Caregiver Education Of Atopic Dermatitis In Children[1]

Video: https://youtu.be/ISrSP-btSkc?si=nN1tyt0IcM_w_3lO

My child has just been diagnosed with atopic dermatitis. What do I need to know?

Atopic dermatitis, also called "eczema" or “AD” for short, is a long-lasting skin condition that tends to come and go. It causes dry, red, and very itchy skin. Most children grow out of eczema as they get older, but some people continue to have it throughout their lives. There are many well-studied treatments and strategies to manage AD symptoms.

Why do some people get atopic dermatitis?

Atopic dermatitis happens when genes and environmental triggers damage the skin's protective barrier, disrupt the immune system, and upset the balance of bacteria on the skin. It occurs more often in children whose family members have eczema, asthma, or allergies. However, some patients develop it even without any family history of these conditions.

How can I better understand atopic dermatitis?

Atopic dermatitis is a skin condition that makes your skin red, dry, and very itchy. Think of your skin like a brick wall that protects your body. In atopic dermatitis, this wall has cracks in it. These cracks let things that normally stay outside—like dust, pollen, and germs—sneak inside your skin. When these things enter, your body thinks they're dangerous invaders, so it tries to fight them off. This causes redness and swelling, which is called inflammation. The inflammation makes your skin feel itchy.

Here's where things get tricky. The inflammation not only makes your skin itchy but also weakens the skin barrier further. Also, scratching makes inflammation worse and bigger cracks in your skin wall. The bigger cracks let even more dust and germs inside. This makes your body fight harder, which makes your skin even more inflamed and itchy. So, the more you scratch, the itchier your skin gets, and the more you want to scratch... it’s a vicious “itch-scratch” cycle!

Can atopic dermatitis be cured?

Unfortunately, we don’t yet have a cure for AD, but it can be effectively managed with an appropriate treatment plan, such as the Atopic Dermatitis Action Plan.

How do we treat my child’s atopic dermatitis?

The main goals of treatment in AD are to strengthen the skin barrier and calm down the body's immune system to prevent flares and reduce itching.

An important foundation is routine gentle skin care including the liberal use of moisturizers, as these help to strengthen the skin barrier. Moisturizers should be applied at least twice daily and right after water exposure such as showering or bathing. In general, thicker moisturizer is better, so ointments are better than creams and creams are better than lotions.

Special anti-inflammatory medications that can be applied to the skin are another important part of management. These medications include steroids, calcineurin inhibitors, PD4-inhibitors, JAK inhibitors, and aryl hydrocarbon receptor modulators. Not only do these treatments relieve symptoms, but they can also change how the disease progresses over time. Patients may use these agents only during flares, or regularly as well to keep the skin under control, depending on their treatment plan.

My child often gets AD flares. What should be done?

Continue regular, gentle skin care with liberal moisturizer use and avoidance of triggers. Use topical anti-inflammatory therapies as directed by your health-care provider and watch for signs of infection. Feel free to ask for a personalized version of an Atopic Dermatitis Action Plan to keep track of the steps!

When should treatment for flares begin and how do I know when I should stop treating it?

Atopic dermatitis flares should be treated as soon as they are noticed, for instance, at the first signs of itch, redness, and scaling. The skin should be completely clear before stopping treatment. Stopping too early can cause the skin to quickly get worse again. This common problem can be prevented by treating for the full recommended time.

How much topical corticosteroids should be used?

One fingertip unit (FTU) is the amount of cream, gel or ointment from the fingertip to the first bend in the finger. This will generally cover an area equal to two palms.

What should I know about topical corticosteroids, aren't they dangerous?

There are many different types and concentrations of topical corticosteroids. They are divided into 7 classes based on their strength, with Class 1 being the strongest and Class 7 being the weakest. They are carefully prescribed based on what part of the body is affected to treat AD. Side effects may include skin thinning, stripes on the on the skin, or lighter areas of skin, but these actually don't happen very often and are more likely to occur if using a lot of strong steroid over a long period of time.

How long does it take for flares to clear?

Even if the treatment plan is followed perfectly, atopic dermatitis flares can take several weeks to resolve. Be sure to continue the recommended therapy until the skin is fully cleared.

Are there any things my child should avoid to prevent flares?

Yes, it’s important to identify and avoid triggers wherever possible. Common triggers include fragrances in soaps and other self-care products, fabrics such as wool, overheating and sweating, as well as dry, seasonal weather. People often ask about food allergies causing atopic dermatitis. Children with atopic dermatitis have higher rates of food allergy, but atopic dermatitis is not caused by food allergy. While limiting certain foods that seem to trigger flares might be helpful, completely avoiding them puts your child at risk for developing a serious allergic reaction. If you suspect a certain food may be triggering your child’s eczema, talk to your health-care provider to see if allergy testing may be right for you. Even when triggers are strictly avoided, flares can still occur.

After the AD flares have cleared, I have noticed some white or dark spots on my child’s skin. Are they harmful?

No, these spots are not harmful and will usually fade with time. Atopic dermatitis can lead to what we call “post-inflammatory hypo- or hyperpigmentation,” which causes lighter or darker areas of skin. Usually, this is caused by the inflammation from AD, not the treatment.

What is the biggest barrier to treating atopic dermatitis??

Great question! The biggest barrier is consistently sticking to the treatment plan, also known as “adherence”. Managing atopic dermatitis is a lot of work! Some people do not like the feel of the creams or find it difficult to consistently apply a lot of moisturizer and topical therapy.

It is important to find solutions that work for families long-term. If you’re having trouble with your treatment plan, or have any questions or concerns about it, then talk to your health-care provider — it may be possible to tweak it or to come up with strategies together. This is why health care provider counselling and caregiver education are so important — they can help to improve adherence!

Would allergy testing be helpful for my child?

If you suspect that an environmental allergy such as dust mites, animal dander, or pollen is contributing to your child’s eczema, then testing may be helpful.

But when it comes to food, broad panel allergy testing is not recommended without specific signs of a true, so-called “IgE-mediated" allergy such as hives or shortness of breath, which are different from a flare of eczema. If you are concerned about a particular food, that is worth discussing with your health-care provider.

Unfortunately, some patients are offered an IgG food sensitivity blood test. While it may seem helpful, this test has been widely disproven, and almost all patients get positive test results to multiple foods even though they are not truly allergic. This leads to families unnecessarily avoiding healthy foods and putting their child at risk to develop food allergies.

Would a particular diet be recommended for my child with atopic dermatitis?

There is no special diet recommended for children with atopic dermatitis. Restrictive diets without clear signs of a true food allergy can often do more harm than good. Talk to your health-care provider if you are concerned about a specific food.

Is there anything else I should know?

As per the Atopic Dermatitis Action Plan, it's important to contact a health-care provider if there are any signs of infection or if there is a significant impact on quality of life such as difficulty attending school, sleeping, or concentrating. It's important to allow enough time for treatment to take effect as flares can take several weeks to resolve.

References

1. Weinstein M, Barber K, Bergman J, Drucker AM, Lynde C, Marcoux D, Rehmus W, Cresswell-Melville A. Atopic dermatitis: a practical guide to management. *Health Care Provid Resour.* 2016:1-2.
2. Cork MJ, Danby SG, Vasilopoulos Y, et al. Epidermal Barrier Dysfunction in Atopic Dermatitis. *J Invest Derma.* 2009;129:1892-1908.

Links

- American Academy of Dermatology: http://www.aad.org/
- Canadian Dermatology Association: http://www.dermatology.ca/
- The Eczema Centre: http://www.eczemacenter.org/
- The Eczema Society of Canada: https://eczemahelp.ca/about-eczema/treating-eczema-atopic-dermatitis/
- National Eczema Society – UK: http://www.eczema.org/

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