

Topical treatments for your child's eczema

Information for patients

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 your child's skin does not have any broken areas a moisturiser can be used such as Hydromol ointment or Zerodouble gel or a shower emollient such as QV gentle wash.

Moisturisers (or emollients) are the most important part of your child's 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 (torso) 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.

*Fingertip unit (FTU) guide

Body area	FTU age 3-12 months	FTU age 1-2 years	FTU 3-5 years	FTU 6-10 years	FTU 10 years- adult
Face and neck	1	1.5	1.5	2	2.5
Arm and hand	1.5	1.5	2	2.5	4
Leg and foot	1.5	2	2	4.5	8
Trunk - front	1	2	3	3.5	7
Trunk – back and buttocks	1.5	3	3.5	5	7

Estimates are based on the number of adult fingertips units (FTUs) of cream to treat the area. 2 FTUs are about the same as 1g of topical steroid. One FTU is enough to treat an area of skin twice the size of the flat of an adult's hand with the fingers together (i.e. a 'handprint').

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 (covered) ; 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 (which is unlicensed** for use in children) 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 if 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 and How to Apply Ichthammol Paste:** <https://vimeo.com/channels/1686586>



Useful resources

- **Nottingham Eczema website:** www.nottinghameczema.org.uk/information/index.aspx
- **Eczema Care Online website:** www.eczemacareonline.org.uk/en?language_set=1



****What does using an unlicensed medication mean?** The Medicines and Healthcare products Regulatory Agency gives licenses for medication which is called Marketing Authorisation. This is given once the drug has had checks to ensure it is safe and effective. Many medicines are only tested on adults, which means they are not given a license for treating children. The use of unlicensed medicines is often necessary when treating children when there is no suitable alternative. These medicines should only be prescribed when the patient has a clinical need that cannot be met by a licensed medicine. Before prescribing an unlicensed medicine, the prescriber should be satisfied that there is a sufficient evidence base and/or experience of using the medicine to show its safety and efficacy.