NHS Waltham Forest CCG: Prescribing Advice for the Management and Treatment of Atopic Eczema in Children

**Atopic Eczema - chronic relapsing nature**

**General care management**

**General principles**

Give information for patient education – Please refer to the NHS Choices: Atopic eczema link.

- Patients to avoid irritants such as perfumes, detergents, soaps, toiletries, cosmetics, certain fabrics (e.g. synthetic fibres), extreme temperatures
- Keep nails short and avoid scratching
- There is no benefit to dietary modification without confirmed food allergy. Exclusion diet therefore not recommended

**Maintenance Treatment: Emollients**

There is no evidence from trials to support one emollient over another. Choice based on patient preference and costs. For the Waltham Forest Emollient Formulary please click here.

- Use emollients all the time even when skin clear 3-8 times per day
- Avoid aqueous cream for soap substitute/emollient due to skin reactions.
- Ointments are better than creams for dry skin, but may be less acceptable.
- To avoid contamination of emollients remove from Tub/Pot using clean spoons.
- Avoid using emollients with preservatives e.g. E45
- Bath additives are NOT recommended: include risk of falls, no evidence of efficacy
- Any emollient can be added to bath, by melting in some warm water first

**Flares**

**Flares - 1st line: Topical Steroids**

Topical steroids should be used once daily.

- Use early in flares (redness inflammation, itching)
- Use the weakest steroid that controls the disease. Step up if required after 7 days. Continue for 48 hours after flare has been controlled. Care in flexures as potency of cream increased. Max moderate potency.
- Advise 30 min gap between application of emollient and steroid in either order Avoid steroids on repeat prescription, and never put potent or very potent steroids on repeat.
- Ointments rather than creams (avoids preservatives) unless skin weeping or very moist.
- See page 2 for more detailed recommendations by product
- 2nd line: Immumnomodulators e.g. Tacrolimus/ Pimecrolimus

**Bacterial Infection**

Sudden worsening, crusting, weeping, pustulation, cellulitis

- 1 Small area: Fucinid cream
- Larger area/ >1 area, Oral Abx 7-14 days 1st line Flucloxacillin
- 2nd line: Clarithromycin (if Pen Allergy or known resistance)
- Antibacterial/Emollient combinations not recommended (e.g Dermol)

Please refer to the WEL Primary Care Antimicrobial Guidelines for further information

**Itch?**

Children (>6 months): 1 month trial of non-sedating antihistamine can be offered but caution advised as may lead to overdose/tolerance. Should be reviewed every 3 months. Sedating antihistamines can be used for 7-14 days if sleep disturbed in an acute flare. Topical anti-pruritics not recommended: no benefit

**Moderate-severe eczema onset <6m of age**

Consider Cow’s Milk Protein Allergy (CMPA)

Consider:

- For formula fed infants start on alternative milk formula for 6-8week trial as per local guideline.
- All children with CMPA should be reviewed by a paediatric dietitian to ensure nutritional adequacy of the diet (NICE CG116,2011)
- Early discussion with/referral to Paediatrics/ allergy service

**Creams**

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<tr>
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</thead>
<tbody>
<tr>
<td>Epimax, Aquanax ZeroAQS</td>
<td>Zerocream</td>
<td>Zerobase</td>
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**Ointments**

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<tbody>
<tr>
<td>Emulsifying ointment 50:50 WSP LP</td>
<td>Hydrous ointment, Hydromol ointment</td>
<td>Diprobase ointment Zerodem</td>
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**Soap Substitutes/ Bath Additives**

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<tbody>
<tr>
<td>Emulsifying ointment</td>
<td>ZeroAQS Aquamax</td>
<td>Other emollient but NOT 50:50 WSP LP</td>
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For further guidance please refer to the WEL Emollient guidelines and formulary.

**Referral criteria:**

- Diagnostic uncertainty
- Failure to respond to topical treatment
- Recurrent secondary infections
- Suspected dietary factors
- Failure of 2 courses of Antibiotics
- Significant psychological distress (consider IAPT)
- Reaction to multiple emollients
- Contact allergic dermatitis suspected

**URGENT: ECZEMA HERPETICUM**

Same day telephone referral to duty Paediatrician/A&E

**Treatments not recommended for initiation in primary care:**

- Wet wrapping, paste bandages, Haelan tape unless advised by specialist and not if infection
- Oral steroids – if you feel may be necessary then refer
- **Tacrolimus/ Pimecrolimus – unless special interest practitioner or specialist and after discussing risks See Prescribing Advice for details**
## Preferred prescribing guidance

<table>
<thead>
<tr>
<th>Steroids - Cream/Ointment</th>
<th>Mild</th>
<th>Moderate</th>
<th>Potent</th>
<th>Very Potent</th>
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<tbody>
<tr>
<td></td>
<td>Hydrocortisone 1% (cream/ointment)</td>
<td>Clobetasone butyrate 0.05% (cream/ointment) [Eumovate®]</td>
<td>Betamethasone valerate 0.025% (cream/ointment)</td>
<td>Clobetasol propionate 0.05% (cream/ointment)</td>
</tr>
<tr>
<td>Children</td>
<td>Any area up to twice a day</td>
<td>Children: Up to twice a day. Face and flexures for severe flares max 3-5 days then reduce potency.</td>
<td>Children: Up to twice a day. Avoid face and flexures</td>
<td>Children: Never use without specialist advice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Betamethasone valerate 0.1% (cream/ointment)</td>
<td>Mometasone furoate 0.1% (cream/ointment) [Elocon®]</td>
<td>Children: Only use if inadequate response to moderate steroid and when recommended by specialist in &lt;12 months of age. Use least amount possible once a day for no more than 5 days</td>
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</table>

### Key prescribing messages for steroids:
- Ointments should be used in the first instance if cosmetically acceptable
- Creams contain more water and therefore may contain more preservatives—but they may be more cosmetically acceptable.

**Fingertip unit (FTUs): Please click here for information on fingertip units for topical steroid application**

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Acknowledgement: Pathway and content adapted from NHS Camden CCG: Atopic Eczema in Adults and Children Summary with consent.

### References


### Clinical review and input to guidance:

Dr K Gibbon Dermatology Consultant Barts Health
Clinical contact for this pathway: Dr. Tonia Myers Clinical Director Waltham Forest CCG TMyers@nhs.net.

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