Eczema guidelines adapted from PCDS

Original guideline at www.pcds.org.uk/clinical-guidance-and-guidelines

Initial consultation with acute flare.

- Potent steroid mometasone furoate 0.1%(**Elocon**) or betamethasone 0.1% (**Betnovate**) OD 2-4 weeks (clobetasol butyrate 0.05% (**Eumovate**) for child)
- Consider systemic antibiotic e.g.**flucloxacillin** for 1-2 weeks
- Betamethasone 0.1% fusidic acid 2% (**Fucibet**) bd for localised infective flare for short term 1-2 weeks. Intermittent use encourages bacterial resistance.
- **Hydroxyzine** 25-50mg at night
- RV 1-2 weeks
- Consider eczema herpeticum

Long term management

Emollients - Encourage regular use as this is an important part of management

- Ointments more effective but less well tolerated (e.g. **epaderm**)
- Ointments at night, lighter creams in day better tolerated (e.g. **cetraban**, **diprobase**). Encourage to try alternatives if not well tolerated
- Use soap substitute e.g. **Dermol 500** or **aqueous cream**

Topical steroids – always use the mildest that works, but consider short courses of higher strength if needed.

- Child face: mild potency e.g. **1% Hydrocortisone**
- Child trunk and limbs: moderate potency e.g. **Eumovate**
- Adult face: mild or moderate potency e.g**. 1% Hydrocortisone**, alclometasone diproprionate **(Modrasone)**
- Adult trunk and limbs: moderate to potent e.g mometasone furoate 0.1%**(Elocon)**
- Palms and soles: potent or very potent e.g.clobetasol proprionate 0.05% **(Dermovate)**

Immunomodulators (tacrolimus (**Protopic**)**,** pimecrolimus(**Elidel**))

- tacrolimus 0.03% age 2 and above, tacrolimus 0.03%- 0.1% age 16 and above
- Eyelids and periorbital skin
- To replace regular steroid use on face
- Elderly lower legs using topical steroids and at risk of leg ulcers
- Signs of skin atrophy
- Widely distributed eczema using too much topical steroids
- Can be used twice weekly as a maintenance treatment

Frequent flares

- Check Compliance
- Skin swab and nasal swabs. Treat nasal carriage with **bactroban** BD for 1 week
- Intermittent steroids to control moderate to severe flares
- Tacrolimus (**Protopic**) as alternative in frequent steroid users
- Consider allergic dermatitis (patch testing)

Referral Criteria

- Diagnostic uncertainty
- Severe eczema
- Moderate-severe eczema not responding to above measures over 4 months
- Steroid atrophy or concerns about amount of steroids/immunomodulators being used
- Possible cases of contact allergic dermatitis

For any clinical and non-clinical queries, please contact the BICS Dermatology Team on**:**
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