

GP ECZEMA GUIDELINES

Topical steroids



- Potency dependant on severity of disease and Site to be treated.
- Cream/ointment patient's choice.(Generally ointments are better)
- Apply topical steroid once or twice day (aids compliance)
- Step up, step down approach (potent steroid for Flare ups, short term use, Medium potency for Maintainance)
- Medium potency steroids for flexures
- Review to ensure there has been an improvement
- Prescribe adequate quantities taking into Account area to be covered (see NHSR emollient guidelines)

Weeping localized patches



- Combined topical steroid and anti bacterial (potency dependant on severity and site to be treated)
- Use a cream rather than ointment (less occlusive)
- For repeated infections consider an anti Microbial wash and emollient cream eg. Dermol/Eczmol
- Nasal swab. Positive Staph aureus treat with Naseptin nasal cream (if allergic to nuts use Bactroban nasal cream)

Health Education

- Expectations from treatment
- Liberal and frequent use of an emollient (patient's choice), taking into account life style, age and skin type.
- Most emollients can be used as a soap substitute.
- For facial and hand eczema patients should be encouraged to wash and shave with their emollient.
- Babies apply a little each nappy change
- Information on how to apply topicals
- Prescribe adequate amounts of all topicals taking into account frequency of use and area to be covered
- Advise on pre paid certificate for prescriptions if appropriate to aid compliance
- Sedating antihistamine if pruritus a problem (non-sedating ones for during the day if required)
- Avoid greasy emollients if hairy as prone to folliculitis

Refer to Secondary Care if:

- Herpes Simplex is suspected
- A contact allergy is suspected
- No improvement following the use of potent steroids
- Repeated infections requiring systemic antibiotics
- Frequent relapses
- Phototherapy is considered for severe pruritis.

Lichenification



- Paste bandages, Zipzocs
- Betesil (betamethasone 0.1%) plasters cut to size and placed focally on the affected area
- Usually require a potent topical steroid
- Duoderm extra thin
- Haelan tape

Nodular lesions



- Topical steroid ointment potency depending on severity and site to be treated
- Paste bandages, Zipzocs
- Duoderm extra thin
- Haelan tape