

THERAPY WORKSHOP

15 minute eczema consultation

- History
- Current treatments
- Examination
- Treatment Plan – Written action plan
 - Soap substitute/bath oil
 - Antiseptic baths
 - Emollients
 - Topical steroids
 - Other treatments – antibiotics, antihistamines for sleep
- Set a date for review

Assessment of severity - history

- Global severity
 - Tell me about your eczema?
 - How much does your skin bother you?
- Sleep disturbance
 - How many times a week are you waking because of your eczema?
- School / work absence
 - How many days of school have you missed this year/term because of your eczema?
- Frequency of flares / infection
 - How often do you get flares of eczema?
 - How many courses of antibiotics have you had for your skin in the last year?
- Psychosocial impact

Assessment of treatments - history

- “Talk me through a normal day”
- Bath/shower
- Soap
- Antiseptics
- Topical steroid
 - What, where, response, how much
- Emollient
 - How much
- Antihistamines
- Antibiotics

Assessment of severity - exam

- Presence of supporting diagnostic features
- Extent of eczema
 - Face, hands
- Degree of inflammation
 - Severity
 - Chronicity
- Presence of infection

Severe recalcitrant eczema

Systemic treatments

Moderate to severe eczema

Mid-high potency corticosteroids

Wet wraps, TCI

Mild to moderate eczema

Low-mid potency corticosteroids / TCI

Dry skin

Basic treatment

Skin hydration, emollients, avoiding irritants,
addressing specific triggers

↑ in emollient use = ↓ in eczema severity

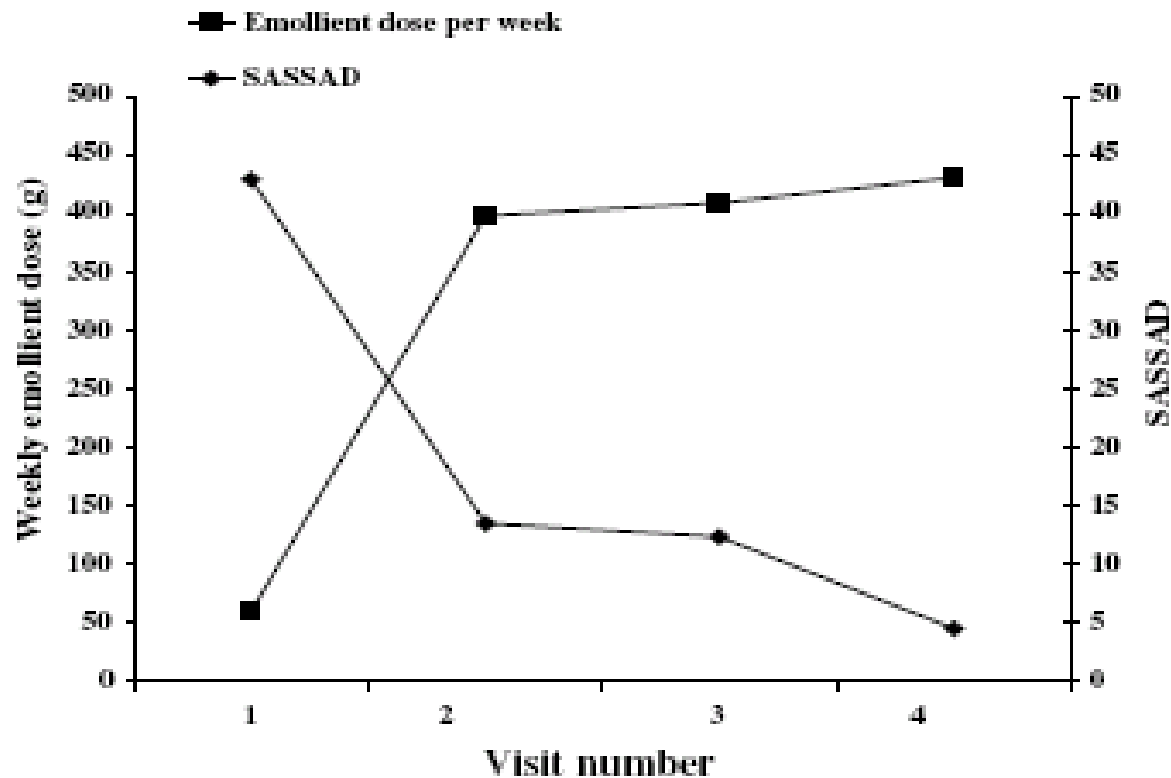


Figure 6. The mean quantity (g) of emollient cream/ointment being used per week reported at each clinic visit plotted against the mean investigator's assessment of severity of the eczema using the six area, six sign atopic dermatitis severity score (SASSAD) at each visit.

Topical corticosteroids

- Super potent (up to x600)
 - Clobetasol propionate
- Very potent (x150-300)
 - Betamethasone dipropionate
 - Mometasone furoate
- Potent (x100)
 - Hydrocortisone 17-butyrate 0.1%
 - Betamethasone valerate
 - Methylprednisolone aceponate
- Moderate (x2-25)
 - Clobetasone butyrate
 - Triamcinolone acetonide
- Mild (1)
 - Hydrocortisone 1%

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Almost never needed
in childhood eczema

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Suitable for face and
for infants

Topical corticosteroids

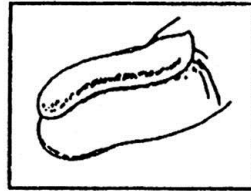
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- Infants <1 year
 - Face – mild
 - Body – mild
- Preschoolers 1-5 years
 - Face - mild
 - Body – mild/moderate/potent
- School age >5 years
 - Face – mild
 - Body - potent

Finger tip units



A Parent's Guide to the Use of Topical Treatment

Use the adult *Fingertip Unit* (FTU) as your guide.



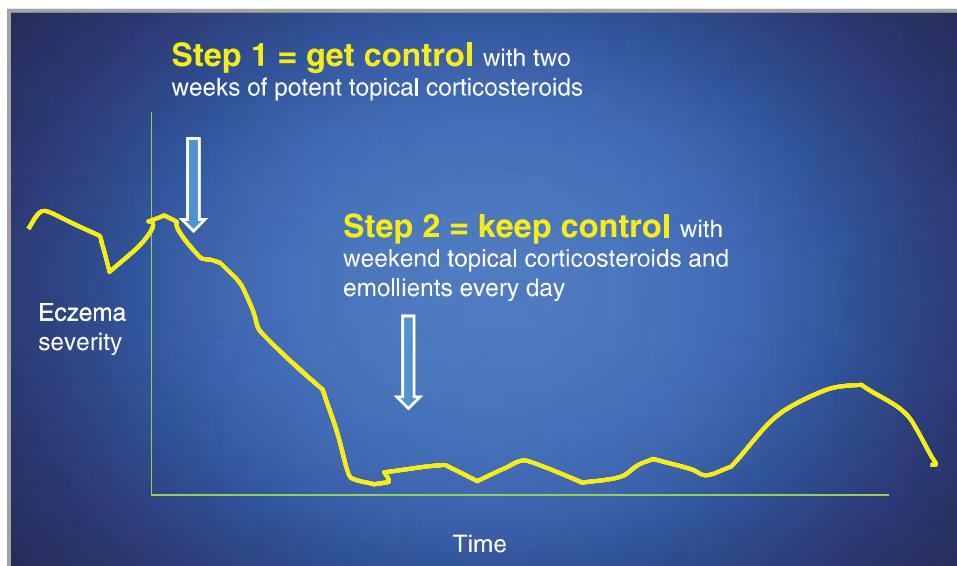
One adult *Fingertip Unit* (FTU)

The diagrams of the child (below) show how many adult *Fingertip Units* of cream or ointment are required to cover each area of the child's body.

Age	Number of FTUs				
	Face & Neck	Arm & Hand	Leg & Foot	Trunk (Front)	Trunk (Back) inc. Buttocks
3-6 mth	1	1	1½	1	1½
1-2 y	1½	1½	2	2	3
3-5 y	1½	2	3	3	3½
6-10 y	2	2½	4½	3½	5

Maintenance treatment

- Proactive treatment with topical steroids
 - Regular application 2 days per week to prevent flares



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Schmitt J, von Kobyletzki L, Svensson A, Apfelbacher C. Efficacy and tolerability of proactive treatment with topical corticosteroids and calcineurin inhibitors for atopic eczema: systematic review and meta-analysis of randomized controlled trials. *Br J Dermatol* 2011; 164:415–428.

When to consider other interventions

- Waking frequently due to eczema eg > 1 night per week
- Recurrent skin infections
- Missing school/activities
- Reduced quality of life, psychosocial impact
- Failure to thrive
- Recalcitrant facial eczema
- Ongoing need for potent topical steroids

- Where there is concern there may be another diagnosis

- Management of associated comorbidities
 - eg food allergies, food exclusions

Evaluation of the Atrophogenic Potential of Topical Corticosteroids in Pediatric Dermatology Patients

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Methods

- **Patients**

- 70 children <18 years with eczema (mean age 3.2y)
- Had used TCS (topical corticosteroids) regularly for at least 3 months
- Under excellent control EASI <1.0
- Control group of 22 age-matched children who had never used TCS

- **Instructions**

- Use strong TCS during flares
- Once clear to use moderate TCS for 3 days
- Apply sufficient TCS to create a thin film over the skin – written, video, demonstration instructions
- Emollients and moisturisers

Methods

- Evidence of atrophy was assessed using a validated five-point scale
- Measurements from three TCS-treated sites and one from untreated self-control site in each patient

TABLE 1. *Dermal Atrophy and Telangiectasia (Five-Point Scale Used By Frosch et al (10))*

Atrophy	
0	No change
1	Slight increase in transparency and dermolyphic pattern irregularity
2	Moderate increase in transparency and flattening of furrows and ridges
3	Severe increase in transparency and dermolyphic pattern effacement
4	Very severe thinning with complete loss of dermolyphics (“glazed skin”)
Telangiectasia	
0	Normal vascular pattern with fine capillary loops
1	Capillary hyperemia with slight elongation and dilatation of blood vessels
2	Moderate telangiectasia just visible to the naked eye
3	Severe telangiectasia with marked reduction of capillary loops
4	Very severe telangiectasia with large blunt vessels and absence of capillary loops

Results

- Average duration of TCS use 10.6 months

TABLE 2. *Strength and Amount of Topical Corticosteroid (TCS) Used in the Group with Atopic Dermatitis*

TCS type	Number of patients regularly using, %	TCS used per month, g, mean (range)
Potent	93	79 (15–180)
Moderate	77	128 (50–150)
Weak	70	34 (15–50)

Results

- All had EASI <1.0
- No atrophy in subjects or controls
- Grade1 (minimal) telangiectasia seen in 3% of subjects
 - Antecubital fossa, no striae, no atrophy, no purpura
 - 3.3% of study group 7/210
 - 3.1% of control group 3/88

Conclusion

- Atrophy and telangiectasia rarely seen in childhood eczema treated with topical corticosteroids