

ATOPIC DERMATITIS

You have been diagnosed with atopic dermatitis. This disorder has several characteristics and common problems consisting of:

- Itching
- Chronic relapsing course
- Typically runs in families
- Distribution varies with age and typically involves hands, creases of arms and legs and occasionally the neck and face

Itching is the hallmark of atopic dermatitis, and scratching is the cause of the rash which typifies this condition. For this reason atopic dermatitis is known as the itch that rashes rather than the rash that itches. Some of the triggers known to stimulate the itch/rash cycle include:

- Heat and sweating (exercise causes heat / sweating)
- Dry skin (infection and low humidity leads to dry skin)
- Irritants – allergens and additional stress

Other factors that may contribute to atopic dermatitis include a decreased content of sebum (oil) in the skin, a decreased threshold to itch and a tendency to sweat excessively (which causes itching). Individuals with atopic dermatitis also have a tendency to develop skin infections and a decreased sensitivity to contact irritants such as poison ivy. Colonization of the skin with *staphylococcal* bacteria is common with atopic dermatitis. Up to 95% of individuals and family members also have allergies.

TIPS TO MANAGING THIS CONDITION

- Avoid rough material such as wool and permanent press or nylon clothing. These woven fabrics increase sweating and evaporation from the skin.
- Avoid hot water which decreases sebum or oil in the skin and enhances itching. Avoid soaps, detergents and solvents which also decrease the amount of sebum. Double rinse clothes to assure detergents are removed from clothing.
- Avoid over-bathing and over-hand washing.
- Avoid contact with allergic substances such as dust.
- Wear cotton gloves at night to prevent scratching and trim fingernails to lessen the likelihood of scratching.
- Bathing – depending on the severity of symptoms and dryness, bathing should be limited to avoid drying of the skin. However, severe dryness can be controlled with soaks in a bathtub of **tepid** or **lukewarm** water up to three times daily. Each bathing should entail at least 30 minutes exposure and should be followed by patting dry and not rubbing the skin. Immediately, when leaving the bathtub, lubricant - moisturizing creams should be applied. Soaps should be avoided since they promote drying of the skin. Minimal use of some soaps such as Dove, Caress or Neutrogena may be acceptable. Scrubbing should be minimal since stroking of the skin will result in mechanical trauma and release of histamine and other factors that make the skin itchy.



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- As an alternative to soaks in the bathtub to promote hydration or water retention in the skin, areas can be soaked with wet wraps with or without Domeboro's Solution. Again, areas wrapped should be patted dry and followed by moisturizers (see below).
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MOISTURIZING CREAMS: These serve the purpose of sealing in water. Products that contain alcohol are undesirable since alcohol causes evaporation and water loss. Creams and ointments are preferable to lotions and gels since lotions and gels contain alcohol. Ointments are preferable since they result in more water retention. They do help with hydration of the skin, but some patients do not prefer them because they have an oily base. These do, however, typically absorb into the skin within 15 minutes of application so that this undesirable cosmetic effect is usually minimal in patients with severe drying.

TOPICAL STEROID CREAMS: corticosteroids are potent anti-inflammatory chemicals that lessen the pruritis or itching and other common allergic manifestations of patients with allergic dermatitis or atopic dermatitis. Generally, hydrocortisone or very weak steroids are used on the face because prolonged usage in areas where the skin is very thin will result in wrinkling, thinning, acne-like condition and occasionally, spider veins.

ANTIHISTAMINES: Their major benefit results from two factors. First, and probably most important, is that of reduction in the itching which is the hallmark of this condition. They also work by causing sedation at night so that patients can sleep without scratching.

There is some suggestion in adults who are not aspirin sensitive that aspirin may benefit the patient by decreasing pruritis. However, this should not be used in children because of the risk of Reye's Syndrome.

EMOTIONAL STRESS: Stress can lead to sweating that may aggravate atopic dermatitis. Some spicy foods may also contribute to sweating. Bed clothing should be minimal so that heat retention is not problematic.

AVOIDANCE OF ALLERGENS: Skin testing to determine what things need to be avoided is very important in treating atopic dermatitis. Any foods implicated must be avoided and environmental measures should be instituted to minimize exposure to known allergens.