

## NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

**SCOPE****1 Guideline title**

Management of atopic eczema in children from birth up to the age of 10 years

**1.1 Short title**

Eczema in children

**2 Background**

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Women's and Children's Health to develop a clinical guideline on management of eczema in children for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see Appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- (b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.
- (c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, where appropriate) can make informed decisions about their care and treatment.

### 3 Clinical need for the guideline

- a) Eczema (dermatitis) is a chronic condition characterised by episodic irritation and inflammation of the skin.
- b) The commonest form of eczema is atopic eczema, which is associated with inherited allergic conditions, such as asthma and hay fever, and as yet poorly defined environmental factors. Atopic eczema is estimated to affect 1 in 5 schoolchildren. It is a common cause for consultation in general practice and accounts for at least 15–20% of paediatric dermatological consultations. Symptoms and signs usually appear in the first 2 years of life.
- c) The first signs are often dry skin and inflammation, which in infants frequently start on the face and often involve the extensor surfaces of the limbs with the more typical flexural pattern appearing later. The cardinal symptom of eczema is itching, which causes sleep loss and tiredness, but in chronic eczema pain from fissures is also common.
- d) Conventional management involves the use of emollients to cleanse and moisturise the skin, and topical corticosteroids to reduce irritation and inflammation. Corticosteroids may be used in combination with antiseptic agents or antibiotics if the skin is infected.
- e) Other management options include application of various bandages and wet wraps the use of antihistamines to aid sleep and reduce itching, alterations to diet, behavioural therapy to prevent habitual scratching, and the use of complementary therapies. In more severe cases, topical immunosuppressants (e.g pimecromilus and tacrolimus) or ultraviolet light therapy can be tried. Third-line therapy with systemic agents such as cyclosporin or azathioprine is occasionally necessary.
- f) Eczema has a profound psychosocial impact on the lives of children and their families/carers, affecting their quality of life in various ways. For example, highly visible symptoms can affect a child's self-esteem, and sleep disturbance due to itchy skin can disrupt the whole family's

sleep patterns. Concerns about potential side effects of pharmaceutical therapies can also be an issue. Lack of knowledge about treatments may lead to treatment failure and is a major reason for non-compliance with therapy. Psychosocial support and education can, therefore, play an important role in the management of eczema in children.

- g) There is a need for guidance on the most clinically and cost-effective forms of management for eczema in children.
- h) The aims of the guideline are to provide guidance on optimal management of atopic eczema, and to ensure appropriate referral for specialist dermatological help, in order to improve quality of life for children with eczema and their families/carers.

## 4 The guideline

- a) The guideline development process is described in detail in two publications which are available from the NICE website (see 'Further information'). *The guideline development process: an overview for stakeholders, the public and the NHS* describes how organisations can become involved in the development of a guideline. *Guideline development methods: information for National Collaborating Centres and guideline developers* provides advice on the technical aspects of guideline development.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health (see Appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

## **4.1 Population**

### **4.1.1 Groups that will be covered**

- a) Children from birth up to the age of 10 years presenting with atopic eczema.

### **4.1.2 Groups that will not be covered**

- a) Children with infantile seborrhoeic eczema, juvenile plantar dermatosis, irritant and allergic contact dermatitis, pompholytic eczema, and photosensitive eczemas.

## **4.2 Healthcare setting**

- a) Primary, secondary and community care.

## **4.3 Clinical management**

- a) The criteria that should be used to diagnose eczema in children.
- b) How the severity of eczema should be classified.
- c) How eczema should be managed between flare ups
- d) How eczema should be managed during flare-ups. This should include consideration of the frequency and location of flare-ups, how widespread they are, and the age of the child. The clinical and cost effectiveness of pharmacological and non-pharmacological interventions used alone or in combination with each other should be assessed.
- e) The place of alternative therapies in the treatment of eczema.
- f) How complications (including those of infected eczema) should be identified and managed.

- g) How psychosocial effects of eczema should be identified and managed; for example, habitual scratching and loss of sleep, and loss of self-esteem.
- h) The indications for referral to specialist dermatological advice.
- i) What education should be offered to children with eczema and their families/carers. This should include the use of treatment plans and identification and avoidance of triggering factors .

Note that guideline recommendations that relate to pharmacological interventions will normally fall within licensed indications; exceptionally, and only where clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use the Summary of Product Characteristics to inform their decisions for individual patients.

## **4.4 Status**

### **4.4.1 Scope**

This is the draft scope for consultation.

This guideline is related to the following NICE guidance:

- Atopic dermatitis (eczema) – topical steroids. *NICE Technology Appraisal* No. 81 (2004).
- Atopic dermatitis (eczema) – pimecrolimus and tacrolimus. *NICE Technology Appraisal* No. 82 (2004).

### **4.4.2 Guideline**

The development of the guideline recommendations will begin in January 2006.

## 5 Further information

Information on the guideline development process is provided in:

- *The guideline development process: an overview for stakeholders, the public and the NHS*
- *Guideline development methods: information for National Collaborating Centres and guideline developers*

These booklets are available as PDF files from the NICE website ([www.nice.org.uk/guidelinesprocess](http://www.nice.org.uk/guidelinesprocess)). Information on the progress of the guideline will also be available from the website.

## **Appendix – Referral from the Department of Health**

The Department of Health asked the Institute:

'To prepare a clinical guideline on the management of eczema in children.'