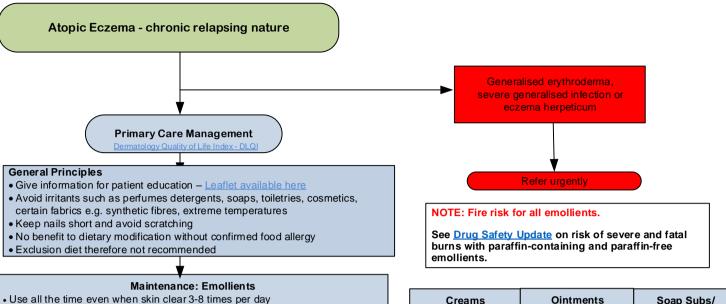
Camden Adults Eczema





 Any emollient can be added to bath, by melting in some warm water first Emollient video and information Flare

• No clinical evidence to support one emollient over another. Choice based on

• Ointments are preferred over creams for dry skin, but may be less acceptable

• Bath additives are NOT recommended due to increased risk of falls and no

Avoid aqueous cream for soap substitute/emollient due to skin reactions

• Remove emollients in tub/pot with clean spoons to avoid contamination

Flares - 1st line: Topical Steroids

Apply once or twice daily

evidence of efficacy

patient preference and costs

· Use early in flares (redness inflammation, itching)

Avoid emollients with preservatives eg E45®

- Use the weakest steroid that controls the disease. Step up steroid potency if required after 7 days. Treatment should be continued for 48 hours after flare has been controlled
- The potency of steroids is increased in flexures. Potent or very potent topical corticosteroids should not be used on flexures
- · Advise a 30 min gap between the application of an emollient and a steroid
- It is advisable to prescribe steroids as an acute prescription. Potent or very potent steroids should always be prescribed as an acute prescription.
- Ointments are preferred over creams (as creams contain preservatives) unless skin weeping or very moist
- 2nd line: Immunomodulators eg topical tacrolimus or pimecrolimus (see Camden Prescribing Recommendations) GPs should seek prescribing support if inexperienced.
- Educate patient regarding fingertip units

Fingertips unit quide for topica

Bacterial Infection

- Sudden worsening, crusting, weeping, pustulation, cellulitis, fever and malaise
- One small area: Fusidic acid cream or ointment
- Larger area or >one area treat with oral antibiotics for 7-14 days
- · Preferred antibiotic choice:
- Flucloxacillin or erythromycin (if penicillin allergic or known resistance)
- Antibacterial/emollient combinations not recommended (eg Dermol®)

See NCL Management and Treatment of Common Infections guide

Itch?

- · Sedating antihistamine (e.g chlorphenamine or promethazine hydrochloride) can be used for up to 14 days if disturbing sleep
- Topical anti-puritics are not recommended due to limited clinical evidence of efficacy

Treatments not recommended for initiation in primary care

- Wet wrapping, paste bandages, tape unless advised by specialist
- Oral steroids if oral steroids are required refer for specialist input

Creams **Ointments**

1st line: Epimax® *. Cetomacrogol, Aquamax® or ZeroAQS®

2nd line Oilatum cream® *, Zerobase cream® *

3rd line: Ultrabase cream® * or cetraben cream®

is required consider Zerodouble® ael*

Emulsifying ointment,

2nd line: Hydrous ointment, Hydromol®

3rd line: *. If a gel formulation

* - available in a pump formulation

1st line: Zeroderm® ointment

ointment.

Diprobase® ointment. Cetraben® ointment

Very greasy: White soft paraffin and Liquid Paraffin

50:50

Soap Subs/ **Rath** Additives

1st line: Emulsifying Ointment. ZeroAQS®

2nd line: Any preferred emollients but not white soft paraffin: liquid paraffin 50:50

Referral to Dermatology

- Diagnostic uncertainty
- Severe psychological or social issues (e.g. sleep disturbance)
- Eczema associated with severe / recurrent infections especially deep abscesses or recurrent pneumonia
- Adverse reaction to multiple emollients
- Poorly controlled eczema

Reference: https://cks.nice.org.uk/eczema-atopic

Pathway queries: Camden.pathways@nhs.net

Approved by the Clinical Cabinet July 2018/ CMMCAugust 2018. Review August 2021

Please refer also to Camden Adult Eczema Guideline, and the Summary Product Characteristic(SPC) of any drugs considered. This pathway has been developed from published guidance in collaboration with local dermatologists. This guidance is to assist GPs in decision making and is not intended to replace clinical iudgement.

Adult Eczema

Preferred Camden prescribing guidance

STERIODS- cream/ointment	Mild	Hydrocortisone 1% (cream/ointment)	Any area up to twice a day
	Moderate	Clobetasone butyrate (Eumovate®)	All areas up to twice a day
		0.05% (cream/ointment)	Maximum of 5 days duration for moderate or severe flares on
			the face, genitals, or axillae
		Betamethasone valerate 0.025%	All areas max twice a day
		(cream/ointment)	Maximum of 5 days duration for moderate or severe flares on
			the face, genitals, or axillae
	Potent*	Betamethasone valerate 0.1%	Body, limbs, feet and hands up to twice a day for a maximum of
		(cream/ointment)	7-14 days.
		Mometasone furoate (Elocon®) 0.1%	Body, limbs, feet and hands once daily for a maximum of 7-14
		(cream/ointment)	days.
	Very Potent*	Clobetasol proprionate 0.05%	Very potent steroids should not be used on the face. Only for
		(cream/ointment)	those unresponsive to potent steroids for a short course
			especially on hands or feet

Key prescribing messages for steroids:

Ointments are preferred over creams if cosmetically acceptable

Creams contain more water and therefore may contain more preservatives-but they maybe more cosmetically acceptable

*There should be a four week gap between courses of potent/very potent steroid treatments

See <u>fingertip unit guide</u> for further information

Treatment for Infections (See NCL Management and Treatment of Common Infections Guide)

Infection	Treatment
Bacterial	
Symptoms and signs: weeping pustules, crusts, rapidly worsening atopic	eczema, fever and malaise
	Oral antibiotics:
Widespread infection (S.aureus or streptococcal)	1 st line – Flucloxacillin or
	Erythromycin – in the case of allergy to flucloxacillin or flucoxacillin resistance
	2 nd line - Clarithromycin – in the case of allergy to flucloxacillin or flucloxacillin resistance and if
	erythromycin is not well tolerated
	Prescribe as indicated for 7-14 days according to clinical response
	Please also refer to the North Central London common infections guide
Localised infection	Topical antibiotics. Prescribe as indicated and use no longer than 14 days
Localised herpes simplex infection	Initiate treatment with oral aciclovir (see BNF for dosing)