NHS Bedfordshire Clinical Commissioning Group

Atopic Eczema Summary Pathway

Primary Care Management

General principles
- Avoid irritants – perfumes, detergents, soaps, toiletries, cosmetics, certain fabrics e.g. synthetic fibres, extreme temperatures.
- Keep nails short and avoid scratching
- No benefit to dietary modification without confirmed food allergy. Exclusion diet is applicable in some cases
- **Pharmaceutical specials should not be recommended**

Maintenance: Emollients

Use all the time even when skin clear at least 3 times a day
No evidence from trials to support one emollient over another. Choice based on patient preference and costs
Avoid aqueous cream for soap substitute/emollient due to skin reactions Ointments are better than creams for dry skin, but may be less acceptable.
Extract emollient from tub/pot with clean spoons to avoid contamination.
Avoid emollients with preservatives. Consider appropriate use of emollients based on patients allergy status and/or if irritation occurs.
Bath additives are generally NOT recommended.
Any emollient can be added to bath, by melting in some warm water first.

Creams

1st line:Zerobase, Zerocream, Zeroguent, Zerodouble.

2nd line: Cetraben emollient cream, cetraben lotion

Ointments

1st line: Zeroderm ointment, 50:50 WSP:LP, emulsifying ointment

Flares – 1st line: Topical Steroids*

Should be used once daily (this is Primary Care Dermatology Society guidance). Use the weakest steroid that controls the disease. Step up if required after 7 days. Continue for 48 hours after flare has been controlled. Take care when administering on flexures as the potency of cream increases; the maximum potency level should be moderate.
Advise 15-30 minute gap between application of cream/ointment and steroid in either order.
Avoid steroids on repeat prescription, and never put potent or very potent steroids on repeat.

See page 2 for more detailed recommendations by product

Bacterial Infection?

Sudden worsening, crusting, weeping, pustulation, cellulitis
One Small area: Fucidin cream
Large area or more than one area:
Oral Antibiotics for 7-14 days
1st line: Flucloxacillin
2nd line: Clarithromycin (if Penicillin Allergy or known resistance)
In pregnancy:
1st line Flucloxacillin
2nd line: Erythromycin (if penicillin allergy)
Antibacterial Emollient combinations not recommended

Itch?

Children (>6months old): NICE: 1 month trial of non-sedating antihistamine can be offered but caution advised as may lead to overuse/tolerance. Should be reviewed every 3 months. Sedating antihistamines can be used for 7-14 days if sleep disturbed in an acute flare.
Adults: Sedating antihistamine can be used for maximum of 4 days if disturbing sleep on specialist advice.
Topical anti-pruritics are not advised.

Referral Criteria:
- Diagnostic uncertainty
- Failure to respond to topical treatment
- Recurrent secondary infections
- Suspected dietary factors
- Failed courses of antibiotics
- Significant psychological distress (consider Psychiatry referral)
- Reaction to multiple emollients
- Contact allergic dermatitis suspected

*Steroid table with potency, formulary choices, age and dose range is included for reference on the next page

Generalised erythroderma or severe generalized infection, Eczema Herpeticum

Urgent Referral

Moderate-severe eczema onset <6 months of age

Consider Cows Milk Protein Allergy
Consider:
- Formula fed infant: Consider starting infant on alternative hydrolysed milk formula for 6-8 weeks trial, consider re- challenge if appropriate
- Refer to Dermatology or if diet related allergy refer to Paediatric Allergy Service

Treatment not recommended for initiation in primary care:
- Wet wrapping, paste bandages, Fludroxycortide tape - secondary care only
- Oral steroids – if you feel may be necessary then refer
- Topical tacrolimus/ Pimecrolimus – secondary care initiation or initiation by GP's with a specialist interest in Dermatology.

STEROIDS (Creams/ Ointment)	**Mild**	Hydrocortisone 1% (cream/ ointment)	**Children:** Any area up to twice a day **Adults**: Any area up to twice a day
	Moderate	Clobetasone butyrate 0.05% (cream/ointment) (Eumovate®)	**Children:** Up to twice a day. Face and flexures for severe flares max 3-5 days then reduce potency. Adults: all areas max twice a day
		Betamethasone valerate 0.025% (cream/ointment)	**Children:** Up to twice a day. Avoid face and flexures. Adults: all areas max twice a day
	Potent*	Betamethasone valerate 0.1% (cream/ointment)	**Children: Age <12 months:** specialist initiation only **Age>12 months**: Short term use up to 14 days in areas like axilla and groin. Only if inadequate response to moderate steroid. **Adults**: body, limbs, feet and hands ONLY up to twice a day for max 7-14 days then reduce strength
		Mometasone furoate 0.1% (cream/ointment) [Elocon®]	**Children:** Only use if inadequate response to moderate steroid and when recommended by specialist in <12 months age. Use least amount possible once a day for no more than 5 days. **Adults:** Thin film of cream or ointment should be applied to affected areas once daily. If used on face, then max 5 days
	Very Potent*	Clobetasol proprionate 0.05% (cream/ointment)	**Children:** Never use without specialist advice. **Adults:** Never for face. Only for those unresponsive to potent steroids for a short course especially on hands or feet

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
*There should be a four week gap between courses of potent/very potent steroid treatments
Refer to relevant product SPC (www.medicines.org.uk) for further information on side effects and excipients.