



TIPS FROM THE AUSTRALASIAN COLLEGE OF DERMATOLOGISTS



Look after your skin

- Avoid soaps and use soap substitutes which are less alkaline and similar to the pH of the skin.
- Avoid perfumed bubble bath and scented bath salts.
- Add non-perfumed bath oil to bath water but extra care will be needed because of slipperiness.
- Depending on the outside temperature, apply as greasy a moisturiser as possible all over, soon after coming out of the bath. Emulsifying ointment can be mixed with varying amounts of water by the chemist.
- Apply moisturisers once or twice daily, usually as a long-term preventive particularly when the skin is dry.
- When the skin is very inflamed, applying wet bandages over ointments or creams for 30 minutes will give better relief. Examples of "wet bandages" include Tubifast-type bandages or wet combine bandage for limbs, a damp singlet or cotton sweatshirt for the body, a damp bandana for the scalp and a damp scarf for the neck.
- Cool compresses may provide immediate relief for very itchy areas.
- Avoid frequent hand washing if there is involvement of the hands.
- People with a history of eczema may be more prone to developing irritant contact dermatitis in occupations involving lots of wet work, such as hairdressing, nursing, food handling and cleaning. They should be advised to use gloves to protect their skin as much as possible.



Reduce inflammation

- Topical cortisone ointments (generally preferred to creams as they are more moisturising and do not require preservatives) are the mainstay of treatment for atopic dermatitis. The dermatologist or doctor will select the appropriate strength of cream to use on different parts of the skin. On the face, under arms and groin areas the weakest preparations will be used. Topical calcineurin inhibitors may also be used.
- The treatment must be applied (usually twice daily) until the active dermatitis has completely cleared. This also reduces the likelihood of a rebound flare-up.
- If the dermatitis is more severe, oral medications may be needed. Discuss options with the treating dermatologist or doctor.



Control infection

- A swab of the skin may be taken to identify the cause of the infection and antibiotics prescribed, as appropriate.
- If bacterial infections are recurrent: the nostrils may be treated with an antibiotic ointment; diluted bleach baths twice per week may also help. Options should be discussed with the treating dermatologist or doctor.
- Let the doctor or dermatologist know if the infection is not responding to treatment.



How is severe Eczema treated?

Additional measures that may be used to control severe eczema are available but talk with your dermatologist about these and stay tuned for exciting new developments in eczema management.



What about the impact of Eczema?

The impact of eczema on individuals and families in Australia is often misunderstood and vastly underrated. Skin conditions, primarily eczema, are rated in the top 5 of causes of non-fatal disease burden according to the World Health Organisation. This means that the impact on quality of life is significant. It affects people physically, financially, socially and psychologically.

Many individuals and their families are experiencing social isolation, anxiety, confusion and deteriorating health due to the lack of social support services specifically targeting those with complex and chronic allergic/skin diseases.

Our member contribution to the World Skin Health Day campaign highlights some of the ways eczema impacts everyone.

Reach out to Eczema Support Australia for more information, advocacy and connection.