



Atopic Dermatitis – Treatment Overview

Information for patients

Eczema is not curable, although it is possible to control your symptoms.

1. Keep skin hydrated

- Bathe daily or every other day
- Water should be warm (not hot) and bathing limited to 5-10 minutes
- Use gentle, unscented soaps/cleansers
- Pat-dry the skin and immediately apply moisturizer while the skin is slightly damp. This helps seal the water in the skin.
- Thicker moisturizers provide a better barrier. Apply at least twice daily.
 - Ointments > Creams > Lotion
 - Recommendations: Vaseline, Aquaphor, Eucerin, Cerave, Cetaphil
- Use a humidifier during the dry, winter months

2. Treating the rash

- The most commonly used medications are topical corticosteroids
 - Topical steroids come in different strengths and formulations
 - Side effects may include: skin thinning, atrophy, and development of prominent blood vessels. When used appropriately and as prescribed these effects are rare.
- Non-steroid anti-inflammatory creams such as Protopic and Elidel are FDA-approved for children ages 2 and up
- For eczema not controlled with medicated creams, systemic medications may be necessary. Options may include ultraviolet light therapy (phototherapy), injectable biologic medication (Dupixent), or oral immunosuppressive medications.

3. Treating the itch

- Dry skin can be itchy; moisturizers are the first line treatment for itchy skin
- Topical anti-itch lotions (Pramoxine, Sarna, Cerave Anti-itch) may reduce the itch sensation
- Oral anti-histamines medicines can be helpful for inducing sleep, but usually do not reduce the itch and scratching

4. Avoiding triggers

Eliminating factors that aggravate your eczema can help control the symptoms. Possible triggers may include:

- Cold or dry environments
- Cigarette or wood smoke exposure
- Emotional stress or anxiety
- Sweat, friction, and overheating of skin
- Exposure to certain chemicals or cleaning solutions, including soaps and detergents
- Fragrances, such as perfumes, cosmetics, and laundry detergents
- Wool or synthetic fibers

4. Monitoring for secondary infection

Due to the impaired skin barrier, patients with eczema may be at increased risk for skin infections. The most common infection is from *Staphylococcus aureus* bacteria. This should be considered if the skin develops yellow, honey-colored crusts or appears raw and weepy. Infected skin may require topical or oral antibiotics. Dilute bleach baths (see attached) may reduce skin burden of *S. aureus* and decrease risk of infection. Patients with atopic dermatitis may be at risk for the spread of herpes virus on the skin and should avoid family/friends with a known or suspected herpes virus outbreak (cold sores, fever blisters, etc).