

## Key Therapy Points for Patients with Atopic Dermatitis (Atopic Eczema)

Atopic dermatitis (AD), or atopic eczema, is a chronic, recurring skin disorder. This condition usually occurs in people who have asthma, hay fever or food allergies or who have family members who have these disorders. AD results in dry, easily irritated, itchy skin and usually leads to rubbing and scratching.

When your skin is dry, it is not because it lacks grease or oil, but because it fails to retain water. For this reason, it is important to recognize this and to practice the basic principles of "soak and seal" to achieve good skin care daily. Wind, low humidity, cold temperatures, excessive washing without use of moisturizers and use of harsh, drying soaps can cause dry skin conditions and aggravate AD.



### Steps for Good Daily Skin Care: Soak and Seal!

- Take at least one bath or shower per day. Use warm, not hot, water for at least 15-20 minutes. Avoid scrubbing your skin with a washcloth.
- Use a gentle cleansing bar or wash such as Dove®, Oil of Olay®, Eucerin®, Basis®, Cetaphil®, Aveeno® or Oilatum®. During a severe flare, you may choose to limit the use of cleansers to avoid possible irritation.
- Gently pat away excess water (within three minutes of a bath or shower). Apply the moisturizer or the special skin medications prescribed for you onto your damp skin. This will seal in the water and make the skin less dry and itchy.
- Apply your special skin medications to the areas affected with red and/or scaly rash. The most common skin medications used to treat the skin inflammation are topical steroids or Topical Calcineurin Inhibitors (TCIs). Used correctly, these medications are safe and effective.
- Apply your moisturizer everywhere on your skin that has not received medication. Specific occlusives or moisturizers will be individually recommended for you. Moisturizers are available in many forms. Creams and ointments are more beneficial than lotions. Vaseline® is a good occlusive preparation to seal in the water; however, it contains no water, so it only works effectively after a soaking bath. Recommended moisturizers include Aquaphor® Ointment, Eucerin® Creme, Vanicream®, Cetaphil® Cream, or Moisturel® Cream.

These are applied to your skin immediately after your bath or shower and throughout the day whenever the skin feels dry or itchy. Moisturizers should not be applied over the medications. All of these moisturizers should be available through your local pharmacy or grocery store. If you don't see them on the shelf, ask the

pharmacist to order it for you in the largest container available. Buying your moisturizers in large containers like one-pound jars may save you a great deal of money.

## Reduce Skin Irritation. After "soaking and sealing," the next important step is to attempt to reduce skin irritation.

- **Avoid scratching or rubbing the skin.** This can make the itch worse. Apply moisturizer whenever the skin feels dry or itchy.
- **Wash all new clothes before wearing them.** This removes formaldehyde and other potentially irritating chemicals that are used during production and packing.
- **Wear garments that allow air to pass freely to your skin.** Open weave, loose-fitting, cotton-blend clothing may be most comfortable. Avoid wearing wool.
- **Work and sleep in comfortable surroundings with a fairly constant temperature and humidity level.**
- **Keep fingernails very short and smooth to help prevent damage due to scratching.**
- **Antihistamines taken by mouth are used to control allergy symptoms and can help reduce itching.** Some antihistamines cause drowsiness. This can make you feel less itchy and help you sleep. Creams and lotions that contain antihistamines or anesthetics (for numbing) should be avoided. They can cause skin irritation and allergic skin reactions.
- **Use sunscreen on a regular basis, and always avoid getting sunburned.** Use a sunscreen with an SPF of 15 or higher. Sunscreens made for the face are often less irritating than regular sunscreens.
- **Residual chlorine or bromine on the skin after swimming in a pool or hot tub may be irritating.** Take a quick shower or bath immediately after swimming, washing with a mild cleanser from head to toe, and then apply an appropriate moisturizer.

## Avoid Things that Are Proven to Make AD Worse.

- Proper testing and challenges must be done in a controlled environment with appropriate supervision to determine which allergens flare your eczema. Common allergens may include foods, animals and dust mites.
- Care must be taken to avoid only substances that are documented (proven) to flare your disease. It is important not to place yourself or your child on unnecessarily restrictive diets or activities.
- Skin infections are often a problem for people with AD. It may be difficult to get the AD under control without treating the infection. Talk with your health care provider if you think the skin is infected. Your health care provider may want to prescribe an antibiotic to treat the infection.

## Minimize Stress.

Anxiety, anger and frustration are commonly experienced by people with a chronic disease like AD, and this stress can provoke itching. Strategies to help minimize stress include:

- **Learn about the disease.** It is important to understand the long-term course of this disease, the things that make your AD worse and the treatments that can help control it.
- **Have family members learn about the disease so they can be supportive.**
- **Dealing with a chronic illness is difficult.** Many people find it helpful to talk to a counselor to receive

additional support or therapy. Behavioral modification or biofeedback may help with chronic itching and scratching.

- **Patient support organizations can be helpful.** An excellent resource for people with AD is the:

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Consult with your health care provider at the first sign of any flaring of your AD. Remember, each person requires individualized therapy, and what works for another person may not work for you!

Visit our website for more information about support groups, clinical trials and lifestyle information.

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