



# THE PROFESSIONAL ASSISTANT LEARN & ADVISE



## Managing dry skin and eczema

One in five children and one in 10 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.

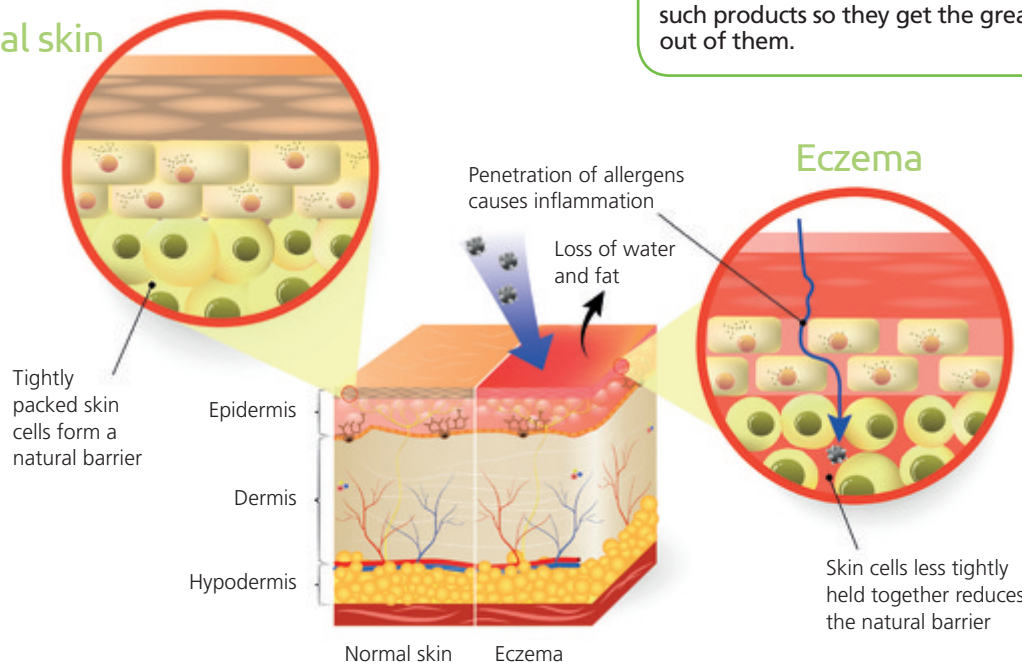


### OBJECTIVES

After studying this module, assistants will:

- Understand what happens underneath the skin's surface to make it dry and uncomfortable
- Be aware of the impact that dry skin and eczema can have on a person's quality of life
- 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.

### Normal skin



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.

## Supporting customers

Atopic eczema is the most common type of eczema. It can come and go, and sometimes customers will experience periods of flare-ups, where the condition worsens. The frequency and severity of these varies. Eczema can improve with age, but people will need support with how to manage the condition effectively.

Having dry skin or eczema can have a significant impact on a person's quality of life as well as their psychosocial wellbeing. Children may be affected by bullying, poor sleep quality, low self-esteem and absence from school, and adults can be equally as affected.

Being able to empathise with customers and reassure them about regular use of emollients, as well as recommending the most suitable specifically developed product for their needs, is how pharmacy team members can help.

There are a range of complications that pharmacy staff need to be aware of and that need to be referred to the pharmacist. These include bacterial infection (signs of oozing/crusting), viral or fungal infections, and when the diagnosis is unclear.

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

- Using emollients frequently and liberally, as recommended by clinical guidelines. They should be used at all times, including when the eczema is under control, to maintain the skin's barrier function
- Avoiding triggers (see panel below)
- Minimising scratching. This can be difficult as scratching gives a sense of relief. However, it can also result in damage to the top layer of the skin, leading to further water loss and dryness
- Applying topical corticosteroids during flare-ups (or on a regular basis if recommended by a specialist or GP), and for 48 hours after the flare-up has been controlled.

If a customer needs further support, their GP may recommend options such as the use of stronger products that are available on prescription, wet wrap therapy or antihistamines.



## 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 triggers** – 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
- **Perfumed products** such as soaps and bubble baths
- **Temperature changes**, including particularly hot or cold weather
- **Other triggers** include stress, and exposure to pets, house dust mites and pollen.



### DID YOU KNOW?

Aqueous cream is not recommended for eczema as it can cause skin reactions.



## Treatment options

### Emollients

Emollients are the mainstay of eczema management and a huge array are available 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).
- 2 Colloidal oatmeal** is often included for its anti-itch, moisturising, cleansing and protective properties.
- 3 Urea** is included in some products for its softening and hydrating properties, so is particularly useful if the skin is dry and scaly.
- 4 Antiseptics** (e.g. benzalkonium chloride) are only really recommended if an infection is present or is a frequent problem for the customer.
- 5 Lanolin** penetrates deep into the skin so is helpful for dry, cracked skin. However, it can cause allergies so is not suitable for everyone.
- 6 Lauromacrogols** have a local anaesthetic effect, so can be soothing, but again, reactions can be a problem.

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.

### 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 should expect to get through a 500g tub a week.

### Topical corticosteroids

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

- 1 A mildly potent topical steroid** such as hydrocortisone cream is usually sufficient for mild eczema flare-ups.
- 2 A moderately potent product** such as clobetasone is adequate for moderate eczema.
- 3 Potent topical steroids** such as betamethasone valerate 0.1%, hydrocortisone butyrate, or mometasone furoate 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. Remember to read the product information to ensure it is appropriate for the age of the customer, where it is intended to be used and remind them how often to apply it and how long they can use it for before seeing their GP.



### SIGNPOSTING

For more information, you can:

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

# TEST YOURSELF ONLINE

GOOD PRACTICE KNOWLEDGE IS IMPORTANT WHEN ADVISING CUSTOMERS



## Questions

1) How many children in the UK are estimated to be affected by eczema?

- a) One in five
- b) One in 10
- c) One in 12
- d) One in 20

2) What are the properties of colloidal oatmeal?

- a) Anti-itch
- b) Cleansing
- c) Moisturising
- d) All of the above

3) Which of the following can **ONLY** be supplied on prescription?

- a) Urea ointment
- b) Emulsifying ointment
- c) Betamethasone ointment
- d) Hydrocortisone cream

4) Which if the following statements is **TRUE**?

- a) Emollients should only be applied when the skin feels dry and scaly
- b) Eczema is not considered to have a genetic link
- c) Perfumed products can be a trigger for symptoms
- d) Creams are thicker and greasier than ointments

5) Which of the following statements about applying emollients is **FALSE**?

- a) An adult might use roughly 500g every week
- b) They should be applied thinly
- c) They should be applied to the skin in the direction of hair growth
- d) They should be used frequently

6) Which of the following is **NOT** a possible impact of eczema for a customer?

- a) Loss of sleep
- b) Skin infections
- c) Red blotches with silver coloured lines on the skin
- d) Bullying



## Scenario

Emily is in her 30s and has had dry skin since she was a child. Recently, her skin has started to crack in places and sometimes it gets quite itchy. She's worried that scratching it will make it worse.

### 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.



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