

ECZEMA

ITS AN ITCHY BUSINESS!



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- ▣ Eczema – the basics
- ▣ Management
- ▣ New Children's Eczema Service

- ▣ Eczema is a chronic, inflammatory skin condition that is characterised by dryness, deep seated itch, redness and inflammation

- ▣ Multifactoral
 - Genetics
 - Skin barrier dysfunction
 - Impaired immune function
 - Environment

- ▣ Eczema is the most frequent chronic skin disease of early childhood
- ▣ Increasing in westernised countries
- ▣ One in 4 children
 - 30% of pre school children
 - 15% of school age children
 - 9% of Adolescents
- ▣ Two –thirds of children will have onset before the age of one year

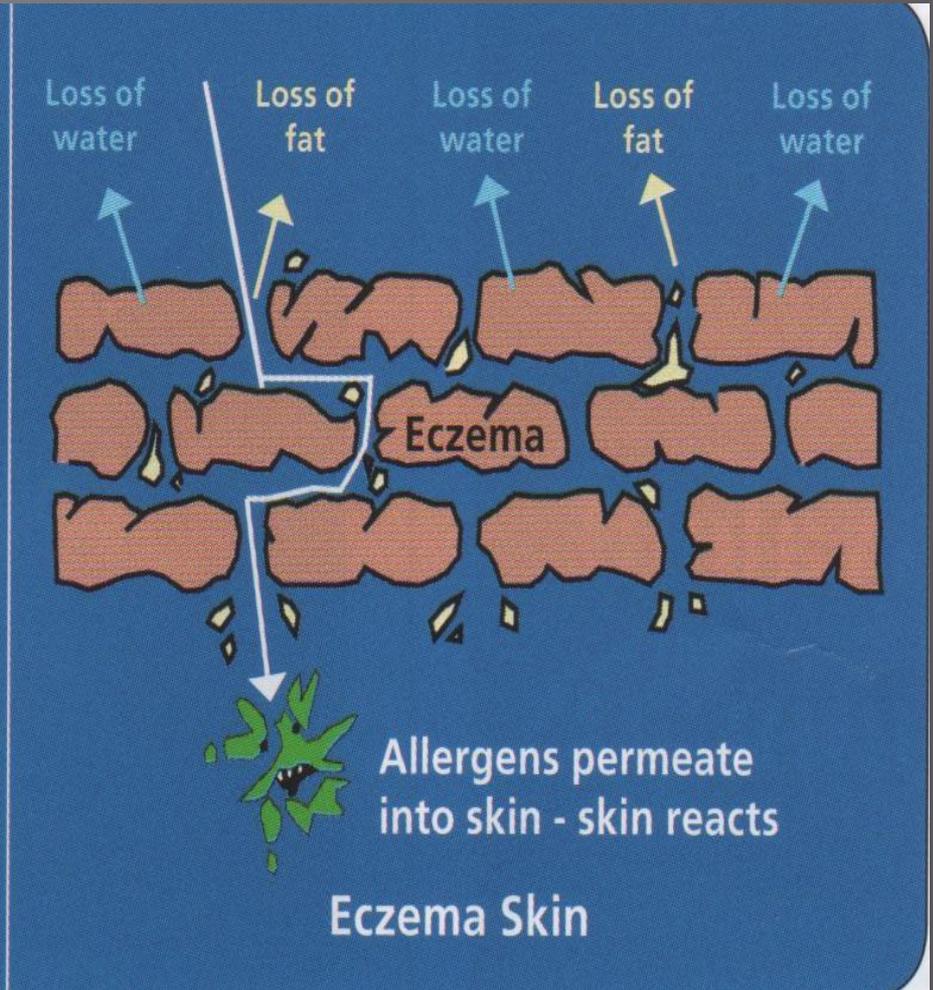
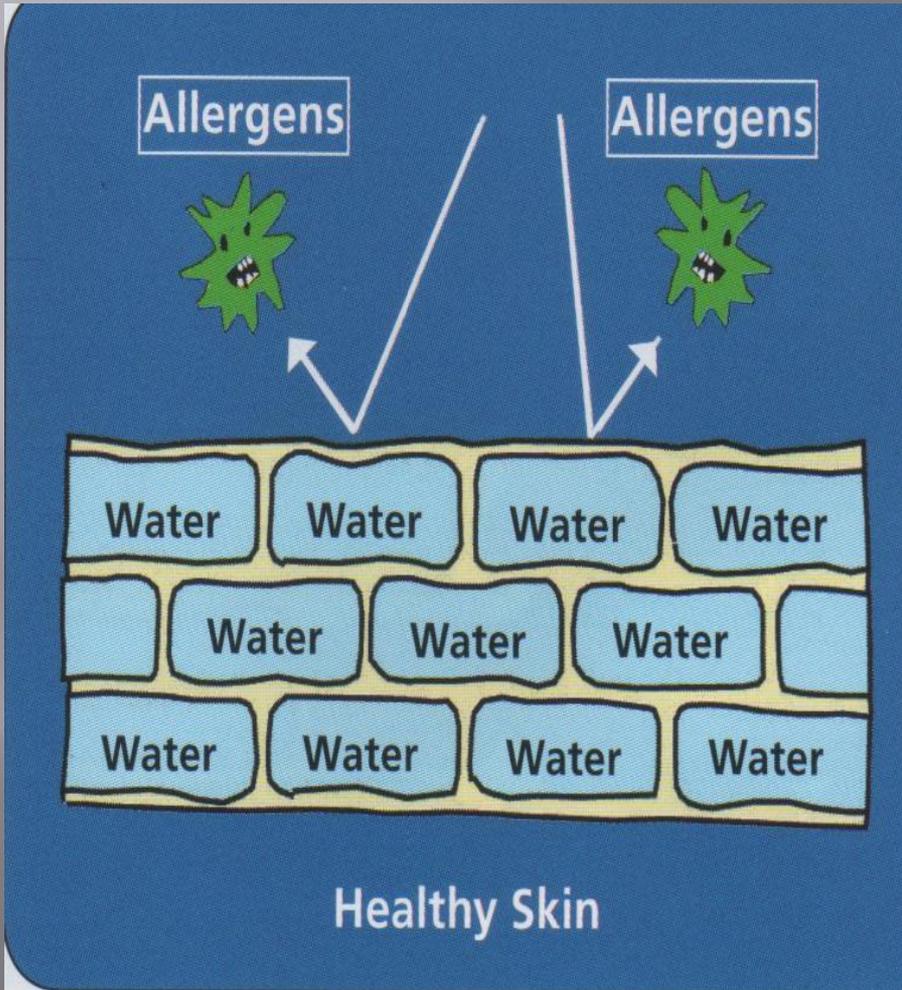
Skin Function

- ▣ Skin Cells divide at bottom of epidermis
- ▣ New Cells mature as they move up through the skin
- ▣ Top of the skin – the skin barrier is formed

- ▣ Skin Barrier
 - - protects body from the environment
 - - prevents penetration of irritants and allergens

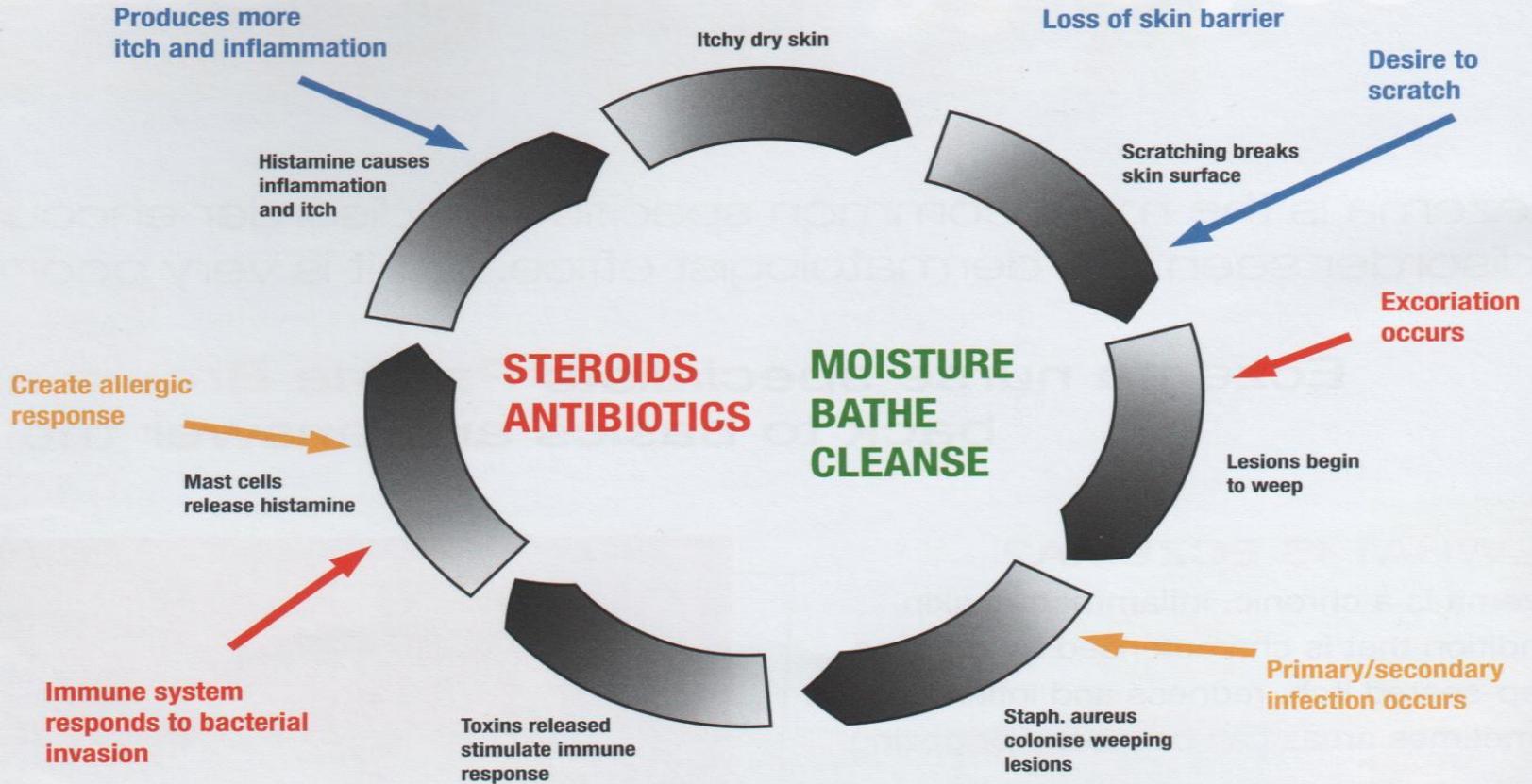
Healthy Skin

Eczema Skin



THE VICIOUS CIRCLE OF ATOPIC ECZEMA

- starts with itch
- driven by toxins produced by *Staph. aureus*



Management



Three Steps.....

- ▣ First line treatment = Complete emollient (moisturiser) regimes
- ▣ Second line treatment = Identifying then avoiding or minimising irritants and allergens
- ▣ Third line treatment = treating flares

▣ Moisture

▣ Moisture

▣ Moisture



Moisturising

- ▣ Emollients are heavy moisturisers
- ▣ Most important part of day to day treatment

- ▣ Put moisture back in the skin
 - relieves dryness and itching
- ▣ Helps broken/weeping areas heal faster
- ▣ Improves skin barrier function
- ▣ Decreases redness and swelling
- ▣ Decreases time and strength that steroid needs to be used for

On The Skin

- ▣ Apply whenever skin is dry, itchy, red or rough to feel
- ▣ Could be 10-20 times per day!
- ▣ The heavier/sticker the moisturiser the longer it will stay on
- ▣ Apply enough to give skin a shine
- ▣ Encourage the child to be involved
- ▣ Average = one tub per week

Bathing

- ▣ Cleans skin, rehydrates and removes old creams, dead skin and irritants
- ▣ 1/4 -2 cups of moisturiser in the bath
- ▣ DO NOT USE SOAP
- ▣ 10-20 mins
- ▣ Pat skin dry

- ▣ Apply emollient within 3-5 minutes
 - ▣ *“Bubbles mean trouble”*

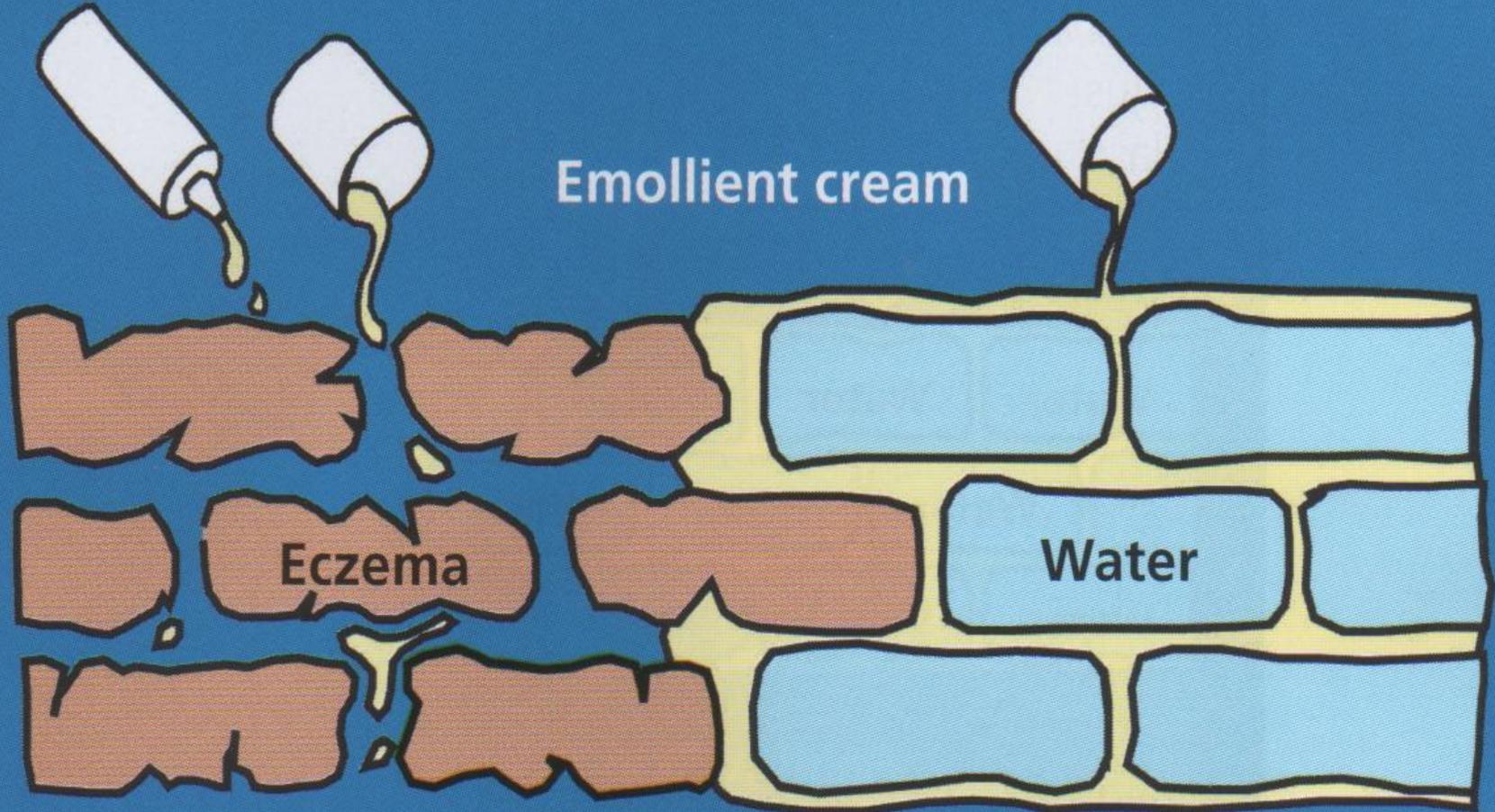
Skin Repair – With Emollients

Emollient bath oil

Emollient cream

Eczema

Water



Infections

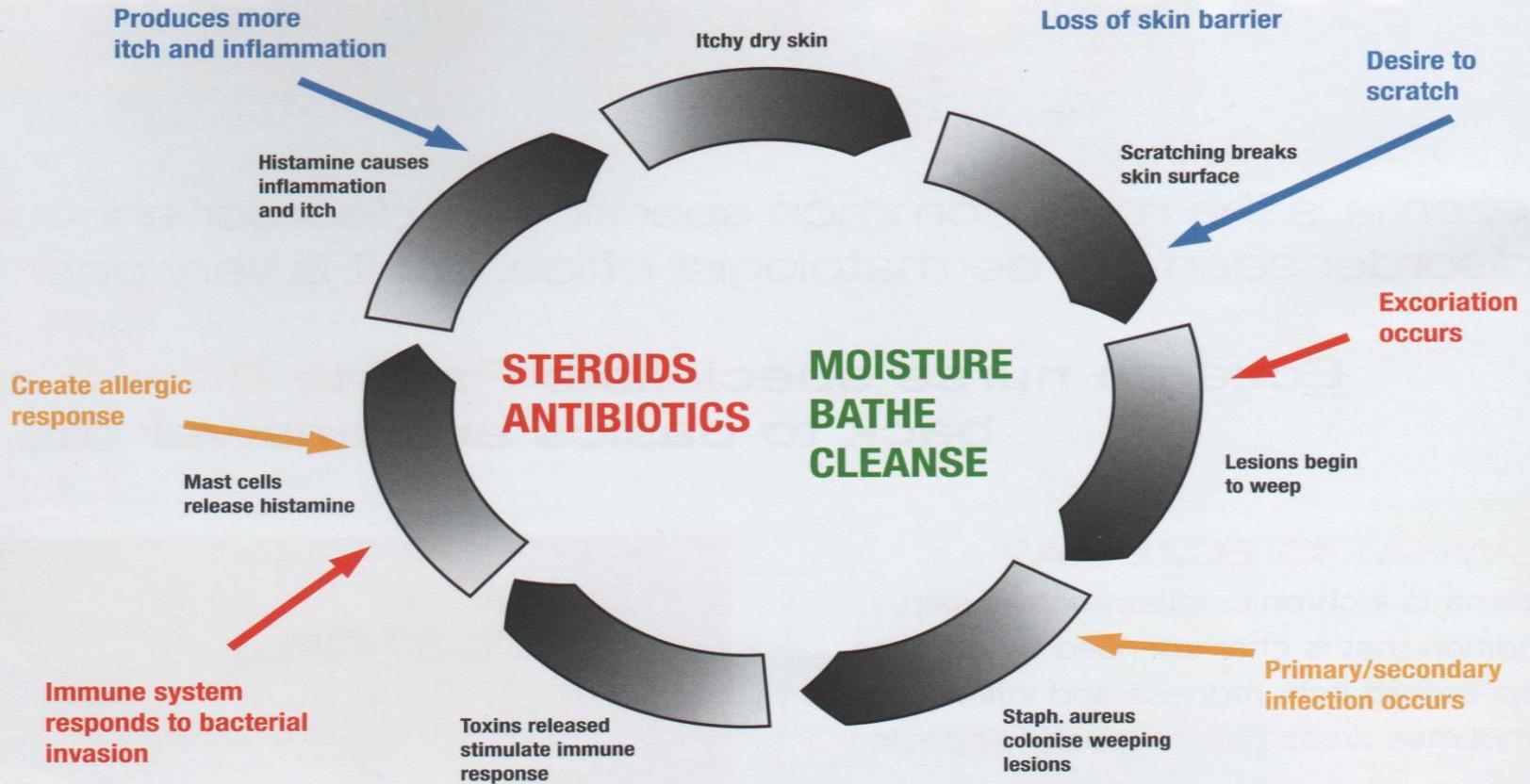
- ▣ Weeping open cuts from scratching
- ▣ Yellow crusts
- ▣ Increased itch
- ▣ Pustules, boils or abscesses
- ▣ Unpleasant smell
- ▣ Fever
- ▣ General unwellness

Staphylococcus aureus

- ▣ Staph infections play a major role in the flares and exacerbation of eczema
- ▣ Staph not only causes infection but it releases a potent toxin
- ▣ Toxin stimulates the body's immune response to release histamine, which in turn causes inflammation and itch.

THE VICIOUS CIRCLE OF ATOPIC ECZEMA

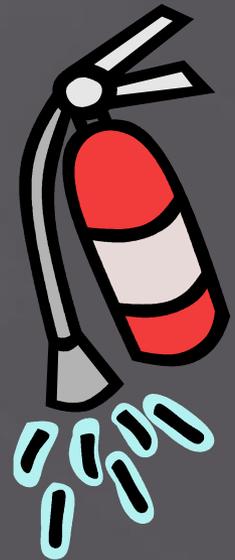
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Steroids

- ▣ Reduce inflammation/redness
- ▣ Lowest Strength to clear eczema
- ▣ Apply to only red areas
- ▣ Use in adequate amounts (not sparingly)
- ▣ Use 2 times daily until redness is gone

- ▣ Use of stronger preparation preferable to ongoing use of milder preparation
- ▣ Should not be used continuously for week/months without supervision
- ▣ Always continue moisturiser use



The potency of steroids:

Steroid	Relative Potency	Potency	Funded
1% Hydrocortisone	1	Mild	Yes
Eumovate	25	Moderate	No
Aristocort		Moderate	Yes
Advantan	100	Potent	Yes
Locoid® (Hydrocortisone butyrate 0.1%)	100	Potent	Yes
Beta® (Betamethasone valerate 0.1%)	100	Potent	Yes
Elocon® (Mometasone furoate 0.1%)	175	Potent	Yes
Dermol® (Clobetasol propionate 0.05%)	600	Very Potent	Yes

Wet wrapping

Useful for inpatient management

Ongoing use for more than 2 weeks has little benefit over creams alone

Limited data proving benefits in outpatient settings compared with correct use of creams alone.

Prevention

- ▣ Use emollients preventatively to control eczema
- ▣ Recognise irritants
 - apply a barrier

Re-apply to affected areas just before going to sleep

Continue to use moisturiser in the bath and on the skin once a day even when eczema is well controlled

Always wash hands

Keep nails short and clean

Wash bed linen regularly in hot water

Clean change of clothes after each bath

EVERYDAY CARE PLAN

- ▣ Prevention
- ▣ Emollient Regime
- ▣ Bathing

FLARING TREATMENT PLAN

Increased dryness, itch and/or redness

- ▣ Moisturiser Regime

 - increase frequency of application

- ▣ Commence steroid

- ▣ Bathing

 - add Oilatum/QV flare up

- ▣ Oral AB's

▣ New Children's Eczema Service for MidCentral.....



Objectives

- ▣ Provide direct access to the service from community referrers
- ▣ Provide children and families/caregivers affected by eczema with improved access and choice of provider
- ▣ Contribute to the provision of consistent and collaborative management of children with eczema and/or skin infections between health care professionals and across sectors

- ▣ Enhance knowledge of eczema management among health professionals
- ▣ Provide children and their families/caregivers with the knowledge to confidently manage eczema

- ▣ Palmerston North and Horowhenua Clinics initially
- ▣ Nurse Led
 - Paediatrician oversight
- ▣ Initial consultation – 90mins
 - action plan
- ▣ F/U phone contact
- ▣ F/U consultation 4-6 wks later
- ▣ Discharge back to GP

Entry Criteria

- ▣ 1- 15 years
- ▣ Referral from Health Professional
- ▣ Eczema, poor skin integrity, not responding to management instigated by their primary health professional, and/ or;
- ▣ Family/ caregiver identifies that they need education and support to manage the above conditions and/ or impacts on their daily living.

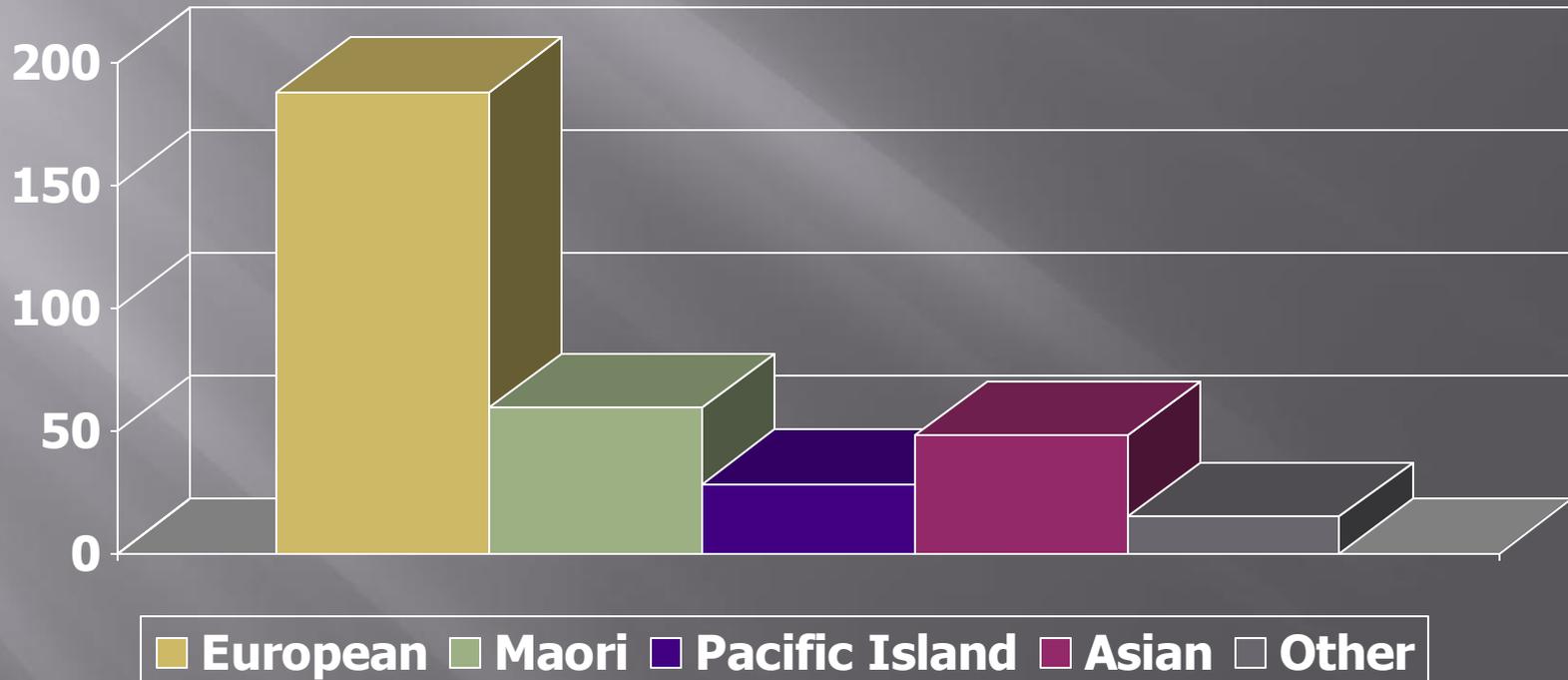
Nurses Key in Eczema Management

- ▣ Buenos Aires October 2005
- ▣ Australian randomised controlled study
- ▣ Nurse led appears to be more effective than clinic lead by Dermatologist
- ▣ For reducing severity of eczema in infants, children and adolescents

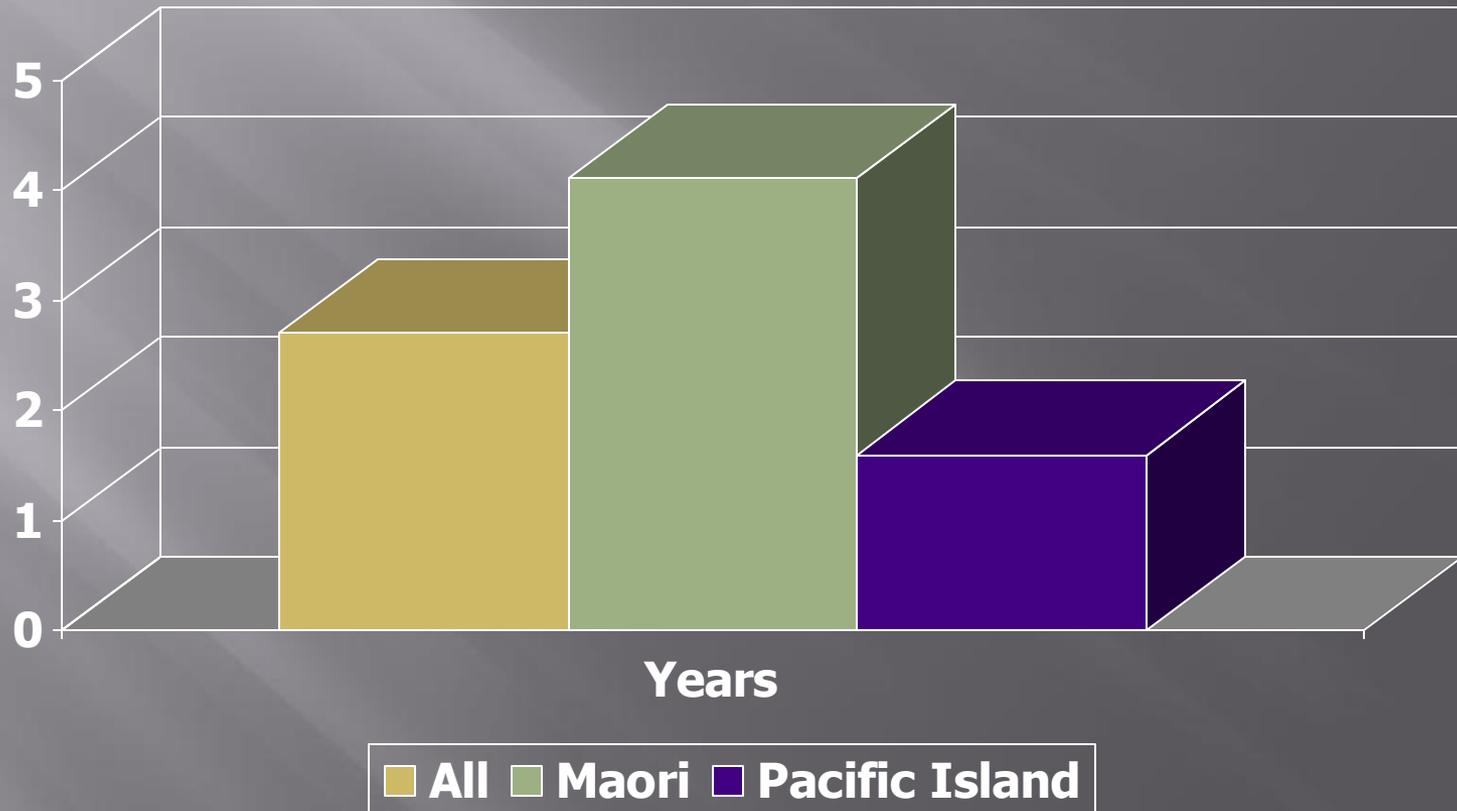
- ▣ 49 children newly referred to the Royal Children's Hospital in Melbourne were treated by nurses
- ▣ 50 other children were treated by dermatologists and paediatricians
- ▣ 76% improvement in eczema severity and use of management in the nurse clinic compared to 12% in the dermatologist clinic
- ▣ Key factor was consultation time

CCDHB ECZEMA SERVICE

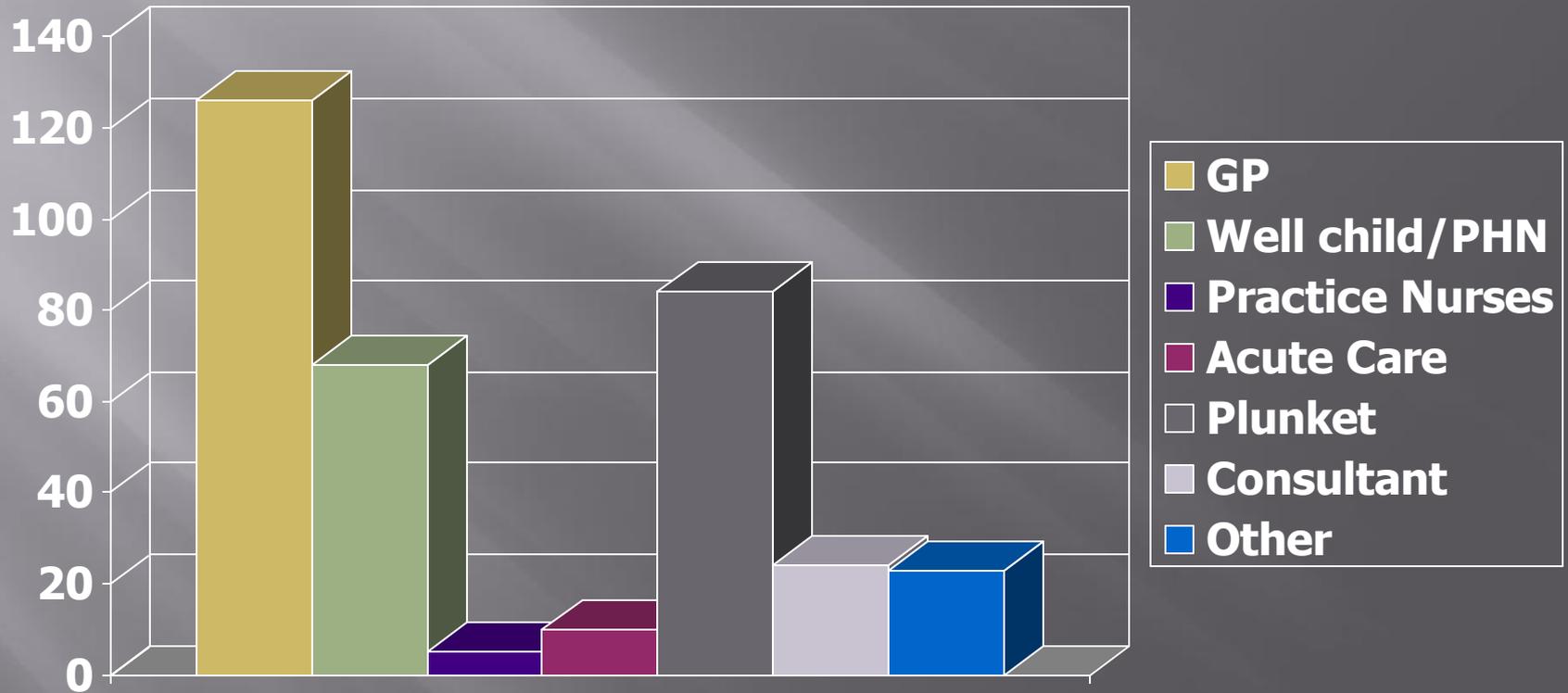
Ethnicity



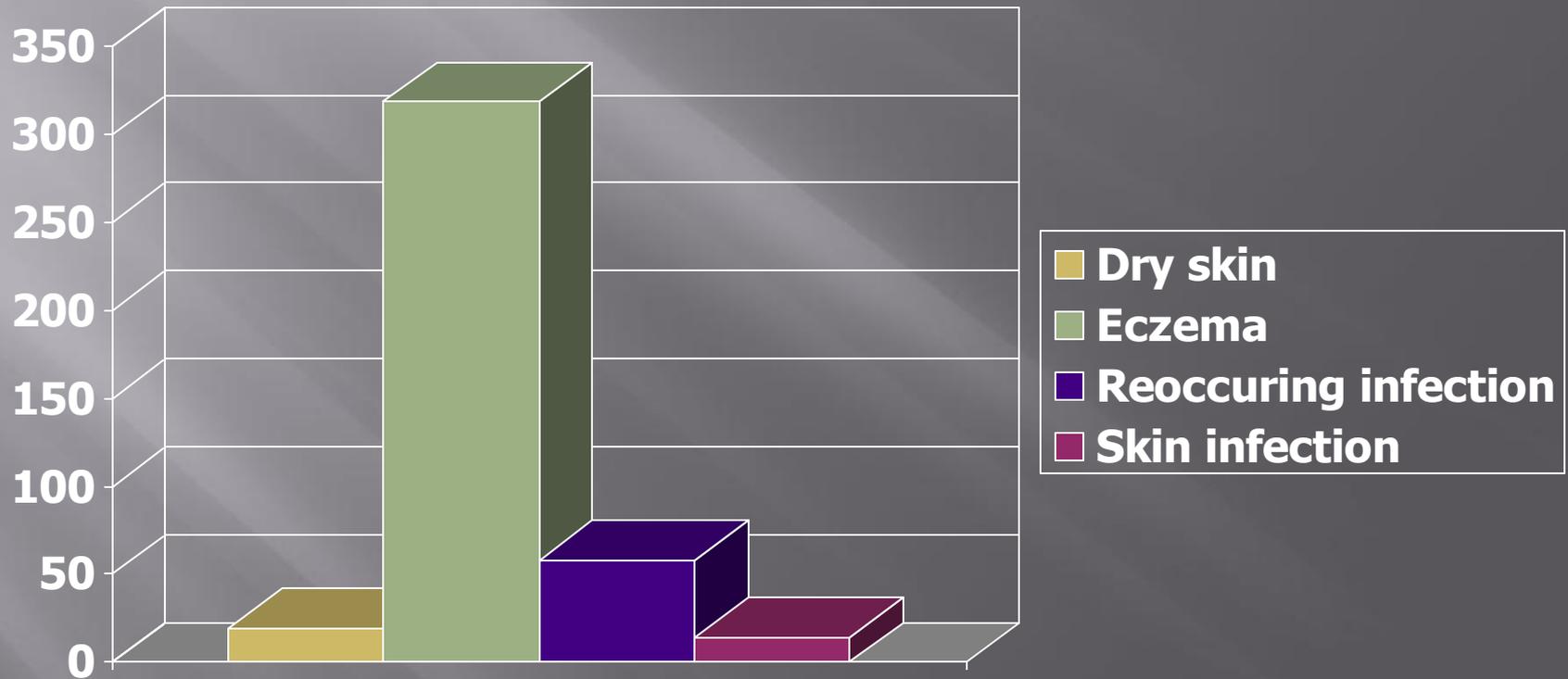
Average Age:



Referral Agency:



Reason for Referral:



Itchy Kids

www.itchykids.org.nz



References:

- ❑ Starship children's health Clinical Guideline. Eczema. www.starship.co.nz
- ❑ Capital Coast DHB Clinical Guidelines. www.ccdhb.govt.nz
- ❑ Brown, P. (2010). Taking the itch out of eczema. Treatment solutions demystified, LOGIC, 9(3) pp. 8-14
- ❑ Brown, P and Rickard, D. (2011). Eczema: its no small itch, Allergy today, 135 pp. 33-36
- ❑ Rickard, D. Research of the Nurse Eczema Clinics for Children & Families in Wellington. Power point presentation.

