cause skin damage, e.g. thinning, ageing, scarring and stretch marks

The Reality:

Topical steroids inhibit fibroblast proliferation and collagen formation, so they may thin the skin and make it lose its elasticity.

However, you can reassure your patients that steroids will not cause skin damage if:

- They use their topical steroid(s) as prescribed – As a rough guide, steroid use should be limited to a few days to a week for acute eczema and up to 4–6 weeks to gain initial remission for chronic eczema.⁴
- Adults use a mild topical steroid on delicate areas such as their face and groin.⁵
- The elderly and children use a mild steroid on all parts of their body because their skin is more delicate.⁵

When a potent topical steroid is needed, there are differences between the various preparations in terms of adverse effects. Some potent steroids such as Elocon (mometasone), for example, have a side effect profile no different from that of the mild steroid, hydrocortisone 1%.⁶

Myth 2 Topical steroids are absorbed into the body, causing stunted growth and development and reduced immunity to infections

The Reality:

Potent topical steroids can cause growth retardation in children but this is rare and only occurs if potent steroids are used continuously, in excess, for an extended period of time. Milder potencies rarely pose a threat.⁵

To allay concerns about this myth, HCPs can help by providing information and answering any concerns about using a short-course of steroids to treat flares. Pharmacists can help by reiterating the nature of a short course of steroids, as well as ensuring that tubes are clearly labelled and usage instructions explained as part of the provision of information.

Myth 3 Topical steroids cause hormonal side effects, leading to increased body hair, impotence and dependency

The Reality:

For some people, the word 'steroid' is automatically associated with anabolic steroids. If a patient expresses this concern, reassure them that topical corticosteroids are a completely different type of steroid.

Side effects are rarely seen when using mild steroids and, although potent topical steroids pose some risk, this is rarely seen, as those prescribing know the risks and restrict the amounts prescribed.⁵

Myth 4 Long-term use of topical steroids can make them less effective or can make eczema worse

The Reality:

Some patients may be worried about 'becoming immune' to steroids after repeated courses. This may stem from a mistaken idea that all drugs lose their effect if used too often; some patients may become tolerant to certain drugs but there is no evidence of tolerance to steroids.

Explaining that the body will not 'become immune' to steroids will prevent these misconceptions from interfering with steroid treatment.

Myth 5 Topical steroids should not be used on broken skin

The Reality:

Sometimes patients will avoid applying a steroid cream or ointment to cracked and broken skin because they are afraid the steroid will be absorbed into their body and cause unwanted side effects. However, steroids are the first-line treatment for eczema flare-ups, when the skin often becomes cracked.³ NICE recommends that steroids are applied to areas of active eczema, including broken skin.²

You can reassure your patients that if they use their steroid as directed (once or twice a day, and only for limited periods) it can be applied to cracked or broken skin.

Myth 6 Effective use of emollients means that patients shouldn't need a topical steroid

The Reality:

Emollients are the foundation of treatment for atopic eczema because they restore the skin's natural barrier function, helping to reduce the frequency and severity of flare-ups.³

In fact, many people with mild to moderate eczema can control their condition using emollients alone.⁷

However, many patients will need to use a steroid cream or ointment during a flare-up to calm and restore their skin, and so topical steroids remain the first-line treatment for managing flares.³

Explaining to patients the important role that both emollients and steroids play in managing their eczema, and how and when to use each, will help them understand and adhere to treatment.²

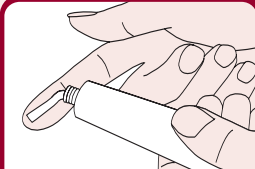
Myth 7 Topical steroids should only be applied in small quantities

The Reality:

Patients are often advised to use their steroid cream or ointment sparingly which can lead to the perception that only a small amount should be used.

In part, this is true; steroids should be applied in much smaller volumes than emollients – a ratio of 10:1 emollient to steroid.⁴ However, patients need to apply enough to cover all areas of active eczema, therefore the amount they need will depend upon how much of their body is affected.

You may find it useful to explain to patients how much steroid to use in terms of finger tip units (see chart).



Area of the body	Fingertip units per day
Scalp	2-4
Face and neck	2-4
Both arms	4-8
Trunk (front and back)	14
Both hands	2-4
Groin	2-4
Both legs	14

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