



ATOPIC DERMATITIS

"Dermatitis" means inflammation of skin. "Atopic" dermatitis is a particular type of skin inflammation that is marked by dryness, associated itching, and a characteristic pattern of rash on the body. The condition is fairly common, and may occur in as many as 10% of children.

The exact cause of atopic dermatitis is unknown. In many patients, there is a family history of hayfever, asthma or atopic dermatitis itself. Rarely, atopic dermatitis in infants may be related to food sensitivity, such as sensitivity to milk, but this is often difficult to determine and manage. Food allergies early in life are often outgrown by the time the child reaches school age. In the majority of cases, however, no allergic triggers can be found.

Atopic dermatitis usually starts in infancy from the ages of 2 to 6 months. The skin is dry and the rash is quite itchy, so infants may be restless and rub against the sheets, or scratch if able. The rash may involve the face or it may cover a large part of the body. As the child gets older, the rash may become more localized. In early childhood, the rash is commonly on the legs, feet, hands and arms. As a person becomes older, the rash may be limited to the bend of the elbows, knees, on the back of the hands, feet, and on the neck and face. As the rash becomes more established, the dry itchy skin may become thickened, leathery and sometimes darker in coloration. The more the person scratches, the worse the rash is and the thicker the skin gets. Many children with atopic dermatitis outgrow the condition before school age; some continue to have problems as an adolescent or even as an adult.

Many things may affect the severity of the condition. All patients have sensitive and dry skin. Many will find that during the winter months when the humidity is very low, the dryness and itchiness will be worse. On the other hand, some people are easily irritated by sweat and will find that they have more problems during the summer months. Most patients note an increase in itching at times when there are sudden changes in temperature. Other irritants easily affect the skin of a patient with atopic dermatitis. Use of harsh soaps and detergents and exposure to wool are common problems. Sometimes atopic dermatitis may become infected by bacteria, yeast, or viruses. This is called "secondary infection." Bacterial secondary infection is the most common, and often occurs as the result of scratching. The rash gets very red with pus filled pimples and scabs. If this occurs, your doctor will prescribe an antibiotic to control the infection. A more serious complication can be caused by certain viruses. The "cold sore" virus (herpes simplex) may cause a severe rash. If this is suspected, immediately contact your doctor. Molluscum are other viruses that tend to spread rapidly in patients with atopic dermatitis.

What can I expect from treatment?

Unfortunately, there is no "magic cure" that will always eliminate atopic dermatitis. The main objective in treating atopic dermatitis is to decrease the skin eruption and relieve the itching. There are a number of different forms of medication that are used for atopic dermatitis, and medications that are best suited to control the problem will be chosen. Primarily "topical medications" (medications that are applied to the skin) will be used. Because the skin is usually excessively dry, lubricants will be prescribed that will effectively decrease the dryness. Washes for the bath need to be fragrance free and gentle, and preferably

contain hydrating ceramides such as the CeraVe hydrating cleanser. Daily bathing is a useful way to get water into the skin, but bathing should be brief (no more than 10 minutes). Effective lubricants can be used in conjunction with the bath or shower to trap moisture within the skin. Cortisone derived ointments or creams may also be suggested, and are very important in decreasing the itching and controlling the inflammation. Your doctor will suggest a cortisone treatment that is most appropriate for the severity and location of the dermatitis that is to be treated. When the area is clear, it is best to discontinue the use of the cortisone preparation, but continue the vigorous use of lubrication to try to prevent new areas of dermatitis from occurring. Of course, if itching or a new rash begins, the cortisone preparation may have to be reintroduced.

Within 3 minutes of removing the child from the bath, "pat" the big areas with a towel and while the skin is still moist apply a skin barrier repair cream (Mimyx/Atopiclair/CeraVe/Nouriva) to the rash prone areas, then the prescribed medication, then a layer of cream based moisturizer such as CeraVe Cream overall to the entire skin surface. Once the eruption is better the steroid medication can be discontinued and the skin barrier repair cream as well as the overall moisturizer should be continued on an ongoing basis.

Certain internal medicines, called "antihistamines" may help to control itching. They primarily help with the itching by introducing some drowsiness and allowing the child to sleep at night. Some systemic antibiotics are often useful as well for controlling the secondary infection, and often enable infected dermatitis to be controlled.

OTHER IMPORTANT FORMS OF TREATMENT

1. Avoid contact with substances you know cause itching. These may include soaps, detergents, certain perfumes, dust, grass weeds, wools and other types of scratchy clothing. In the winter, for example, cotton underwear or a cotton shirt may be worn under the sweater. Do not use fabric softeners such as Bounce, Snuggles or Cling-free.
2. You may bathe daily. Always use lubrication immediately after bathing, and avoid very hot or very cold water and bubble baths. When drying with the towel, pat, do not rub. Use a mild soap (such as unscented Dove or CeraVe) only where needed.
3. Try to keep the temperature and humidity in the home fairly constant. Use a bedroom air conditioner in the summer and a vaporizer in winter. It is very important that the vaporizer or humidifier be cleaned well and frequently, since molds may grow and cause allergic manifestations.
4. Try to avoid scratching. Atopic dermatitis is often called "the itch that rashes" and it is known that scratching plays a very important role in making the dermatitis worse. Keeping the nails short and well-filed, and using other measures to help to keep the child from itching are helpful.

The National Eczema Association is a wonderful organization. It sends out a quarterly newsletter that offers a lot of good information. Think about contacting them: National Eczema Association for Science and Education, 1220 SW Morrison, Suite 433, Portland, Oregon 97205, www.eczema-assn.org