

ATOPIC DERMATITIS

(Eczema)



Atopic dermatitis—also called eczema—is a common, long-lasting skin problem.

It causes rough, itchy, pink rashes and is most common in children. There is no cure, but good daily care can keep symptoms under control.

WHAT CAUSES ECZEMA

Eczema happens because of a mix of **genes** and the **environment**. People with eczema have a different skin barrier, which is more prone to lose water. The weakened skin barrier also lets in allergens and infections more easily than for those without eczema. The immune system in the skin may also react strongly to environmental allergens (such as preservatives & fragrance) and irritants (such as sweat and extreme temperatures). Allergies and asthma are more common in people with eczema, but **they do not cause eczema**.

Eczema looks different depending on age.

- Babies: often have a dry, red rash on the cheeks or around the mouth (drooling can make it worse).
- Children: often get rashes on the arms and legs or anywhere they scratch.
- Teens: often in the bends of the elbows and knees, on the hands and feet, or around the eyes.
- Adults: ill-defined scaly, sometimes pink rashes on arms and legs most commonly

TREATMENT

1. Soak & Seal Bathing

- Bathe daily with CLN body wash or Dove Sensitive bar soap to remove bacteria, dirt, and irritants.
- Use warm, not hot, water. Keep baths 5–10 minutes.
- Pat the skin dry and put moisturizer on right away while the skin is still slightly damp.
- Seal in the moisture by quickly applying a cream or ointment.
- Thicker moisturizers work better for repairing the skin barrier.
- Ointments > creams > lotions for moisture.

2. Treating the Rash

- Prescription topical medicines should be applied **twice per day as needed for red/raised/or itchy** areas.
- They come in many strengths and forms (ointments, creams, lotions, gels, oils).
- You and your doctor will choose the right one for each body area.
- When used as prescribed, steroid ointments and creams are safe and side effects are rare.

Other topical prescriptions—**tacrolimus** ointment and **pimecrolimus** cream—also help, especially on sensitive areas like the eyelids, armpits, and groin. These may feel warm on some people’s skin so we recommend testing them on normal skin before applying to eczema. About the black-box warning for tacrolimus and pimecrolimus: These medicines received a warning years ago due to old animal studies. Later research in humans has shown no increased cancer risk.

ATOPIC DERMATITIS

(Eczema)



Systemic (Injection and Oral) Treatments For Eczema

For very severe eczema that does not get better with creams, stronger medicines often become necessary. These medicines can be prescribed and closely monitored by a board-certified dermatologist.

3. Treating the Itch

- Tell your doctor if you or your child is very itchy or losing sleep.
- Topical medicines can be combined with the wet wrap procedure for better results.
- Oral antihistamines can help with sleep, but they usually do not stop the itch itself.

4. Avoiding Triggers

Some people have triggers; others do not. Triggers can change over time. Blood allergy testing and IgE levels are often not very helpful for eczema. Allergies & asthma are more common in people with eczema, but they do **not** cause it.

Common triggers include:

- Frequent bathing without moisturizing
- Low humidity
- Smoke exposure (cigarette or wood smoke)
- Stress
- Sweat or overheating
- Wool clothing
- Harsh soaps or fragrances
- Bubble baths
- Certain laundry detergents
- Preservatives in water-based skin care products (ointments do not have preservatives)



5. Recognizing Infections as a Trigger

Because the skin barrier is weaker, infections can occur from bacteria, viruses, or fungi.

Signs of infection include:

- Honey-colored crusts
- Raw, weepy skin
- Sudden worsening of eczema that does not improve with usual treatment

Diluted bleach baths or CLN body wash can reduce bacteria and help control eczema. Some people may need oral or topical antibiotics or antiviral medicine.