

# NICE Clinical Guideline 57: ATOPIC ECZEMA IN CHILDREN QUICK REFERENCE SHEET FOR COMMUNITY PHARMACISTS



Royal  
Pharmaceutical  
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## ATOPIC ECZEMA – KEY POINTS

- Atopic eczema (atopic dermatitis, AE) affects one in five children in the UK and accounts for one in 30 consultations in community care
- Impaired skin barrier function is a major causative factor – this makes the skin susceptible to trigger factors, including irritants and allergens, which can make the eczema worse
- There can be considerable physical and emotional morbidity for the child and parents/carers, particularly if the disease is poorly controlled
- There is widespread lack of knowledge, confusion and anxiety among parents about many of the available treatments

## KEY PRIORITIES FOR IMPLEMENTATION

The key priorities for implementation in this guideline are:

- Adoption of a holistic assessment of eczema
- Identification and management of trigger factors
- Implementation of a stepped approach to management, based on continuous use of emollients
- Education and adherence to therapy
- Recognition of indications for referral

Table 1 shows the key priorities and the action points that pharmacists should use to contribute to the implementation of the guideline.

## RECOGNISING AND TREATING FLARES

- Explain how to recognise flares (increased dryness, itching, redness, swelling and general irritability).
- Explain how to manage flares according to the stepped-care plan (Figure 1); if appropriate, prescribe treatments accordingly.
- Start treatment for flares as soon as signs and symptoms appear. Continue for approximately 48 hours after symptoms subside.

## PHARMACY CHECKLIST

### Provision of information (oral and written) on

- Choice of emollients
- Emollients for moisturising and washing/bathing
- Application technique
- Correct use of treatments:
  - ❖ how much,
  - ❖ how often,
  - ❖ when to step up, step down
- Identification & management of eczema flare
- Identification and management of trigger factors
- Identification of infected atopic eczema
- National Eczema Society

### Labelling and packaging

- Label topical corticosteroid container with potency class of product
- Separate (small) original packs for school/nursery use

## RECOGNISING INFECTIONS

Infected eczema can be a cause of rapid deterioration.

- A child with suspected infected eczema should be referred to clinician who can prescribe the appropriate treatment
- Bacterial infection with staphylococcus and/or streptococcus is associated with weeping, pustules, crusts, atopic eczema failing to respond to therapy, rapidly worsening atopic eczema and, in severe cases, fever and malaise.
- Eczema infected with herpes (eczema herpeticum) requires urgent referral. It is associated with:
  - areas of rapidly worsening, painful eczema
  - possible fever, lethargy or distress
  - clustered blisters consistent with early-stage cold sores
  - uniform punched-out erosions (usually 1–3 mm) which may coalesce
- Topical treatments (creams) in open containers can be contaminated with micro-organisms and act as a source of infection. New supplies should be obtained after treatment for infected atopic eczema.
- Although not a NICE recommendation, people with cold sores should not kiss infants with eczema (risk of eczema herpeticum)

### Further information

Atopic eczema in children: implementation advice  
([www.nice.org.uk/guidance/index.jsp?action=article&o=39933](http://www.nice.org.uk/guidance/index.jsp?action=article&o=39933))

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**TABLE 1: KEY PRIORITIES AND ACTION POINTS**

KEY PRIORITY	ACTION
<b>Holistic assessment of eczema</b>	When assessing a child's atopic eczema (eg, when advising on self-care or referral to prescriber), take into account both the severity of the atopic eczema and how it is affecting the child and its family. (See stepped care plan)
<b>Identification and management of trigger factors</b>	Identification and avoidance of trigger factors can help people to manage AE more effectively. Ask about: <ul style="list-style-type: none"> <li>– irritants, eg, soaps and detergents (including shampoos, bubble baths and shower gels)</li> <li>– skin infections</li> <li>– allergens–inhaled allergens (pollen, pet dander, house dust mite), contact allergens &amp; food</li> </ul>
<b>Implementation of a stepped approach to management</b>	<b>STEPPED CARE PLAN</b> — Use a stepped approach for approach to management managing atopic eczema in children. This means tailoring the treatment step to the severity of symptoms and stepping up (to control flare ups) and down when the flare up has settled. <b>SUPPORT FOR SELF-CARE</b> — Check that children with atopic eczema & their parents or carers understand how to recognise & manage flares of atopic eczema and that appropriate treatments have been prescribed. See Treating flares box
<b>Emollients</b>	<ul style="list-style-type: none"> <li>* Ensure that children have a choice of unperfumed emollients to use every day for moisturising, and bathing.</li> <li>* Emollients should be:                             <ul style="list-style-type: none"> <li>– used more often and in larger amounts than other treatments</li> <li>– used on the whole body even when atopic eczema is clear</li> <li>– used while using other treatments</li> <li>– used instead of soaps and detergent-based wash products</li> <li>– used instead of shampoos for children under 12 months</li> <li>– easily available to use at nursery, pre-school or school.</li> <li>– prescribed in large quantities (250–500 g weekly) for leave-on emollients</li> </ul> </li> </ul>
<b>Topical corticosteroids</b>	<ul style="list-style-type: none"> <li>*The potency of topical corticosteroids should be tailored to the severity of the child's atopic eczema, which may vary according to body site. (See extended version on website for more details)</li> <li>* Topical corticosteroids should be applied only once or twice daily</li> <li>* Topical corticosteroids should only be applied to areas of active atopic eczema, which may include areas of broken skin.</li> <li>* Check that children and carers are aware of the potency of each topical corticosteroid product and know where and when it should be used.</li> <li>* Label the topical corticosteroid container with the potency class (i.e. mild, moderate or potent) of the product</li> <li>* Explain or reinforce that:                             <ul style="list-style-type: none"> <li>– the benefits of topical corticosteroids outweigh the risks when applied correctly</li> <li>– topical corticosteroids should only be applied to areas of active atopic eczema (or eczema that has been active in the past 48 hours. – see "treating flares" overleaf)</li> </ul> </li> </ul>
<b>Topical calcineurin inhibitors (TCIs)</b>	<ul style="list-style-type: none"> <li>* Treatment with topical tacrolimus or pimecrolimus should only be started by physicians with a specialist interest and experience in dermatology. They should not be used as first-line treatment but can be used for facial atopic eczema in children requiring long-term or frequent use of mild topical corticosteroids.</li> <li>* Explain that topical calcineurin inhibitors should only be applied to areas of active atopic eczema, which may include areas of broken skin</li> </ul>
<b>Bandages and dressings</b>	<ul style="list-style-type: none"> <li>* Treatment with occlusive dressings or dry bandages should only be started by a healthcare professional trained in their use.</li> </ul>
<b>Antihistamines</b>	<ul style="list-style-type: none"> <li>* Oral antihistamines should not be used routinely for atopic eczema.</li> <li>* If sleep disturbance is significant during acute flare (in a child over 6 months), offer 7–14 day trial of sedating antihistamine</li> <li>* Non-sedating antihistamines (1-month trial) can be used for children with severe atopic eczema or those with mild-moderate atopic eczema with severe itching or urticaria.</li> </ul>
<b>Phototherapy and systemic treatments</b>	(For further information on all aspects of treatment see CG 057 Quick Reference Guide ( <a href="http://www.nice.org.uk">www.nice.org.uk</a> ))
<b>Education and adherence to therapy</b>	Offer/reinforce advice about use of treatment (see pharmacy checklist above). In addition: <ul style="list-style-type: none"> <li>– review medicines' use regularly</li> <li>– Provide/reinforce information about eczema</li> <li>– Signpost patients to the National Eczema Society (<a href="http://www.eczema.org">www.eczema.org</a>)</li> </ul> (For further information on education and adherence to therapy see CG 057 Quick Reference Guide ( <a href="http://www.nice.org.uk">www.nice.org.uk</a> ))

**STEPPED-CARE PLAN**

