

Understanding NICE guidance

Information for people who use NHS services

Atopic eczema in children up to 12 years

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care and treatment of children with atopic eczema from birth to 12 years in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for parents and carers of children with atopic eczema but it may also be useful for children with atopic eczema themselves, or anyone with an interest in the condition.

The booklet aims to help you understand the care and treatment options that should be available in the NHS. It does not describe atopic eczema or the tests or treatments for it in detail. A member of your child's healthcare team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. Some sources of further information and support are on page 11.

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Your child's care

Treatment and care should take into account children's needs and preferences, as well as those of their parents or carers, and you have the right to be fully informed and to make decisions in partnership with your child's healthcare team. Sometimes, children can give consent for themselves, depending on their age and how well they understand. Sometimes you will be asked to give consent for them as their parent or the person with parental responsibility. If you need more information on consent you could look at the following booklets available from the Department of Health:

- Consent: a guide for children and young people
- Consent – what you have the right to expect: a guide for parents (Department of Health, 2001; both available from www.dh.gov.uk).

All healthcare professionals should treat you and your child with respect, sensitivity and understanding, and explain atopic eczema and its management simply and clearly.

The information you get from your child's healthcare team should include details of the possible benefits and risks of particular treatments. You and your child can ask any questions you want to and you can always change your mind as your child's treatment progresses or your child's condition or your own circumstances change.

Your child's treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs your family may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your child's healthcare team should be able to arrange an interpreter and/or an advocate (someone who supports you in putting across your views) if you need them.

If you think that your child's care does not match what is described in this booklet, please talk to a member of your child's healthcare team.

Atopic eczema

Atopic eczema (often called atopic dermatitis) is one of a group of related, inherited conditions that also includes asthma and hay fever. It can make the skin dry, itchy, red, broken and sore. It sometimes makes the skin darker or lighter for a while. People of all ages can get atopic eczema, but it usually starts in early childhood. It usually improves with age, but some people will have the condition into adulthood.

When you first see a healthcare professional, they should ask you questions about things like your child's previous treatments, diet and growth. Then, at each visit, your healthcare professional should categorise your child's atopic eczema as clear, mild, moderate or severe depending on things like the size of the areas affected, redness, and whether it's affecting you or your child's sleep. They should also look at each visit at how it's affecting you and your child on a day-to-day basis. They may use a questionnaire to help with this.

Many things, called 'trigger factors', can make atopic eczema worse. These include soaps or bubble baths, allergens (for example, pollen, pet fur and house dust mites) and certain foods. Your healthcare professional should talk to you about any factors that may be affecting your child's atopic eczema, and should advise you not to take your child for high street allergy testing because there is no evidence that it's helpful.

Questions you might like to ask your child's healthcare team

- Please tell me more about atopic eczema.
- How severe is my child's atopic eczema?
- What might be making my child's atopic eczema worse?
- Are there any support organisations in my local area?

Treating your child's atopic eczema

The NICE guideline says that treatment for your child's atopic eczema should be 'stepped up' or 'stepped down' depending on how severe the atopic eczema is. For instance, if the eczema gets worse, your healthcare professional may advise using a different treatment. Different areas of skin may need to be treated differently if the eczema is more severe in some places than others.

Your healthcare professional should give you advice on recognising 'flares' of atopic eczema – this is when the skin becomes more dry, itchy, red or swollen. They should discuss this with you and make sure you have all the information and treatments you need to manage the atopic eczema when there is a flare. Flare treatment should be started as soon as symptoms appear, and carried on for at least 48 hours after the flare has stopped.

Your healthcare professional should take into account things like your child's normal bathing and skincare routines when deciding which treatments to offer. Your healthcare professional should spend time explaining to you and your child how to use all the treatments, as well as giving you and your child practical demonstrations and written information. The treatments are described on pages 6–8.

Some treatments may not be suitable for your child, depending on the circumstances. If you have questions about the specific treatments and options covered in this booklet, please talk to a member of your child's healthcare team.

Emollients

Emollients are moisturisers and are an essential daily treatment for atopic eczema. They are not the same as cosmetic moisturisers. Emollients should be used as often and as generously as possible on all areas of skin, even when the atopic eczema has cleared. Emollients can be used on their own, or with other treatments, but should always be used more often and in larger amounts than other treatments. They can be used for moisturising, washing and bathing.

Your child should be prescribed leave-on emollients in large quantities (at least 250 g per week). Your healthcare professional should offer a choice of unperfumed emollients (this could be several emollients, or one for all purposes). If your child doesn't like a particular emollient or it irritates the skin, you should be offered a different one. Your healthcare professional should check at least once a year that the emollients your child is using are still suitable.

Your healthcare professional should show you and your child how to apply emollients, including how to smooth them on rather than rub them in. If any other treatment is being put on the skin at the same time of day, it doesn't matter which is applied first. You should leave at least a few minutes between applying each treatment.

Emollients should be used instead of soaps, bubble baths and shower gels, and instead of shampoo in children under 1 year old. If your child uses shampoo, it should be unperfumed, ideally labelled as being suitable for people with atopic eczema, and not used in the bath.

Topical corticosteroids

'Topical' means that something is applied to the skin. Topical corticosteroids are treatments that reduce inflammation, and are used to control flares of atopic eczema. They usually come as creams and ointments that are used once or twice a day. You should apply them to areas of atopic eczema that are 'active' (that is, where the skin is itchy, dry, red or sore) or has been active in the last 48 hours, even if there are cracks, scratches or broken skin. Sometimes your healthcare professional may advise you to use a corticosteroid on areas of clear skin for 2 days a week to prevent flares where eczema keeps occurring.

Your healthcare professional should explain that the benefits of using topical corticosteroids outweigh the potential harms when they're used correctly. They should also talk to you about the different potencies and explain how they're used; the potency will depend on how severe the atopic eczema is and where it's located on your child's body. Use of potent topical corticosteroids in children under 12 months should be supervised by a specialist.

The NICE guideline has incorporated recommendations from a NICE 'technology appraisal' that looked at how often topical corticosteroids should be applied for the treatment of atopic eczema. See page 11 for more information.

Topical calcineurin inhibitors

Topical calcineurin inhibitors are treatments that help to reduce inflammation. They are usually used when atopic eczema is severe or lasts a long time, or when other treatments aren't working.

Calcineurin inhibitors should only be applied to areas of active atopic eczema, including if the skin is broken. They should not be used to treat mild atopic eczema or for children under 2 years. A healthcare professional who specialises in skin conditions should supervise treatment with calcineurin inhibitors.

The NICE guideline has incorporated recommendations from a NICE 'technology appraisal' that looked at how to use topical calcineurin inhibitors for the treatment of atopic eczema. See page 11 for more information.

If a treatment described in this booklet appears suitable for your child, but it is not available, you should talk to your local Patient Advice and Liaison Service (PALS) in the first instance. If they are not able to help you, they should refer you to your local Independent Complaints Advocacy Service.

Dressings

Various types of dressings or bandages (known as dry wraps, wet wraps and occlusive dressings) can be used to treat atopic eczema. They work by reducing itchiness, preventing scratching and helping to stop the skin from drying out. A healthcare professional trained in using dressings should supervise their use if dressings are used with other treatments. A healthcare professional with specialist knowledge should also supervise treatment with dressings that cover the whole body, and they should not be the first treatment tried for your child. The NICE guideline says that occlusive medicated dressings and dry bandages should not be used to treat atopic eczema that is infected.

Other treatments

The NICE guideline says that drugs called antihistamines are not normally recommended; however, in certain situations (for example, if you or your child's sleep is being disturbed), an antihistamine may be tried.

If your child's atopic eczema is severe and all the treatments mentioned so far have not helped, your healthcare professional may consider some other types of treatment known as phototherapy and systemic therapy. A specialist should supervise these treatments.

Your healthcare professional may offer a trial of formula free from cow's milk if your child is under 6 months and bottle-fed. This formula should not be based on soya protein or goat's or sheep's milk. If your child is over 6 months, your healthcare professional may offer a diet based on soya protein, after getting specialist dietary advice.

Questions you might like to ask about treatments

- Can you show me and my child how to use the treatments?
- Can you tell me and my child how to step treatments up and down?

Infections

Sometimes atopic eczema becomes infected. Your healthcare professional should tell you how to recognise this. Things to look for include weeping, crusts, blisters, atopic eczema that does not get better with treatment, and your child having a fever or feeling ill. A number of things can cause infections; the virus that causes cold sores can cause particularly severe infections that can affect large areas – this is known as eczema herpeticum. Your healthcare professional should give you a written plan of what to do if your child's atopic eczema does become infected.

Infected atopic eczema can be treated with medicines given by mouth or with treatments that are applied directly to the skin, depending on the type of infection.

Open containers of skin treatments such as emollients can become contaminated, so you should throw them away once an infection has cleared and get new supplies.

Questions you might like to ask about infections

- What does infected atopic eczema look like?
- How is infected atopic eczema treated?

Complementary therapies

The term 'complementary therapies' covers a very wide range of therapies, including homeopathy, food supplements, massage and herbal medicines. There is very little evidence about how well complementary therapies work in the treatment of atopic eczema, or how safe they are. However, it's possible that regular massage with emollients may help to improve atopic eczema.

You should tell your healthcare professional if you decide to try any complementary therapies, and keep using emollients as well.

Your healthcare professional should advise you to use herbal medicines with caution, especially if they aren't labelled in English or don't come with information on how to use them safely. Some herbal medicines sold for treating eczema in children contain topical corticosteroids, and this may not be disclosed on the packaging, so you may end up using more than you need or using them on too much of your child's body. Some herbal medicines have been associated with liver damage.

Seeing a specialist

Your child should be referred to a specialist within 2 weeks if the atopic eczema is severe and is not responding to treatment, or if an infection has not cleared up after treatment. The referral should be on the same day if your healthcare professional thinks your child may have eczema herpeticum (see page 9).

There are other situations when your healthcare professional should refer your child to a specialist. These include when:

- your healthcare professional is unsure if your child's skin condition is atopic eczema
- you or your child feel the atopic eczema is not being controlled
- the atopic eczema is affecting your child socially or psychologically
- the atopic eczema gets infected regularly
- your child has moderate or severe atopic eczema, and your healthcare professional suspects food allergy
- your child is growing more slowly than expected.

If your child's atopic eczema has improved but it is still affecting them psychologically, your healthcare professional may refer him or her for psychological advice.

More information

The organisations below can provide more information and support for people with atopic eczema. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- National Eczema Society, 0870 241 3604
www.eczema.org
- Changing Faces, 0845 4500 275
www.changingfaces.org.uk

NHS Direct online (www.nhsdirect.nhs.uk) may also be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further information and support.

NICE technology appraisal guidance

Information about 'Frequency of application of topical corticosteroids for atopic eczema' (NICE technology appraisal 81) can be found at www.nice.org.uk/TA081; information about 'Tacrolimus and pimecrolimus for atopic eczema' (NICE technology appraisal 82) can be found at www.nice.org.uk/TA082

Copies of the 'Understanding NICE guidance' documents for these technology appraisals are available from the NICE website or from the NHS Response Line (0870 1555 455; quote reference N0617 or N0687, respectively).

About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the best available evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals working in the field. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This booklet and other versions of this guideline aimed at healthcare professionals are available at www.nice.org.uk/ICG057

You can order printed copies of this booklet from the NHS Response Line (phone 0870 1555 455 and quote reference N1428).