

Patient information from BMJ

Last published: Jan 30, 2023

Eczema

Eczema can make skin itchy, red, and sore. It can happen at any age but it is more common in children. It can be distressing for you to see your child uncomfortable. But there are treatments that can help relieve the symptoms.

You can use our information to talk to your doctor and decide which treatments are right for you or your child.

What is eczema?

Eczema is a condition that makes patches of skin become dry, red, and itchy. Scratching the skin can make it bleed and become thick and scaly.

There are several types of eczema. The most common is atopic eczema, also sometimes called **atopic dermatitis**. The information here is about atopic eczema, but we call it just 'eczema'.

If something is atopic it means it's linked to an allergy. If you have an allergy your immune system (the parts of your body that fight infection) over-reacts to certain things that shouldn't usually cause you problems.

Common things that trigger allergic reactions in people with eczema are pollen, animal skin and fur, feathers, some soaps and detergents, stress, and their own sweat. But you might never know what causes your or your child's symptoms.

What are the symptoms?

Eczema can make skin:

- itchy
- pink or red
- dry and flaky
- broken and bleeding
- thick and tough.

When eczema symptoms suddenly get worse your doctor might call this a **flare-up**.

Eczema

In children, the parts of the body where they get eczema might change as they get older. Babies often have eczema on their cheeks and chin. Children tend to get it on the inside of the elbows, behind the knees, and on the wrists, ankles, and hands.

Eczema can cause skin to get infected. If this happens it can cause:

- bumps filled with pus
- crusty yellow blisters
- wet and oozing areas of skin where the blisters have burst.

If you think your skin (or your child's skin) is infected, see your doctor. Infections usually need to be treated with antibiotics. Antibiotics are medicines that kill the bacteria causing the infection and prevent it spreading.

What treatments are available?

Doctors will recommend treatments depending on how severe someone's symptoms are. You might have to try several treatments until you find what works best.

It's important to remember that eczema is what doctors call a 'chronic' condition. This means that it is likely to last a long time. So you need to carry on with your (or your child's) regular skin-care routine even during spells when the eczema seems to have gone away.

You should also avoid things that trigger flare-ups, such as things that irritate your skin, or certain foods that cause problems.

If you have a child with eczema you might find it helpful to follow a set of written instructions on skin care, bathtime routines, and other things that help.

First things to try

One of the best things you can do is to use plenty of **moisturiser** every day. This treatment is recommended for everyone with eczema, regardless of what other treatments they might need.

Moisturisers come as lotions, ointments, creams, and bath oils. Doctors might call them **emollients**. They work in two ways:

- First, they form a barrier between the skin and whatever is causing an allergic reaction.
- Second, they help keep the skin moist, which helps reduce pain and itching.

You can use as much moisturiser as you like and repeat as needed.

You might find it helps to apply a moisturiser after a bath or shower because it helps to 'lock' water into the skin. Using bath oil in the bath or shower beforehand can help this process. Ointments are usually used on very dry skin.

Some people find that moisturisers are the only treatment they need. But most people will need to use them alongside another treatment.

Eczema

Corticosteroid creams and lotions are often used alongside moisturisers to help treat eczema and stop it flaring up. Corticosteroids (usually just called steroids) are powerful anti-inflammatories that help to reduce inflammation (swelling) and its effects.

Steroid creams are useful during a flare-up of symptoms. They can help reduce inflammation and itching when this happens. But some people need to keep using a low-dose steroid cream regularly to help prevent flare-ups.

Steroid creams come in different strengths. Your doctor will want to prescribe the lowest-strength steroid that works for you or your child, because they can cause side effects.

So, depending on how severe the symptoms are, you will probably start with a low-strength cream and move onto a stronger one if you need to.

You apply a thin layer of the steroid cream or lotion to the affected skin. Put the cream or lotion on in the way your doctor shows you.

Steroids might sting or irritate your skin at first. Some people worry that steroids can make skin thinner. But this only tends to be a problem with high-dose steroid creams when used for a long time.

For severe symptoms your doctor might recommend cream that contains drugs called **calcineurin inhibitors**, either on their own or alongside steroid cream. Calcineurin inhibitors work by stopping your immune system from over-reacting to things that cause an allergic reaction.

These drugs should not be used in children under 2 years old.

If skin becomes infected your doctor will prescribe **antibiotics**, probably as a cream.

If the first treatments don't work

If symptoms don't improve with corticosteroids or calcineurin inhibitors there are other treatments your doctor might recommend.

- **Ultraviolet (UV) therapy.** Some people notice that their eczema improves after exposure to sunlight (which contains UV light). UV can also be given by a special light box.

It's important not to use the light box any more than your doctor prescribes, because too much exposure to UV can cause sunburn and, sometimes, skin cancer. This treatment is sometimes used in combination with a drug called psoralen, which makes the skin more sensitive to UV.

- **Immunosuppressive drugs** reduce the immune system's reaction to things that cause allergies. There are several types, including tablet forms of the calcineurin inhibitors discussed above.

Some of these drugs are suitable for children as well as in adults. But doctors usually only prescribe them for people with the most severe symptoms as they can cause side effects.

Separate treatments for itching

If you find that the itching that eczema causes bothers you a lot, even with treatments that reduce the other symptoms, talk to your doctor about treatments that might help.

For example, your doctor may recommend emollients that contain substances called **ceramides**. They might be better than standard moisturisers at controlling itching.

Antihistamines have sometimes been used to treat eczema. But they are usually **not recommended**, as there is no good evidence that they work. It has been suggested that they help reduce itching at night, so that they sleep better. But any effect is probably just because some antihistamines can make you drowsy.

What will happen?

About 6 in 10 children grow out of their eczema or have milder symptoms as they grow older. But sometimes eczema can come back when you are an adult, often on your hands.

Where to get more help

Very bad eczema can be distressing, especially for children. Your doctor might be able to put you in touch with support groups in your area. Or you can search for them online.

For example, in the UK, the National Eczema Society (eczema.org) might be able to put you in touch with other parents in your area, to find out how they manage. It also provides regular updates of the latest research on eczema.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.

