



# THE PROFESSIONAL ASSISTANT LEARN & ADVISE



MODULE 20: DECEMBER 2016

## Managing eczema

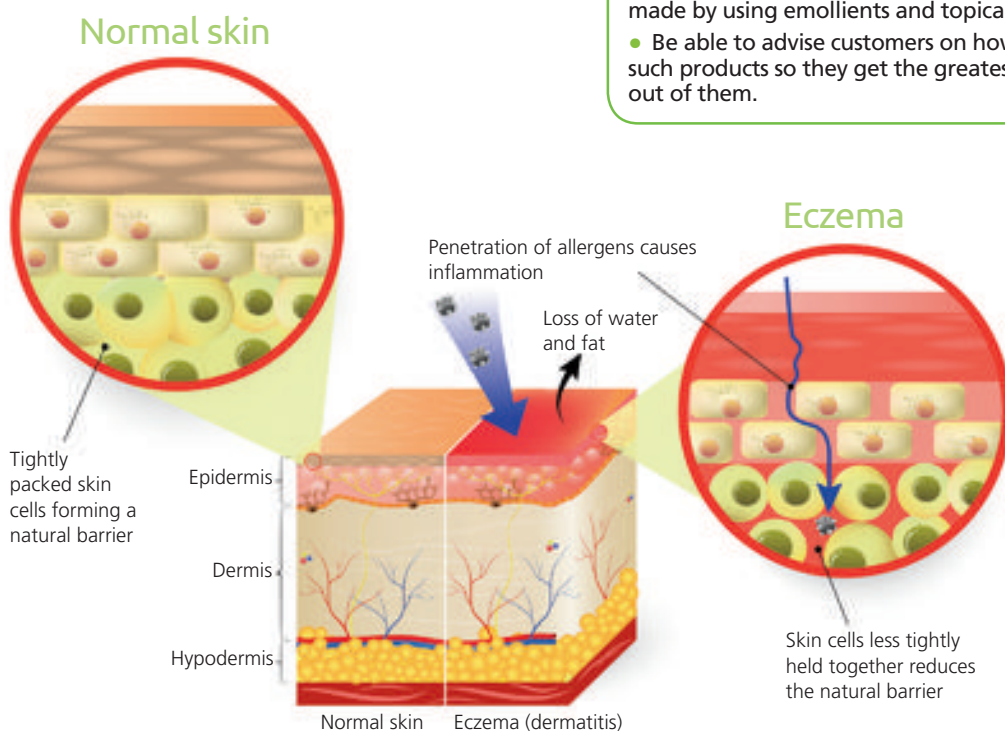
One in five children and one in 12 adults in the UK are affected by eczema. So it is hugely important that pharmacy staff are able to advise on how to manage this problem.



### OBJECTIVES

After studying this module, assistants will:

- Understand what happens underneath the skin's surface to make it dry and uncomfortable
- Appreciate the improvements that can be made by using emollients and topical steroids
- Be able to advise customers on how to apply such products so they get the greatest benefit out of them.



First of all, here is a reminder of what happens underneath the skin to make it feel dry and itchy. The diagram above shows a cross-section of the skin in its normal, healthy state compared to skin with symptoms of eczema (also known as dermatitis). If skin loses moisture (water, fats and oils), it becomes dry and irritants and bacteria pass through cracks

to its deeper layers, causing irritation. White blood cells and fluid rush to the area in response, and an accumulation of white cells causes swelling and a rash, which causes further irritation and itchiness. The swelling can become chronic and the natural barrier of the skin compromised, which leads to dryness and an uncomfortable, irritable long-term rash.



This module is suitable for all members of the pharmacy team who wish to increase their knowledge of common conditions, treatment options and communication skills. This module has been endorsed with the NPA's Training Seal as suitable for use by pharmacy teams as part of their ongoing learning. This module can also form part of your Team Tuesday training.



**DID YOU KNOW?**  
Gender and ethnicity don't influence  
the chance of developing eczema.



## Trigger points

**There is no single cause of atopic eczema. Instead, many factors play a part.** For example, genes have a role. Research shows that a child whose parents both have atopic eczema has an 80 per cent chance of having the condition themselves, with 60 per cent affected if only one parent has eczema. Children whose parents have the condition are also more likely to experience symptoms earlier and to have symptoms that are more severe.

**In all cases, identifying triggers that can be modified or avoided can make a significant difference to symptoms:**

- **Food allergens**, most commonly cows' milk and eggs, are associated with atopic eczema
- **Hormonal changes** can influence the severity of symptoms. For instance, premenstrual flare-ups occur in 30 per cent of women, with up to 50 per cent noticing a worsening during pregnancy
- **Other triggers** include stress, and exposure to pets, house dust mites and pollen.

## Eczema explained

**Atopic eczema is the most common type of eczema. It usually comes and goes, and most sufferers will experience flare-ups (where the condition worsens) interspersed with periods of remission (where the symptoms are less severe and under control). However, some people have exacerbations as often as two or three times a month, and in severe cases, it may feel as though such episodes run into each other.**

Generally, atopic eczema improves with age. A study of children who had the disease at age seven found that by 11 years of age, just over half were clear of eczema, and this rose to just under two-thirds by age 16. However, there is some evidence that the prognosis is worse in cases of early onset, and in children who also have asthma.

The complications of eczema vary. Probably the best known is a bacterial infection, which usually presents as worsening eczema with increased redness, oozing and crusting, and viral and fungal infections can also occur. But the high levels of distress that the condition can cause are sometimes overlooked. For example, pre-school children with atopic eczema have higher rates of behavioural issues, fearfulness and dependency on their parents, and as they get older, problems can include bullying, social anxiety, impaired performance and time away from school. Poor self-image and a low self-confidence can also have a significant impact on social development and lead to psychological problems.

Other issues associated with atopic eczema include irritant conjunctivitis and the development of cataracts, and sleep is frequently disturbed, not just for the sufferer but also for those they live with.

**Because there is no cure for eczema, it has to be managed using the following strategies:**

- **Minimising scratching.** This can be very difficult because scratching gives an immediate sense of relief. However, the act of scratching also damages the epidermis (top layer) of the skin, which in turn leads to water loss and drying, and this then triggers a cycle of itching and more scratching
- **Avoiding triggers** (see panel, left)
- **Using emollients frequently and liberally**
- **Applying topical corticosteroids to areas of red skin** and continuing to do so for 48 hours after the flare-up has been controlled.

In more severe cases, other treatments may be needed, such as antibiotics if there are signs of infection and antihistamines to help break the itch-scratch cycle.



**DID YOU KNOW?**  
Aqueous cream is not recommended for eczema as it can cause skin reactions.

## Treatment options

Emollients form the basis of eczema management, and a huge array are available, both over the counter and on prescription. But how do they differ?

- 1** Plain emollients contain no active ingredients and are the most widely used (e.g. emulsifying ointment, Diprobase).
- 2** Urea is included in some products for its softening and hydrating properties, so is particularly useful if the skin is dry and scaling. Examples include Aquadrate, Calmurid and Eucerin Intensive.
- 3** Antiseptics (e.g. benzalkonium chloride) are found in products such as Dermol and Oilatum Plus, but are only really recommended if an infection is present or is a frequent problem for the customer.
- 4** Lanolin penetrates deep into the skin so is helpful for dry, cracked skin. However, it can cause allergies so is not suitable for everyone. Products containing lanolin include E45 and Oilatum Bath Additive.
- 5** Lauromacrogols have a local anaesthetic effect, so can be soothing, but again, reactions can be a problem. Examples include Balneum Plus and E45 Itch Relief.

Personal preference is key with treatment because the correct emollient for someone is the one they will use. This means that branded products are usually prescribed rather than generic, and a person may need to try several products before settling on those that work best for them.

## Topical corticosteroids

Much like emollients, the range of topical corticosteroids can appear bewildering. However:



- 1** A mildly potent topical steroid (e.g. hydrocortisone cream) is usually sufficient for mild eczema flare-ups.
- 2** A moderately potent product such as clobetasone (Eumovate Eczema & Dermatitis 0.05% Cream) is adequate for moderate eczema.
- 3** Potent topical steroids such as betamethasone valerate 0.1% (Betnovate), hydrocortisone butyrate (Locoid) or mometasone furoate (Elocon) are reserved for severe cases. These are only available on prescription.

All topical steroids should be applied sparingly to the affected area, after the emollient has been fully absorbed. Once daily application is usually sufficient, but this can be increased to twice daily if needed. Treatment should be continued for 48 hours after the eczema has cleared, but not for longer than two weeks without seeking medical advice.

## Using emollients

While using emollient products may seem straightforward, there are various counselling tips that pharmacy staff can pass on to help customers get the most out of their treatments.

- 1** Ointments work best on very dry skin. In other cases, creams and lotions are better options.
- 2** Several products may be needed for different parts of the body or during flare-ups and periods of remission.
- 3** Bath additives and shower products are popular, but ointments can also be dissolved in hot water to make soap substitutes.
- 4** Soap substitutes are substitutes for soap only, not for emollient application after cleansing.
- 5** If the emollient comes in a tub, a clean spoon or spatula should be used to scoop it out. This minimises the risk of contamination from fingers.
- 6** Emollients should be applied frequently and liberally, in the direction of hair growth, even when skin appears clear. An adult with eczema on both arms should expect to get through a 500g tub a month.



## SIGNPOSTING

For more information, you can:

- Use your *Counter Intelligence Plus* training guide
- Visit NHS Choices: [nhs.uk/conditions/Eczema-\(atopic\)](https://nhs.uk/conditions/Eczema-(atopic))
- Look at information provided by the British Association of Dermatologists: [tinyurl.com/TMPProfAsstEczema](https://tinyurl.com/TMPProfAsstEczema)
- Spend time on the website of the National Eczema Society: [eczema.org](https://eczema.org)

# TEST YOURSELF ONLINE

GOOD PRACTICE KNOWLEDGE IS IMPORTANT WHEN ADVISING CUSTOMERS



## Questions

1) Which of the following is **NOT** part of standard eczema management?

- a) Liberal application of topical steroids
- b) Avoiding triggers
- c) Minimising scratching
- d) Applying emollients frequently

2) Which of the following is **NOT** one of the factors that can contribute to the development of atopic eczema?

- a) Food allergens
- b) Gender
- c) Genetics
- d) House dust mites

3) Which of the following statements is **FALSE**?

- a) Aqueous cream is the benchmark for eczema management
- b) Antiseptic-containing emollients may be suitable for individuals who suffer frequent infections with their eczema
- c) Branded rather than generic products are usually prescribed
- d) The best emollient is the one the customer prefers

4) Which of the following tips would you pass on to your customers?

- a) Use your fingers to scoop your emollient out of its tub
- b) If you use a soap substitute when washing, you don't need to use an emollient afterwards
- c) You should always be able to use the same emollient, regardless of where on the body the eczema is, and how bad it is at the time
- d) Ointments are better than creams for very dry skin

5) Which of the following is **NOT** a potent topical steroid:

- a) Hydrocortisone cream
- b) Betamethasone valerate 0.1% ointment
- c) Hydrocortisone butyrate cream
- d) Mometasone furoate ointment

6) Which of the following is **NOT** a usual complication of atopic eczema?

- a) Poor self-confidence
- b) Parasitic infections
- c) Eye problems
- d) Sleep disturbances

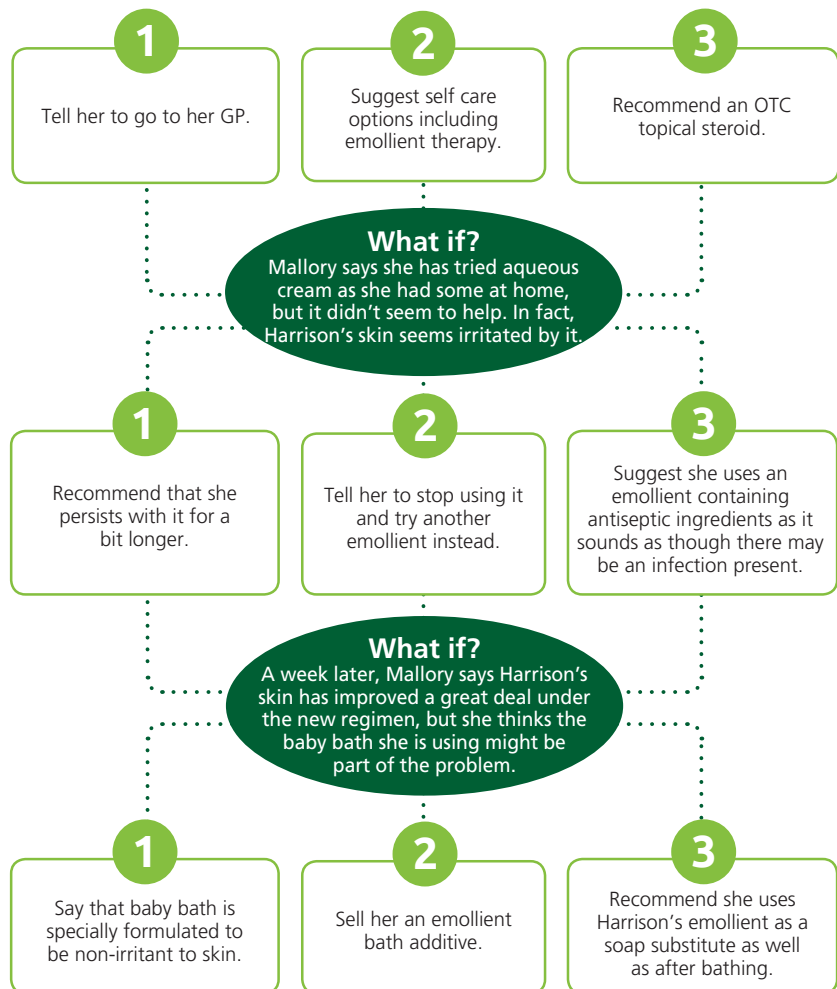


## Scenario

Mallory says that her six-month-old son Harrison has dry and red patches on his skin. She thinks it might be eczema as she and her husband both suffer from the condition.

### What would you recommend?

For each part of this scenario, think about the decision you would make and, importantly, why you would choose that option. In addition, for each decision that you make, think about how you would talk to the customer and provide the necessary advice. Discuss this with your team and pharmacist.



Go to [www.tmmagazine.co.uk](http://www.tmmagazine.co.uk) to submit your answers to these questions. When you pass, you'll be able to download a certificate to showcase your learning. You can also add this to your online, personalised learning log.

[www.tmmagazine.co.uk](http://www.tmmagazine.co.uk)



Warning: The content contained in this module is the copyright of Groupe Eurocom Ltd © 2016 and cannot be reproduced without permission in the form of a valid written licence granted after July 1, 2011. Unbranded pictures copyright Photodisc/Digital Stock/Stockphoto. Published under licence by Communications International Group Ltd © 2016 Groupe Eurocom Ltd. 162-168 Regent Street, London W1B 5TB. Tel: 020 7434 1530. Email: TM@1530.com.