

Eczema (Atopic Dermatitis) Frequently Asked Questions

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Q 1: What is eczema?

Eczema is a chronic condition that affects the skin causing it to become red, dry, itchy, and prone to infection. Eczema is also known as atopic dermatitis.

- **Atopic** conditions develop in people with a tendency to react to allergens. It is common for people with eczema to have other atopic conditions, such as allergic rhinitis (hay fever), dust mite allergy, and food allergy. Unlike other atopic conditions, allergens are not usually the direct cause of eczema symptoms.
- **Dermatitis** is a general term for inflammation (redness and swelling) of the skin.

Eczema is more likely to develop in people who have a family history of allergy, and it is common for people with eczema to have other allergies. Studies have shown that up to 30% of infants with eczema, with a family history of allergy, will develop food allergy. Up to 40% of these infants will also develop asthma and/or allergic rhinitis (hay fever).

Q 2: What can cause eczema flares?

Eczema symptoms can get worse (flare) for different reasons, and this is usually due to many factors.

In people with eczema:

- The skin does not retain moisture very well and dries out easily. Dry skin is more exposed to allergens and irritants, which can trigger the skin to release chemicals that make the skin itchy.
- Scratching itchy skin causes more chemicals to be released, making the skin feel itchier. This is sometimes referred to as the scratch and itch cycle, and it can cause discomfort, disrupt sleep, and affect quality of life.

Q 3: How does eczema change over the life cycle?

Eczema is a chronic health issue that affects people of all ages, but is most common in babies (infants):

- **Infantile eczema** occurs in around 20% of children under two years of age, and usually starts in the first six months of life. Infantile eczema usually improves significantly between the ages of two to five years.
- **Childhood eczema** may follow infantile eczema or start from two to four years of age. Rashes and dryness are usually found in the creases of the elbows, behind the knees, across the ankles and may also involve the face, ears, and neck. Childhood eczema usually improves with age.
- **Adult eczema** is like that of older children with areas of very dry, itchy, reddened skin at the elbow creases, wrists, neck, ankles, and behind the knees. It can cause rough, hard and thickened skin, which may also weep (leak fluid). Adult eczema tends to improve in midlife. Although it is unusual in elderly people, it can occur at any age.

Q 4: Is eczema related to food allergy?

Many infants with moderate or severe eczema will also have a food allergy.

For some infants with severe eczema and food allergy, short term removal of certain food/s using a medically supervised elimination diet may result in better eczema control:

- If the skin improves, foods are gradually re-introduced, one by one, in a medically supervised food challenge. This will help identify which food is causing the eczema to flare.
- If there is no improvement after two weeks of the elimination diet, it is unlikely that food allergy is the cause of eczema.
- **If food allergy is not the cause of eczema, removing foods will not reduce symptoms.**

Elimination diets and food challenges should always be supervised by medical specialists trained in food allergy (including clinical immunology/allergy specialists), in combination with a dietitian with specialised knowledge of food allergies. Unnecessary removal of foods from a child's diet can affect growth and development. It can also increase the risk of developing allergy to those foods.

Children with eczema and/or food allergy may also have a false positive result to allergy tests. It is very important that test results are interpreted by a clinical immunology/allergy specialist to ensure the correct diagnosis.

Q 5: How is eczema managed and treated?

Protect skin every day

- Apply non-fragranced moisturiser to the face and body at least twice every day.
- After a bath or shower in lukewarm water, pat the skin dry, and apply moisturiser straight away.
- Use a body wash and/or oil that does not contain soap.
- Avoid soap and bubbly products which dry out the skin.
- Avoid creams that contain food products, such as milk, nut oils, and wheatgerm.
- After swimming, especially in chlorinated pools, rinse under a shower and apply moisturiser.

Avoid known triggers and irritants, such as:

- Dry skin.
- Scratching (night gloves and clipped fingernails may be needed for young children).
- Viral or bacterial infections.
- Swimming in chlorinated swimming pools.
- Playing in sand, especially sandpits.
- Sitting directly on carpet or grass.
- Pollen allergens from grasses, weeds, or trees, especially in spring and summer.
- Food intolerance to artificial colours and/or preservatives.
- Irritants such as perfumes, soaps, chemicals, wool, and synthetic fabrics.
- Temperature changes, such as overly heated rooms.
- Stress - although not a cause on its own, it can make eczema worse.
- Contact with animals or house dust mite allergen.
- Constant exposure to water, soap, grease, food or chemicals, that can damage the protective barrier function of the skin which can lead to eczema developing.

Control itch

- Cold compresses and wet dressings/wraps may help reduce itch.
- Consider using non-sedating antihistamines, especially if there are hives (urticaria).
- Antihistamines may also help reduce itch. Sedating antihistamines are generally not recommended and should not be used in young children without specialist supervision.

Prevent and treat infection

- Eczema is prone to infection with bacteria like Staph (*Staphylococcus aureus*) and viruses such as the cold sore virus (herpes simplex).
- Some people with eczema will need to treat infections as they occur. Others may require a long-term strategy to prevent recurrent infection, such as diluted bleach baths.

Q 6: What medications are used to treat eczema?

Topical corticosteroids or topical calcineurin inhibitors

- May be prescribed or recommended to actively treat redness and inflammation.
- Ensure that the right amount is used, as undertreatment of eczema can lead to poor symptom control and eczema flares. One way to measure is in fingertip units (FTU). One FTU of ointment is the amount that covers the first bend in the finger to the fingertip. One FTU is enough to cover an area of skin twice the size of an adult hand with the fingers together.
- Apply moisturiser after a corticosteroid has been applied.
- Skin damage can be prevented by applying creams or ointments recommended by your doctor, clinical immunology/allergy specialist or dermatologist as soon as eczema appears.

Long term oral antibiotics

- Can be helpful for people who have recurrent infected eczema.

Immune modulating treatments for severe eczema

- May be prescribed for more severe eczema.
- There are treatments for severe eczema listed on the Pharmaceutical Benefits Scheme (PBS) in Australia, which target different parts of the immune system. They are available for people aged 12 years or older with severe eczema who have not responded to other prescribed topical treatments.

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