Allergy & Immunology – Dr. Prathyusha Savjani

🌿 Atopic Dermatitis (Eczema) Care Guide

Atopic dermatitis (eczema) is a long-term skin condition that causes dry, itchy, inflamed skin. It is not contagious and not caused by poor hygiene. The goal of treatment is to **strengthen the skin barrier, reduce inflammation, and control itching**.

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1. Skin Care: Protecting the Skin Barrier

- **Bathing:** Use lukewarm (not hot) water, limit baths/showers to 10–15 minutes.
- Use mild cleansers only on face, underarms, groin. Avoid scrubs, loofahs, bubble baths, and perfumed products.

Recommended cleansers (fragrance-free):

- *Bar soaps:* Aveeno Fragrance-Free, Neutrogena Fragrance-Free, Vanicream Bar.
- *Liquid cleansers:* Free & Clear, Cerave Foaming Cleanser. Avoid fragrance
- *Soap-free (very dry skin):* Cetaphil Gentle Cleanser, Cerave Hydrating Cleanser. Avoid fragrance
- **Moisturize immediately after bathing** ("soak and seal").
    - **Ointments (most moisturizing):** Vaseline, Theraplex, CeraVe Healing Ointment
    - **Creams (excellent for eczema):** Cerave Cream, Vanicream Cream, Aveeno Eczema Therapy Cream. (**Lotions are not as** effective as creams — not recommended)
- Apply moisturizer at least **twice daily** as bare minimum, increase frequency if uncontrolled, in some cases may need to moisturize 10+ times per day
- **Laundry/Clothing:**
    - Use fragrance-free detergents (All Free & Clear, Tide Free, Cheer Free), Consider double-rinsing.
    - Choose soft cotton; avoid wool, rough, or tight clothing.

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2. Medications

🔹 **Topical Steroids (for flares)**

- First-line for active flare-ups. Apply thin layer before moisturizer.

- Safe when used as directed: usually short bursts (1–2 weeks).
- Side effects (skin thinning) are rare with proper use.

🔹 **Non-Steroid Options (for ongoing use or sensitive areas)**

These help reduce inflammation without steroid risks:

- **Calcineurin inhibitors:** tacrolimus (Protopic), pimecrolimus (Elidel). Can be uncomfortable and cause burning sensation when first applied
- **Crisaborole (Eucrisa):** PDE4 inhibitor, safe for children ≥3 months.
- **Topical JAK inhibitors:** ruxolitinib cream (Opzelura) for moderate–severe eczema – age >2
- **Tapinarof (Vtama):** a newer topical treatment that calms skin inflammation and helps restore barrier function - age >2
- **Roflumilast (Zoryve):** another new non-steroid cream, helpful for eczema and safe for long-term use - age >2

These may be used alone, rotated with steroids, or for sensitive areas (face, eyelids, folds).

🔹 **Other Treatments**

- **Wet-wrap therapy**: Helpful in severe flares. https://nationaleczema.org/ for more information
- **Antibiotics:** For infection (redness, pus, fever).
- **Systemic treatments:** Dupilumab (Dupixent), other biologics, JAK inhibitors, or immunosuppressants for severe disease.

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3. Managing Itch

- Keep nails short; cotton gloves for children at night.
- Moisturizing and treating underlying eczema is the best itch control.
- Antihistamines do not treat eczema itch, but may help with sleep if itching is severe – use only if helpful

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4. When to Schedule a follow up Visit

- Skin not improving despite treatment. Signs of infection: redness, pain, pus, fever. Eczema severely affecting sleep, mood, or daily life.

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