Lothian NHS Board

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Date: 17/05/2024
Your Ref:
Our Ref: 8686

Enquiries to : Richard Mutch
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Dear

FREEDOM OF INFORMATION – ECZEMA

I write in response to your request for information in relation to eczema within NHS Lothian.

Question:

- What advice does your hospital's dermatology department issue to patients with eczema regarding the amount of moisturizer that should be applied to patients?

- What advice does our hospital's dermatology department issue to patients with eczema regarding the amount of steroid cream/ointment that should be applied to patients?

- Please provide examples of the advice if the answers are affirmative. Leaflets: For any leaflets issued please can these be emailed to us if a pdf/word version is available. If it is not, please post them to us.

Answer:

Bespoke advice is given to all our patients in clinic depending on their dermatological diagnosis. We often check what emollient they are using, whether it suits them and how much they are using. Additional advice from nurses may be given to those patients referred to the dressings / day care treatment unit.

An information leaflet is also available on the British Association of Dermatologists website: Emollients-PIL-January-2023-.pdf (bad.org.uk)

Here is the link to the BAD leaflet on topical steroids also Topical-corticosteroids-Feb-2024.pdf (bad.org.uk) and further documents are enclosed.

Bespoke advice is also given in clinic routinely to patients requiring topical steroids regarding potency, site, frequency and quantity of application.

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible.

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing, Midwifery and AHPs
Cc: Chief Executive
Enc.

NHS Lothian

Department of Dermatology

Instruction on how to use topical treatments to treat your child's eczema

A soap substitute should be used to wash your child's skin as soaps can irritate the skin. When the skin is broken or weeping Dermol 500 should be used as this contains an antiseptic. If the child's skin does not have any broken areas a moisturiser should be used such as Hydromol ointment or Zerodouble gel.

Moisturisers (or emollients) are the most important part of your eczema treatment and should be applied regularly. They should be applied even when there is no active eczema. They soften skin and help to restore barrier function. There are many available moisturisers ranging from light gels to heavier ointments. The best moisturiser is the one that your child likes, suits their skin and they are happy to use. A child will require between 250 grams to 500 grams per week, depending on their size.

All topical treatments should be applied in a downwards motion in the direction of hair growth to prevent folliculitis (where spots develop at the hair follicles).

Apply the topical steroid, either in a thin layer so it is just glistening on the skin or by using fingertip units*, to affected areas on trunk and limbs. The steroid can be used for 7-10 days. Steroids should be continued for 48 hours after inflammation has settled, then applications should be reduced in frequency by reducing applications to every 2nd day for one week then every 3rd day for one week. If topical steroids are stopped abruptly, it can cause a rebound flare of eczema. If the eczema flares quickly after stopping the steroid, it can be used as a twice weekly maintenance on two consecutive days in the week e.g., Saturday and Sunday, returning to a 7-10 day course for flares.
For facial flares a weaker steroid should be used for approximately 5-7 days, again slowly reducing frequency of application.

*Finger tip unit (FTU) guide

Body area	**FTU age 3-6 months**	**FTU age 1-2 years**	**FTU 3-5 years**	**FTU 6-10 years**	**Qty (**) grams**
Face and neck	1	1.5	1.5	2	15
Arm and hand	1.5	1.5	2	2.5	15g-30g
Leg and foot	1.5	2	2	4.5	15g-30g
Trunk - front	1	2	3	3.5	15g-30g
Trunk – back and buttocks	1.5	3	3.5	5	15g-50g

** Qty = Estimated quantity of corticosteroid ointment.
Quantities are based on single daily application for 2 weeks. Estimates are based on the number of adult finger tips units (FTUs) of cream to treat the area. 2 FTUs are about the same as 1g of topical steroid.

Department of Dermatology

Instruction on how to use topical treatments to treat your child's eczema

If a topical calcineurin inhibitor has been prescribed such as Tacrolimus or Pimecrolimus, it should be applied at night to avoid sunlight, the first couple of applications may sting and it cannot be used on infected skin. Signs of skin infection include weeping, golden crust, pus filled blisters, fever and rapidly worsening eczema with no response to treatment.
Calcineurin inhibitors cannot be occluded therefore; no topical treatments should be applied for 2 hours after their application. After the initial treatment, which can be daily for 3-4 weeks, they can be used as a twice weekly maintenance on two separate days in the week e.g., Saturday and Wednesday, returning to longer course for flares.

Ichthammol may be prescribed to help reduce itch. This is a bland treatment that does not contain steroid. There are two types of ichthammol. One contains zinc which is more effective when there is chronic eczema, where the skin has become slightly thickened (lichenified). This works best when it is mixed with a small amount of moisturiser to soften it slightly and this stops it from drying out the skin. Mix a large spoonful of 1% ichthammol & 15% zinc in yellow soft paraffin with a small teaspoon of 50/50 white soft paraffin/liquid paraffin moisturiser. Spoons should be used instead of hands to avoid infection. This can then be applied in a thickish layer and therapeutic garments (ready to wear leggings and long sleeve vests designed to hold creams next to skin) can be worn on top. It is best used at night as it is slightly messy however; it can be used through the day of required. In the morning, any Ichthammol that remains on the skin can be removed with some fragrance-free baby oil.
1% ichthammol in yellow soft paraffin is more moisturising and more appropriate for use throughout the day and can be used alongside or in place of the child's usual moisturiser.

Video Links:

- How to Apply Topical Steroids: https://youtu.be/RFkL1c0sh7I
- How to Apply Emollients: https://vimeo.com/channels/1686586
- How to Apply Ichthammol Paste: https://vimeo.com/channels/1686586

Useful resources:
http://www.nottinghameczema.org.uk/information/index.aspx
https://www.eczemacareonline.org.uk/en?language_set=1

Paediatric Dermatology Clinic
Department of Dermatology
Lauriston Building, Lauriston Place, Edinburgh, EH3 9HA

Eczema Advice Sheet

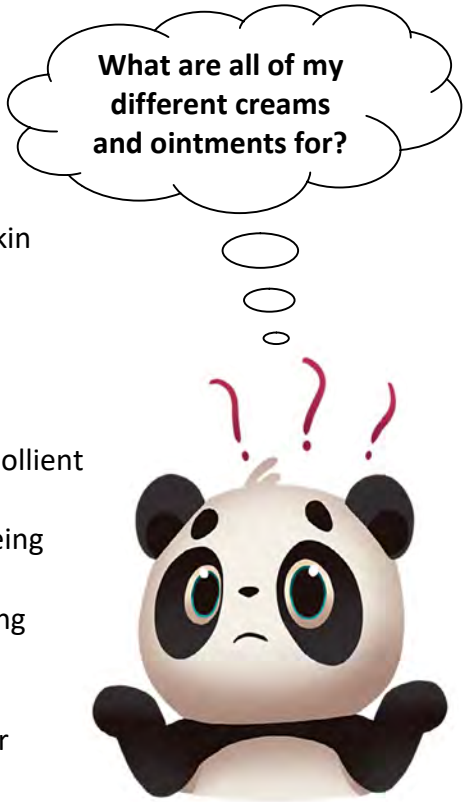
Information for patients, parents and carers

Introduction

Eczema (atopic dermatitis) is an inflammatory skin condition with symptoms that include dryness, itching and reddened skin patches. It is an autoimmune condition that often runs in families. It is usually **not** caused by food allergies. Eczema may go away by itself, but there is no immediate cure and the aim of our treatment is to get better control of the eczema using topical (applied onto skin) treatments.

We hope the following will help you use these treatments effectively and with more confidence.

Emollients (moisturisers)



Emollients are used to moisturise the skin and help it to do its main job which is to act as a barrier, keeping water in and infections out. Emollients are the mainstay of treating eczema well. They work best when used regularly and long-term. They are very safe to use often and liberally, typically once or twice daily. Generally speaking, creams are better when skin is weeping or oozing, whereas ointments are better when skin is dry and flaky.

Tips:

- Remember to wash hands before use
- When using a tub (not a pump dispenser) use a spoon to take the emollient out to reduce possibility of infection
- Often best applied after bathing to slightly wet skin (typically after being lightly patted down with a towel, but not when completely dry)
- Should be applied in the direction of hair growth (downward), avoiding rubbing moisturiser back and forth
- Expect to use 250g-500g a week
- If you do not like the emollient you have been prescribed, try another
- Regular treatment can be arranged with school/childcare
- If you regularly stay at a relative's house, keep a supply of your treatments there too.

Fire risk - ointments containing white soft paraffin and emulsifying ointment are easily ignited with a naked flame or cigarette.

Soap substitutes

Do not use soaps, shower gels, bubble baths, shampoos, or anything that makes bubbles. These can strip the skin of essential substances like oil, drying out the skin. Washing too often (more than once a day) can make the skin dry out further.

Soap substitutes do not do this and are much better for children with sensitive skin.

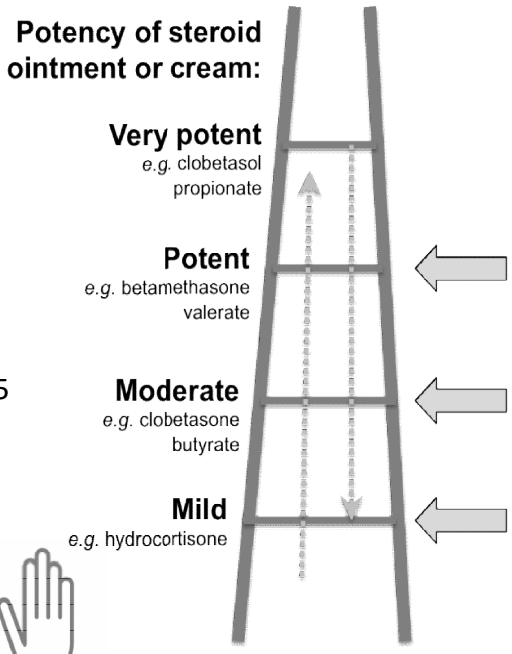
Steroids

These treat inflammation and reduce redness and itch. They are the most effective treatments for eczema and there are many different strengths. They are very safe treatments when used correctly.

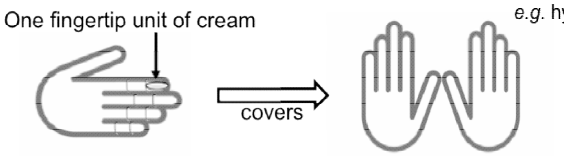
It is best to apply topical steroids either:

- By using the finger-tip method (more precise) or
- Just enough so that the area affected is glistening with no gaps (quicker)

They are best applied either just after bathing or approximately 30-45 minutes after a moisturiser. We find that often people use too little steroid rather than too much.



Finger-tip unit: squeeze ointment from the tube **along** front the tip of your finger to the first joint. One finger-tip unit will cover an area the size of **two** adult hands.



Calcineurin inhibitors

This is an option we sometimes try for children who need long term steroids. Calcineurin inhibitors tend to be very safe, but often sting in the first week. They can be used daily for much longer periods of time. They are not as powerful as the strongest steroids during severe flares. There is no proven risk of long-term harm, but theoretically there is the possibility of increased risk of skin cancer so sunscreen is recommended.

There are 2 strengths:

- Weaker — Tacrolimus (Protopic) 0.03%, Pimecrolimus (Elidel) 1%
- Stronger — Tacrolimus (Protopic) 0.1%

Anti-histamines

Unfortunately, these usually do not help eczema as the itch is not entirely due to histamine. They do indeed help hay fever, hives, and minor food allergies as these are linked to histamine. For children with eczema, sedating anti-histamines at bedtime are the most effective as they can make your child sleepy.

Useful websites

British Association of Dermatologists: www.bad.org.uk

Patient support organisations

National Eczema Society: https://eczema.org

Eczema Outreach: www.eos.org.uk

Eczema Care Online: www.eczemacareonline.org.uk

Anti-bullying websites

Kidscape: www.kidscape.org.uk

Family Lives: www.familylives.org.uk/advice/bullying

Anti-Bullying Alliance: https://anti-bullyingalliance.org.uk