

Atopic eczema in primary care: evidence update and implications for practice

Miriam Santer, Matthew J Ridd, Jane Harvey, Stephanie Lax, Ingrid Muller, Amanda Roberts and Kim S Thomas

Most people with eczema have mild or moderate disease, and most are treated in primary care.¹ This article aims to support health professionals in helping patients get control of eczema in time-limited consultations. Recent updated National Institute for Health and Care Excellence (NICE) guidance on atopic eczema highlighted changes to advice regarding bath emollients and advice on how to wash.² While a fuller update is awaited, the evidence behind this is presented here, along with a summary of other recent research on eczema.

Signposting to self-management website improves eczema outcomes

For many people with eczema the main barrier to treatment control is effective use of emollients and topical corticosteroids (TCS).³ Understanding the different roles of these two treatments is crucial: *topical corticosteroids get control while emollients keep control of eczema*. Recent research has shown that a freely available website (Eczema Care Online; [https://](https://www.eczemacareonline.org.uk)

www.eczemacareonline.org.uk) supporting eczema self-management leads to improved eczema outcomes for both children and young people.⁴

Eczema Care Online was developed together with patients/carers and incorporated extensive user feedback. This showed that terminology can be a barrier to treatment use, as *emollient* sounds 'medical' (therefore people do not like using it long term) and *steroid* has negative associations. Treatment may be better understood by using the terms '*flare control creams*' to get control and '*moisturising creams*' to keep control. User feedback also showed that use of '*finger-tip units*' added to uncertainty around TCS, and users preferred '*put on a thin layer, just enough to cover the eczema flare area*' (Figure 1).

How to prescribe topical corticosteroids safely and effectively

Patients and carers report concerns over the safety of TCS, particularly for long-term use.⁵ These concerns can

Two treatments used well:

A GUIDE FOR ECZEMA SELF-CARE

- There are two main treatments for eczema.
- Both are needed because they help keep eczema under control in different ways

Eczema Care Online



Learn about more ways to manage eczema at: [EczemaCareOnline.org.uk](https://www.EczemaCareOnline.org.uk)

EMOLLIENTS

Moisturising creams

Why? Reduce flare ups by locking water into the skin and keeping things out that may irritate the skin.

Type? You can use lotions, creams, gels or ointments. All types are equally effective, but you might prefer one type to another.

Choose the right one for you: www.bristol.ac.uk/eczema

Where? Can be used **all over** the body.

When? Use on the skin **every day**. Moisturising creams are used during an eczema flare up and when the skin is clear from eczema.

Are they safe? **Yes**. Sometimes people find they sting when you first put them on, but this should settle after a short time.



TOPICAL CORTICOSTEROIDS

Flare control creams

Why? Treat flare-ups where the skin is more sore or more itchy than usual.

Type? You can use creams or ointments. Mild eczema is usually treated with a mild flare control cream. Moderate or severe eczema or eczema that is not getting better may need a stronger flare control cream.

Where? During a flare-up, apply a thin layer to cover the eczema flare-up area. You may need different types for different parts of the body, for example, on the face.

When? Start using once a day **as soon as you spot a flare-up** to get control quickly. After the flare-up is under control, continue using for another two days. If you are using these for more than 4 weeks, discuss this with your doctor.

Are they safe? **Yes**. Flare control creams are safe when following instructions above. Left untreated, eczema flare-ups can lead to more serious problems.

Figure 1. Printable infographic for patients to promote the different roles of emollients, 'moisturising creams', and topical corticosteroids, 'flare control creams'. Source: www.eczemacareonline.org.uk/en/two-treatments-documents. © The University of Southampton. Used with permission.

Box 1. Eczema resources

Resource	URL	Description
Eczema Care Online	https://www.eczemacareonline.org.uk	Evidence-based website for people with eczema and parents of babies or children with eczema
'Two treatments used well' printable leaflet	https://www.eczemacareonline.org.uk/en/two-treatments-documents	Summarises 'flare control creams' get control and 'moisturising creams' keep control
Moisturiser Decision Aid	https://www.bristol.ac.uk/eczema	Designed for parents, older children with eczema, or health professionals, to inform emollient choice
Eczema Written Action Plan	https://www.bristol.ac.uk/eczema	Patient-held plan, to be completed with health professional, for parents of children with eczema

be heightened by inconsistent messaging from healthcare professionals.⁶ A recent Cochrane systematic review provided reassuring data around the safety and effectiveness of different strategies for using TCS to help provide consistency.⁷ A further review that included observational studies, as well as the randomised controlled trials (RCTs) in the Cochrane review, showed that, although data on longer-term safety of TCS are scarce, studies with follow-up longer than a year are reassuring.⁸

Safety

The Cochrane review supports recommendations that TCS are safe when 'used appropriately', that is, for up to 4 weeks, depending on potency, site, and eczema thickness, then having a break to minimise potential side effects. Skin thinning was reported in less than 1% of participants included in studies within the review, mostly occurring with use of very potent TCS.⁸

Once-daily topical corticosteroid

There is no evidence of a difference in effectiveness between twice-daily application versus once-daily application of TCS in eczema.⁸ This supports previous recommendations advising using TCS once daily, to simplify treatment regimens, and potentially minimise adverse events compared with twice-daily TCS.^{9,10}

Which potency of topical corticosteroid to treat a flare?

Among people with moderate eczema, or worse, there is good evidence that moderate and potent TCS are likely to be more effective in treating eczema flares compared with mild TCS.⁸ Studies in people with mild eczema are lacking.⁸

'Weekend therapy' of topical corticosteroid to prevent recurrent flares

For people who have frequent eczema flares despite use of regular emollients, there is good evidence that applying the TCS to areas prone to eczema 2 consecutive days per week ('weekend' or 'proactive' therapy) prevents flare-ups. It also appears to be safe as no cases of skin thinning were reported in the trials of this strategy.⁷

How to prescribe emollients effectively

Leave-on emollients

Acceptability and perceived effectiveness of emollients are key to their being used regularly to improve eczema symptoms. There are many different products, but most (from thin through to thick consistency) are lotions, creams, gels, or ointments.

Recent evidence in childhood eczema has shown that all emollient types are similarly effective, contradicting the previous consensus that 'thicker' emollients need to be applied less often and are better for more severe eczema.¹¹ Awareness of the different emollient types is low and different types suit different people, that is, the best emollient is the one that the patient will use.

Localised skin reactions are common with all types, affecting around a third of patients. As emollients are more likely to sting when eczema is not well controlled, this may reflect under-use of TCS. An emollient decision aid, which summarises the different types, is available to download from <https://www.bristol.ac.uk/eczema>.

Bath emollients and washing with eczema

Bath emollient additives do not add benefit when used in addition to leave-on emollients for childhood eczema,¹² further simplifying treatment regimens. People with eczema should be advised to avoid using soaps, reduce shampoo contact with the skin, and use

leave-on emollients as soap substitutes. Eczema Care Online has clear advice on how to wash with eczema.

Putting it all together

There is a lot of information to be conveyed within an eczema consultation, including potential triggers, understanding treatments ('flare control creams' to get control and 'moisturising creams' to keep control), and how to wash. Using high-quality free resources such as Eczema Care Online is a time-efficient way of delivering key messages and improving outcomes for eczema (Box 1).



“Recent updated National Institute for Health and Care Excellence guidance on atopic eczema highlighted changes to advice regarding bath emollients and advice on how to wash. While a fuller update is awaited, the evidence behind this is presented here ... ”



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