

## Atopic dermatitis, infantile eczema, flexural eczema, patient instructions

Atopic dermatitis (eczema, dermatitis) is a long-term skin condition that typically begins in childhood. The dermatitis symptoms vary. Many patients with dermatitis also suffer from allergic rhinitis and asthma. Around half of the children with atopic dermatitis will later develop a respiratory allergy. Good treatment may reduce the risk of developing the allergy, but it will not eliminate it.

### Cornerstones of treatment

- The treatment of dermatitis is based on sufficiently effective and long-term topical therapy.
- You should avoid any factors that have been found to cause the allergy.
- Applying basic emollient cream on the skin 1–2 times a day. Moderately greasy products that are effective in binding moisture are best. These include emollient creams that contain urea and/or glycerol.
- Skin infections should be treated with cortisone cream or other ointments intended for treating inflammation (tacrolimus, pimecrolimus) until dermatitis has settled. After this, preventive treatment may be continued as necessary based on your doctor's instructions, for example on 2 days per week on the skin areas typically affected to prevent the recurrence of dermatitis. This may be continued for up to several weeks. In other cases, there should be a pause between courses of treatment with the duration of at least one course of treatment.
- In some cases, severe inflammation is treated with a course of oral cortisone.
- If the dermatitis is crusted and secretes pus, you must wash the area with soap every day.
- A bacterial skin infection is treated with a course of antibiotics if necessary.
- Antihistamine tablets can be used in an effort to soothe skin itching, and as antihistamine can make you feel sleepy, it can be taken for a brief period in the evenings.
- You should wear light and roomy clothing. Avoid materials that make you itchy and sweaty.

- Sunlight and airbathing are recommended (climatotherapy). UV radiation suppresses immune response. However, you should protect yourself against the sun.
- Light therapy can be used for severe cases of dermatitis 2 to 3 times a week after the worst inflammation has subsided.
- In some cases, treating severe dermatitis requires oral medication, such as methotrexate, cyclosporin or dupilumab.

## **Self-care**

- Avoid any stimuli that you have noticed to cause skin irritation.
- Avoid scratching the area, as it makes the itching worse. Dabbing the area and applying cold towels may reduce itching.
- Cut your nails short.
- Keep your bedroom temperature at around 20 degrees Celsius and wear nightwear made of thin fabric to avoid sweating.
- Use a lot of skin creams and apply in the direction of hair growth.
- A heavy ointment is suitable for treating chronic, lichenified dermatitis. Light cream is suitable for oozing skin, while a light emollient cream can be used for an emollient wash. Emollient creams are less heavy and seal moisture on the skin. Apply cream on your skin 1–2 times a day and always after showering and washing.
- Learn to know when your skin is infected: the skin feels hot, is flushed or sensitive, papules seeping liquid appear on the skin.
- If the dermatitis gets worse, use a cortisone cream or tacrolimus ointment 1–2 times per day for 1–2 weeks or according to your doctor's instructions.
- After exercising, rinse the sweat from your skin with a lukewarm shower. Apply emollient cream.
- You should pay attention to the effect of stress and anxiety on your dermatitis and think about ways to manage it.