

exchange

NATIONAL ECZEMA SOCIETY MEMBERS' MAGAZINE

FREE TO
MEMBERS

*Getting a good
night's sleep*

Eczema in the
time of Covid

Baby on board

*Eczema and teens:
feeling comfortable
in your own skin*

Eczema and
the ear



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NATIONAL
ECZEMA
SOCIETY

Exchange is the National Eczema Society's quarterly magazine, produced to keep members up to date with the management and treatment of eczema and to provide a forum for an exchange of news, ideas and information. If you'd like to join us, go to www.eczema.org/become-a-member

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of the Society. They are included to generate revenue to help cover the costs of production of *Exchange*.

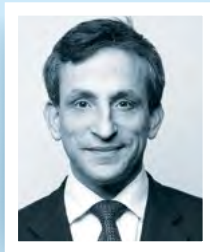
Warning: Products, treatments or other forms of medication that suit one person may not suit another. It is advisable to test different skin products on a small patch before general use. If possible, you should also consult your doctor before changing eczema treatment and should

also do this if in doubt regarding a treatment or proposed treatment. The Society cannot accept any responsibility for failure to take medical advice.

Policy: The Society's general approach is to encourage active partnership between patients and healthcare professionals and the discussion of all available options, in the interests of informed choice on the part of the patient.

Some good progress

I think we all hoped 2021 would start with an easing of the Coronavirus pandemic and restrictions, but that was not to be. It seems social distancing of one sort or another will be with us for a while to come. It is very encouraging, though, to see the Covid-19 vaccination programme well underway and already protecting the most vulnerable.



People with eczema, including those taking immunosuppressant medicines, are being advised to have the Covid-19 vaccination when offered. There is no evidence that Covid-19 vaccines make skin disease worse and no reason to think they would. There are only a few circumstances where vaccination is currently not recommended, such as during pregnancy – do check with your doctor if you are unsure.

I'm pleased to highlight good progress (see page 5) with the Society's campaign to make leave-on emollients available on NHS prescription for patients with inflammatory skin conditions such as eczema. We know some local health commissioners and GPs have acted incorrectly on earlier NHS England guidance and stopped prescribing emollients or reduced the amounts. This has resulted in huge hardship for many, with children disproportionately affected. So, we are relieved that NHS England has now produced additional guidance to make clear to GPs that they can, and should, prescribe emollients for people with eczema living in England. The situation is better in other UK nations.

Most of our members use steroid creams or ointments to manage eczema flare-ups. Topical steroids are a first-line treatment for eczema and have been used widely and safely for many years. Despite this, some people remain worried about the possible side-effects of topical steroids. We have received more enquiries recently about topical

steroids and the risk of so-called 'topical steroid withdrawal'. We have also seen more discussion on social media about this and a rise in potentially confusing and inaccurate information available online.

To help inform these discussions, the Society has been working with the British Association of Dermatologists to write a joint statement on topical steroid withdrawal (see page 6). We wanted to clarify the different terms people use to describe topical steroid withdrawal and explain more clearly the ways skin can be affected when people stop using topical steroids. The statement is available to read on our website at eczema.org/wp-content/uploads/Topical-Steroid-Withdrawal-position-statement.pdf

Many thanks to all our members and donors who supported our Christmas fundraising appeal this year. There is still time to support our research into childhood eczema – you can donate using our website or send a cheque to the Society's office at 11 Murray Street, London NW1 9RE.

Ed Davies QC | CHAIRMAN

NESNEWS

Emollients on NHS prescription

NHS England has agreed to issue new guidance making clear that leave-on emollients should be offered on NHS prescription for people with eczema.

National Eczema Society has been working hard behind the scenes for over a year to press NHS England and NHS Improvement to clarify their prescribing guidance on emollients. We have been working on this initiative alongside other dermatology organisations, led by the Dermatology Council of England and British Association of Dermatologists.

The current guidance does not make it sufficiently clear that GPs can – and should – prescribe leave-on emollients for people with long-term inflammatory conditions, including eczema. Some local health commissioners in England have interpreted it incorrectly, making it harder for GPs to prescribe emollients for eczema. This has caused real hardship for people who have been unable to get emollients on prescription or in the quantities they need.

Discussions have taken much longer than we wanted, but we believe the new guidance will be very helpful for patients when advocating with their GPs for the emollients they need to manage their eczema. The guidance also makes clear that GPs can prescribe bath and shower preparations when medically appropriate. A copy of the guidance is available to view and download on the NES website.



Funding eczema research

Many thanks to members who donated to the Society's Christmas fundraising appeal. We so appreciate your wonderful support.

The money will enable us to fund a research project investigating childhood eczema. One in five children in the UK has eczema but, despite it being so prevalent, we still have much to learn about its causes and the best ways of treating it. The impact on children and their families can be profound.

National Eczema Society already contributes to eczema research in various ways, but we want to do much more. We are asking doctors and researchers from across the UK to submit their research ideas for the best ways to improve eczema care for children. The most promising proposal will receive our funding for a pilot or feasibility study. We want the successful research team to continue developing this work as part of a larger research initiative, funded by other organisations.

We have teamed up with the UK Dermatology Clinical Trials Network – a group of leading dermatologists, dermatology nurses and health services researchers – to award this funding. The British Society of Paediatric Dermatology is also involved and is providing a separate funding award.

We expect to make the funding announcement later in the year and will keep members updated on progress through *Exchange*. Thanks again to everyone who has supported this important initiative.

Topical steroid withdrawal

In January 2021 the National Eczema Society produced a joint statement with the British Association of Dermatologists about so-called 'topical steroid withdrawal'.

The statement was published following growing patient concerns about overuse of topical steroids and possible side effects after stopping use. The Society had been receiving more enquiries through our Helpline from people worried about the risks of topical steroids and of withdrawal. There had also been a rise in potentially confusing and inaccurate information available online and wider comment on social media.

Read the statement

[eczema.org/information-and-advice/treatments-for-eczema/topical-corticosteroids](https://www.eczema.org/information-and-advice/treatments-for-eczema/topical-corticosteroids)

Topical steroids have been used for many years and are effective treatments for inflammatory conditions such as eczema. However, like many treatments, they can have side effects. It is important to use topical steroids as prescribed or directed, and healthcare professionals need to make time to explain to people how to use them effectively and safely.

People are most likely to experience problems if they have used high-strength topical steroids every day over a long period (usually, more than a year). This is a complex area and we need more research on this. However, we believe it is important to talk more openly about topical steroid withdrawal and provide evidence-based information about the possible effects of stopping topical steroid treatment.



It's a huge frustration if eczema returns soon after stopping topical steroid treatment. For some, the eczema is too severe to be controlled by topical steroids alone, and the inflammation continues or worsens despite using the treatment correctly.

This inability to control the underlying inflammation, coupled with concerns over daily long-term use, can lead some people to try and manage their eczema without topical steroids. Initially, the eczema is likely to get worse after stopping treatment.

Some do find that after a while, the eczema settles and can be managed using emollients or non-pharmacological therapies, and by making lifestyle changes to minimise triggers such as stress. It can be hard work finding the right skincare regime and what works best for one person won't always work for another.

As a Society, we recognise people's individual choice in deciding how they manage their eczema. We do recommend people speak to their healthcare professional about any treatment options they are considering.

Find out more

See Professor Carsten Flohr's article 'How safe are topical corticosteroids?' in the December 2018 issue of Exchange [eczema.org/information-and-advice/treatments-for-eczema/topical-corticosteroids](https://www.eczema.org/information-and-advice/treatments-for-eczema/topical-corticosteroids)

New treatment for younger children

Dupilumab, the new biologic drug for moderate-to-severe eczema, has now been licensed by the European Medicines Agency for use in younger children aged 6-12 years old.

We expect dupilumab to be available for eligible children on NHS prescription soon, following confirmation by UK medicines regulators. Dupilumab is already in use to treat adults and adolescents (aged 12-17 years old) with more severe eczema.



Special offer for members

Try a free sample of Zeroderm® Ointment

Zeroderm® Ointment is a rich emollient used to moisturise and soften dry skin in eczema and other skin conditions. It is suitable for all ages (however, healthcare professional advice should be sought before using with children under one year). Zeroderm® Ointment is a 3-in-1 moisturiser, skin cleanser and bath additive.

If you'd like to test Zeroderm® Ointment: please email zeroderma@thorntonross.com with your name, postal address and email.

If you are selected to take part, samples will be posted to you with information about how to use the product.

Once you've tried Zeroderm® Ointment, you'll be invited to answer a short survey about your experience.

www.zeroderma.co.uk

Keep up to date

Exchange magazine is just one way of staying informed about key developments in eczema. For more frequent news and updates, follow us on social media too.

[@eczemasociety](https://www.instagram.com/eczemasociety)



Eczema research update

Part 2 of Julie Van Onselen's summary of selected presentations and research findings from the British Association of Dermatology conference 2020, following on from our December issue.



Sun-aggravated eczema

Photo-aggravated atopic dermatitis is an unusual type of eczema that has a seasonal pattern, with eczema flares aggravated by sunlight.

A Manchester-based study looked at symptoms in 120 people with atopic eczema (13% under 18 years of age) who had been referred for investigation of photosensitivity. The children in the study had a range of skin types. The 23% who were African-Caribbean had lower vitamin D levels, were younger and were more likely to be female at the onset of photosensitivity compared with patients with lighter skin.

Almost 50% reported that one hour's sunlight exposure provoked photo-aggravated dermatitis and 78% experienced a major effect on their quality of life, shown by scoring more than 10 on the Dermatology Life Quality Index.



Psychological factors

Atopic eczema is associated with other health issues, with one-in-three patients at high risk of clinical depression, found a Dublin-based study. The research measured psychological distress, sleep disturbance and problem drinking in adults being treated in dermatology departments for atopic eczema.

Of 100 people who completed a questionnaire (53 women and 47 men), 29 had severe symptoms (coded by EASI and POEM), 24 were smokers and 50 reported taking one-to-five days' sick leave in the past year. According to the itch numerical scale, participants' mean score was 4.7, with 28% scoring severe itch associated with poor sleep and 46% having a severe effect on quality of life with a score of over 10.

One-third of participants experienced sexual difficulties and 30% were at risk of clinical depression, linked to poor sleep. There was a 25% prevalence of problematic drinking, which correlated with time off work.



Long-term effects of dupilumab

The LIBERTY AD OLE study looked at the effect of dupilumab on quality of life for people with atopic dermatitis. It used the EQ-5D assessment to assess five dimensions – mobility, self-care, usual activities, pain or discomfort and anxiety or depression – in people using dupilumab for up to 100 weeks.

All the study participants showed sustained improvement in all five domains – especially in usual activities, pain or discomfort, and anxiety and depression – with the proportion of patients reporting no problems increasing over time.



Helen Dennis
DERMATOLOGY NURSE ADVISER

Helen has worked as a dermatology nurse practitioner in the community and as a sister at St John's Institute of Dermatology. She is a keen educator of parents and healthcare professionals, and was coordinator for the Eczema Education Programme, a service training parents to self-manage their child's eczema. She is a dermatology nurse advisor to the National Eczema Society.



Dr George Moncrieff
GENERAL PRACTITIONER

George is clinical dermatology lead for a federation in South Birmingham and appears as a skin-care expert on ITV's This Morning. He retired from his practice in 2017 after nearly 40 years in the NHS. Before retiring, he ran a busy community dermatology clinic receiving referrals from the local GPs. George chaired the Dermatology Council for England from 2014 to 2018.



Julie Van Onselen
DERMATOLOGY NURSE ADVISER

Julie is an independent dermatology nurse with 25 years' clinical experience. She is passionate about improving care and support for people with skin conditions and in educating patients and healthcare professionals. She is a dermatology nurse adviser to the National Eczema Society and leader of the dermatology module in the School of Health and Sports Science at the University of Stirling.

Eczema herpeticum

Q I've been told that eczema herpeticum can kill and I'm really worried. What is it, and how can I protect my baby daughter from getting it?

Helen Dennis says: Eczema herpeticum is an infection of the skin. It is caused by the herpes simplex virus. This virus usually causes cold sores, but in people with eczema the virus can spread through the skin and develop quickly into this serious condition.

It is true that eczema herpeticum is a potentially serious infection. If it isn't recognised and goes untreated there is a risk of complications, such as damage to eyesight if it is close to the eyes, and it can be fatal. But luckily, it is relatively rare in the first place and most children who get it make a full recovery as long as treatment starts promptly.

The condition becomes severe if it is left undiagnosed or untreated for a while, or in people who have other health issues such as compromised immunity. In these cases, the mortality rate is around 3%.

If you suspect you – or someone you care for – has eczema herpeticum, it is essential that you get help immediately: it can't be left till the morning. If your GP can't see you, call NHS 111 or go to your nearest A&E department. As soon as you arrive, tell them that you suspect it is eczema herpeticum to help them make their diagnosis.

Treatment

The condition is treated with an antiviral medication called acyclovir. This can be taken as a tablet but people often stay in hospital for a few days so they can receive it intravenously (through a vein).



Symptoms to look out for

- **Areas of painful eczema that get worse quickly, such as during the course of a day**
- **Groups of fluid-filled blisters that break open, leaving small, shallow, open sores on the skin – often described as 'punched out', dark-red erosions**
- **A high temperature and sometimes generally feeling tired and unwell.**

Reducing the risks

If your daughter has eczema, she is at risk of this virus and you cannot completely protect her from it. But there are some steps you can take to reduce that risk. The virus is spread through direct contact – either skin-to-skin contact or contact with hard surfaces (where it can live for a few hours), so using good hygiene helps.

In around one-third of cases there is a history of someone in the family having a cold sore. So, if someone has a cold sore make sure you don't kiss each other and treat it quickly with a cream from the pharmacist. It's best to not share towels, pillows and flannels within the home, too.

Eczema and antihistamines

Q My eight-year-old daughter, who has eczema, has been having real problems with itching and our GP suggested trying antihistamines. So far we've been giving her the non-drowsy ones three times a day, but it's not helping. Should we try the drowsy type?

Dr George Moncrieff says: I'm sorry to hear about your daughter's discomfort. Atopic dermatitis is itchy – usually miserably itchy. If it's disturbing your daughter, I imagine it's also disturbing the entire household. It can also result in painful tears in the skin, which easily become infected and drive the vicious 'itch-scratch-itch' cycle.

Many doctors still recommend antihistamines for atopic dermatitis, but the evidence shows that, sadly, they just don't help.

In many itchy skin conditions, such as urticaria (hives), histamine does play a central role and antihistamines can be highly effective – not only at relieving itch, but also at controlling the problem. Of course, some people with atopic dermatitis also get hay fever (allergic rhinitis or conjunctivitis) and antihistamines do have a very useful role for this.

However, in atopic dermatitis, itch is not triggered by histamine. That's why, for years, we have advised patients to avoid the non-sedating antihistamines. They just don't help.

Sedating antihistamines are sometimes prescribed, but their only potential benefit is that they cause drowsiness. The problem is that even



if they're taken at bedtime, the sedation lasts well into the next day. Because the sleep they induce is chemically induced, it is less refreshing than natural sleep and the resulting daytime drowsiness could impair your daughter's education and increase her risk of accidents. So, I seldom recommend them, and even then only for a couple of nights – perhaps over a weekend – to enable someone with severe eczema to catch up on sleep.

There is emerging evidence that one of the four histamine receptors (H4) may play some role in eczema and its itching. When the science moves forwards and we have an H4 receptor blocker, that may be a more useful treatment, but our current antihistamines do not block that receptor.

In the meantime, my advice is to avoid these drugs altogether for your daughter's eczema. I believe, unfortunately, that the potential for harm exceeds any significant benefit. It may be worth doing a full review of her eczema management routine, including lots of emollient and topical steroids for breakouts.

A further word of caution: never use an antihistamine cream, even for insect stings or bites. It can cause a very severe allergic reaction and could even trigger an allergy to antihistamines taken by mouth. This would be a worrying scenario as antihistamines are often used by injection or by mouth, for severe allergy.

Acne and eczema



Q I'm worried about my daughter's face. She's had eczema since she was a baby and it's never gone from her face. Now, aged 14, she has developed acne.

The GP is treating this with a benzoyl peroxide and retinoid gel but has said she shouldn't use eczema treatments too as they will aggravate her acne. The issue is that occasional five-day courses of Eumovate or 1% hydrocortisone ointment have always kept her facial eczema at bay (as well as emollients). Now her face is red, sore and very dry. How can we manage the acne and eczema together?

Julie Van Onselen says: It's always tricky to manage other facial skin conditions such as acne alongside eczema. The problem is that the topical steroids that have controlled your daughter's facial eczema so well do actually aggravate acne and are contraindicated. So the GP's advice is right when it comes to topical steroids. However, it's not the case with emollients. She can still use these – and will need to – as benzoyl peroxide preparations are very drying, so this will aggravate dry skin associated with her eczema.

Firstly do tell your daughter to start using emollient on her face again, for washing and moisturising. Acne can make the skin greasier, and a preparation that blocks her pores could

lead to more acne. So, she may need to try out some other emollients and definitely avoid ointments on her face. I would suggest a cream or, if her skin becomes greasier, a lotion. But the principle should be to use the emollient that controls and prevents the dry skin caused by eczema.

The good news is her eczema can still be treated alongside the acne, but with non-steroidal topical treatments. She should use her acne treatment in the morning, after washing her face, applying it to her whole face – not just the spots. She can then apply the emollient half an hour later, and at any time during the day, if her face feels dry.

Then, in the evening, if prescribed, she can treat her facial eczema with topical calcineurin inhibitors (TCIs), pimecrolimus or tacrolimus. (If she uses tacrolimus, she needs to leave a two-hour gap between applying it and the emollients.)

Warn your daughter that TCIs can cause a stinging or burning sensation when they're applied at first, but this settles after a few days. They can also cause sensitivity to sunlight, which is why they are best applied once daily, at night time. TCIs can be used for up to six weeks. As soon as the eczema is controlled, move to a twice-weekly maintenance treatment, which will be easier to manage alongside acne treatments.

The British Association of Dermatologists has an excellent acne support website at: www.acnesupport.org.uk.

See also the NES factsheets on TCIs at: www.eczema.org/information-and-advice/treatments-for-eczema/topical-calcineurin-inhibitors.

Hand hygiene and Covid: the impact on eczema care



Hands. Face. Space. We are now very familiar with the government mantra reminding us to wash our hands more frequently. But for people with eczema, this presents particular challenges. Dr Susannah George looks at some ways Covid-19 has affected eczema care.

Us dermatologists had always told people with eczema to use emollients instead of soap because it damages the skin barrier and makes eczema worse. But suddenly, with Covid-19 we have found ourselves in a situation where stringent hand hygiene was imperative. But washing with water and emollients is not effective enough to prevent the virus from spreading.

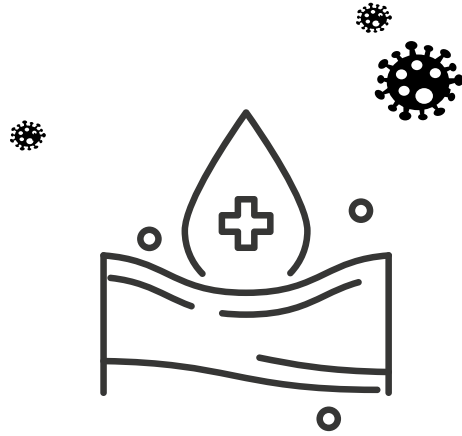
What has this meant for eczema?

With the emphasis on handwashing, many people found that their hand eczema became worse, while many others developed it for the first time. People with hand eczema often have atopic eczema, either affecting other parts of the body at the same time or a history of atopic eczema in childhood, which has recurred on their hands in adulthood. Repeated wet work or handwashing as part of someone's work makes them more likely to get irritant contact dermatitis.

Water itself is an irritant – as are many of the chemicals included in hand-hygiene products. More rarely, people develop an allergic contact dermatitis to chemicals added to the product, such as fragrance or preservatives.



Soaps and detergents can damage the skin barrier by removing the lipids (fats) and damaging the proteins in the top layer of the epidermis – the stratum corneum. Washing hands with hot (or very cold) water can damage the skin, too. The damage leads to loss of moisture from the skin barrier, making it leaky, allowing irritants and allergens to penetrate.



Did you know?

- The role of hand hygiene in reducing infection was first recognised nearly 200 years ago by Ignaz Semmelweis, a Hungarian doctor working in Vienna, who noted that women giving birth were more likely to die when attended to by doctors who came straight from conducting a post mortem than by women at the midwife-led unit. A new rule making handwashing compulsory led to a fall in mortality.
- During the Crimean war, Florence Nightingale became another early advocate of hand washing, when the implementation of hand sanitisation was found to reduce infections.

Handwashing today

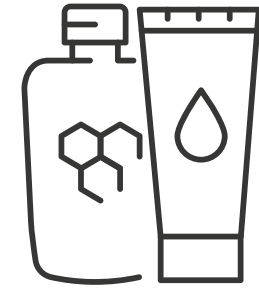
At the start of the pandemic, little was known about the new coronavirus and one of the first recommendations was frequent handwashing for 20 seconds each time (or for the time it took to sing 'happy birthday' twice).

This was recommended because of the possibility that viral particles on our hands could be transferred to objects that we touched, spreading the infection to anyone else who touched the same item.

One year on, we know that Covid-19 can be spread in two ways:

- 1 **Directly** either by aerosol droplets (tiny airborne droplets of fluid) or respiratory droplets (produced by talking, coughing, sneezing or through other bodily fluids)
- 2 **Indirectly** from 'fomites' – objects or materials contaminated with the virus. Coronavirus particles can survive on certain types of material, such as plastics, for up to 72 hours.

There are several things you can do to help prevent hand eczema. One is to wear cotton gloves underneath rubber gloves for washing up and housework. It is also a good idea to wear gloves when you wash your hair. Finally, put a moisturiser on your hands at night and cover them with cotton gloves. This helps the moisturiser soak into the skin and helps stop the bedsheets getting greasy.



Eczema-friendly handwashing recommendations

In April, the British Association of Dermatologists, along with patient organisations, made the following recommendations for people with eczema:

- Remove your rings to avoid soap and moisture becoming trapped underneath.
- Use lukewarm water.
- First, try washing your hands with soap and water, then moisturising with an emollient.
- Dry your hands by patting them, to avoid rubbing and friction.
- If the eczema persists, wash hands first with soap, then with your usual soap substitute and then moisturise.
- If your hand eczema flares, go to the doctor for active treatment – for example, a one-week course of a topical steroid, perhaps followed by ongoing use once or twice a week.

You can see these recommendations in a video at <https://tinyurl.com/eczemahandwashing>



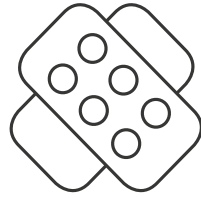
Testing for allergens during Covid

If you have hand eczema, patch testing is an important investigation to rule out avoidable causes. This usually involves three patient appointments in the same week, to stick substances on to people's backs, remove the tapes and check for reactions and then, finally, to confirm which substances are allergens.

In the first wave of the pandemic, many dermatology departments stopped patch testing completely, as dermatologists were redeployed to the medical wards to look after patients with Covid-19.

Many dermatology departments maintained only a skeleton service, and people with suspected or confirmed skin cancers were prioritised over those awaiting allergy testing. Some departments continued to offer patch testing, sometimes using virtual appointments, with tapes sent out for patients to stick on themselves and send back photographs.

In my own department, patch testing stopped for more than six months. I sent a letter to everyone apologising for the delay and explained that they could try testing products themselves, and how to do it. This can only be done with skincare products designed to be left on the skin, such as perfume or cream – not with industrial chemicals or with something that you wash off, such as soap.



With a vaccine now available for Covid-19, there is a glimmer of hope on the horizon. But until things return to normal, we need to keep up those hand hygiene measures to reduce transmission of infection. And for people with eczema, that means paying meticulous attention to looking after your hands.



How to self-test for leave-on products

- 1 Put a small amount of the product on the skin on the inside elbow crease. (The skin is quite sensitive here.)
- 2 Repeat this twice a day for two weeks.
- 3 Check the inside elbow. If you are allergic to the substance, you should see a small patch of eczema develop there. If there is no reaction after two weeks, it is unlikely to be causing a problem elsewhere.



Julie Van Onselen and Claire Moulds set out the latest evidence and practical advice for navigating pregnancy and eczema

All pregnant women find themselves under scrutiny from family, friends and even strangers, with people offering advice on what you should and shouldn't be doing. Throw in uncorroborated claims on social media and marketing messages, and then add eczema to the mix and it can feel overwhelming.

Pregnancy skin

People often talk about women 'blooming' in pregnancy, with glowing skin. However, even for women without eczema, this is not always the case as hormones often cause pigmentation issues and skin irritation.

Normal pregnancy skin changes include darkening of the areola, nipple and genital skin, while pigment changes include the linea nigra (a dark line running down your bump) and temporary dark facial patches called melasma. Meanwhile, changes to blood vessels can cause reddened palms and varicose veins.

Lots of expectant mums find their skin is itchier than usual, too – and not just those with eczema. This is sometimes related to cholestasis (a build-up of bile), which can occur in all pregnant women but the cause is not always known.

Even if your skin is very dry, it will stretch naturally to accommodate your bump and this growth won't aggravate your eczema. However,

some women notice stretch marks appearing on their bump and hips (caused by tissue tearing from rapid growth). Some people are more susceptible to stretch marks than others, but eczema does not increase your risk. Keeping your skin well moisturised can help, so simply keep using your regular emollient to moisturise your growing bump.

Should I eat a special diet?

A recent Cochrane review found insufficient evidence to recommend any specific maternal diets or supplements to prevent atopic eczema in their babies. A few studies suggest that probiotics may help to reduce the risk, but the evidence so far is weak and it's unclear which strains are the most effective.

For simple, evidence-based guidance, go to the NHS guidance at: [nhs.uk/pregnancy/keeping-well/foods-to-avoid](https://www.nhs.uk/pregnancy/keeping-well/foods-to-avoid)

Eczema treatment during pregnancy

Some people find their eczema improves during pregnancy, while others experience flare-ups. It's important to know that if your eczema does get worse, this won't affect your growing baby and there are lots of treatment options that are safe to use during pregnancy.

A lot of women feel under pressure to 'go natural' with every aspect of their pregnancy. But when it comes to eczema, there's no need to replace your usual emollient with another product. In fact, products marketed as 'natural' often contain ingredients, such as fragrance, that could irritate your skin.

Continue to treat flare-ups, based on the advice of your healthcare professional. Mild, moderate and potent topical steroids are all safe to use in short treatment bursts of up to two weeks during pregnancy.

If your eczema becomes very severe, other treatment options are also available, prescribed under the specialist care of a dermatologist.

After your baby is born

Eczema can flare after the birth of your baby and it's really important to schedule time to manage your treatment regime, as well as the needs of your new addition. Make use of a steady stream of visitors to hold your little one while you look after you!

All the extra washing and cleaning involved with caring for a newborn can aggravate, or cause, hand eczema. Find out more and download our factsheet at: [eczema.org/information-and-advice/types-of-eczema/hand-eczema](https://www.eczema.org/information-and-advice/types-of-eczema/hand-eczema). If you had a vaginal delivery, the area around your vulva will be sore, too, and you may get genital eczema (see [eczema.org/information-and-advice/types-of-eczema/female-genital-eczema](https://www.eczema.org/information-and-advice/types-of-eczema/female-genital-eczema)).

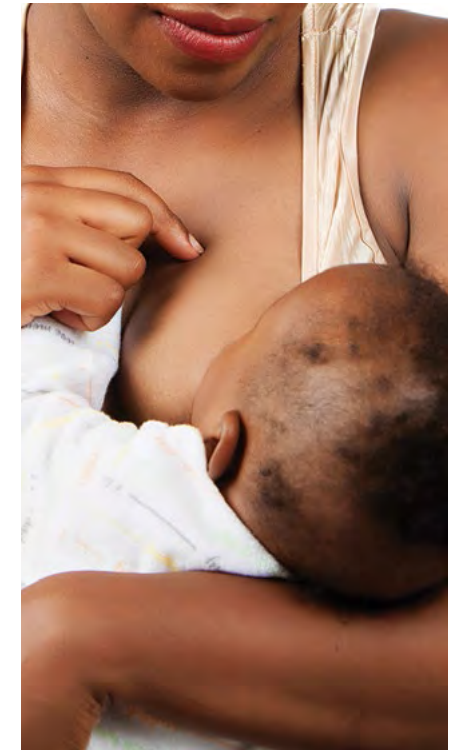
If you had a caesarean section, you'll need to take extra care of your wound. To reduce the itch and scarring as it heals, apply emollient gently to the area. Ask your midwife how soon you can start this, as it will depend on your individual circumstances. If the wound becomes red, hot and sore, you could have an infection and must tell a healthcare professional.

Breastfeeding advice

If you choose to breastfeed, nipple eczema can be an issue.

Things you can do to help ease the discomfort

- Seek out expert advice in the early days – for example, from a breastfeeding counsellor – who can show you how to help your baby latch on effectively and avoid tugging.
- It's safe to use emollients when breastfeeding and this can help prevent nipple eczema. If you're demand feeding, it's difficult to predict timings, but try to leave a gap of at least 30 minutes between moisturising and feeding to allow the emollient to absorb into the skin.
- There's no need to wash the area before your baby feeds – and in fact, extra washing could aggravate the eczema.
- Moisturise immediately after breastfeeding, to help stop your nipples becoming sore.
- If you use breast pads, change them whenever they get damp, to prevent irritation.
- If you have nipple eczema that requires additional treatment to reduce inflammation (usually with topical steroids), follow your healthcare professional's advice. After you apply topical steroids, it takes about an hour for the skin to absorb them. So leave a gap of an hour after applying them to your nipple, and then wash the nipple with emollient before the feed. Topical steroids only need to be applied once a day, so if you apply the treatment straight after one feed, that should leave plenty of time for it to be absorbed before your next feed.



Some breastfeeding mothers wonder whether their diet could affect their baby's eczema. The research doesn't tell us whether changing a mother's diet reduces the severity of eczema in a child who is breastfed. If you suspect a food allergy – for example, if your baby reacts after breastfeeding – this could be in response to something you've eaten. Your healthcare team might suggest a short trial of an allergen-specific exclusion diet, under medical supervision.

Your baby and eczema

If you or your partner have eczema – or other atopic conditions, such as asthma or hay fever – it’s natural to worry that your baby might develop it too. There’s no way of knowing for sure whether they will. Even if they do, it may be very mild even if yours is more severe.

Atopic eczema is a genetic condition and there is no clear evidence to suggest that taking specific measures, such as lifestyle changes before conception or during pregnancy (as well as those recommended for all pregnant women), will prevent eczema. But the following box gives a rough indication of the risk.

What's the risk of my baby having eczema?

1/10

If neither of the parents nor any other of their children has eczema, asthma or hay fever.

1/4

If only one parent has eczema, asthma or hay fever.

1/2

If you have other children with eczema, asthma or hay fever or if both parents have eczema, asthma or hay fever.



Feeling comfortable in your own skin

EczeMa for teens Part 2

In the second of our two-part series, **Dr Tess McPherson** shares her take on wellbeing for young people, drawing on her experience running a young person’s skin clinic.

Over the past few decades, there has been a real growth in understanding about atopic eczema, followed by many exciting developments in care. Still, it remains a difficult condition to live with and if you’re a young person it can present particular challenges.

Why is eczema so difficult in your teens?

Eczema can cause problems at any age, but in adolescence you have a lot of other things to deal with, including becoming an independent person and trying to work out who you are and what you want to do in life.

It can be tough doing all this with eczema in the mix. It can make your skin itchy and uncomfortable, it can stop you sleeping and it can make you feel ‘different’ and less attractive. This can have knock-on effects on what you feel able to do and your mental health.

This is even harder if you were previously being told you were likely to ‘grow out of’ eczema, but have now being told to accept that it’s a long-term condition to which there is no cure.

Not knowing when it will get bad can be very difficult to cope with, too. However, there are solutions – ways to manage eczema and be comfortable in your skin.



What do I do about spots?

It can be tricky dealing with skin that is prone to eczema and then also getting spots. Many acne or spot treatments make skin dry and can make eczema flare. There are ways to deal with both these problems at the same time and we can find ways to balance the treatments, so do talk to your doctor (see also page 12 of this issue).



Why bother treating eczema?

Sometimes, young people (understandably) feel they have had enough and don't want to engage with any treatments. They say they would rather just 'live with it'. But it is definitely worth trying to get on top of eczema. There are two main reasons for this:

- It doesn't have to be too much effort.
- Sometimes you don't realise how much your eczema was bothering you until it is under control.

Often, young people who take control and start to do things for themselves feel better about

their eczema. You may not want your parents putting creams and ointments on for you, and this is great – although you may sometimes need help with places you can't reach.

If your skin is really bad and you think it may also be infected – for example, if it's sore, oozy and crusty, and particularly if you don't feel well – then make sure you seek medical advice.

Sometimes, eczema can't be controlled easily with topical treatments and a few people need tablets or injections to control things long term. There are various options that you can talk through with your doctor.

Why has my skin flared up *again*?

Eczema skin is prone to getting inflamed and this can happen with no triggers. If you have spotted some things that make your skin worse, and they are easy to avoid, then do that. But for most people there isn't a clear pattern.

People often say stress is a trigger – and, certainly, having a stressful time may impact on your whole body, including your skin. If your skin is bad, this can make you feel even more stressed, so it becomes a vicious circle.

But here's the thing: stress is pretty difficult – or even impossible – to avoid! Yes, it's good to work out ways to avoid stress if possible and to de-stress in any way you can. But most stressed people don't get eczema. You haven't got eczema because you are a stressed person!

So, try not to 'stress about stress' in terms of your skin. Just focus on getting eczema under control with your treatments.

It can actually be quite liberating to stop searching for the complex (or non-existent) answer to what has flared your skin and just focus on a far more achievable goal: how to manage it.

Don't let eczema get in your way

Above all, don't let eczema stop you being who you want and doing what you want. Lots of young people with eczema carry on regardless, even when their skin is bad. But there are others who avoid doing things, even when their skin is OK – and miss out.

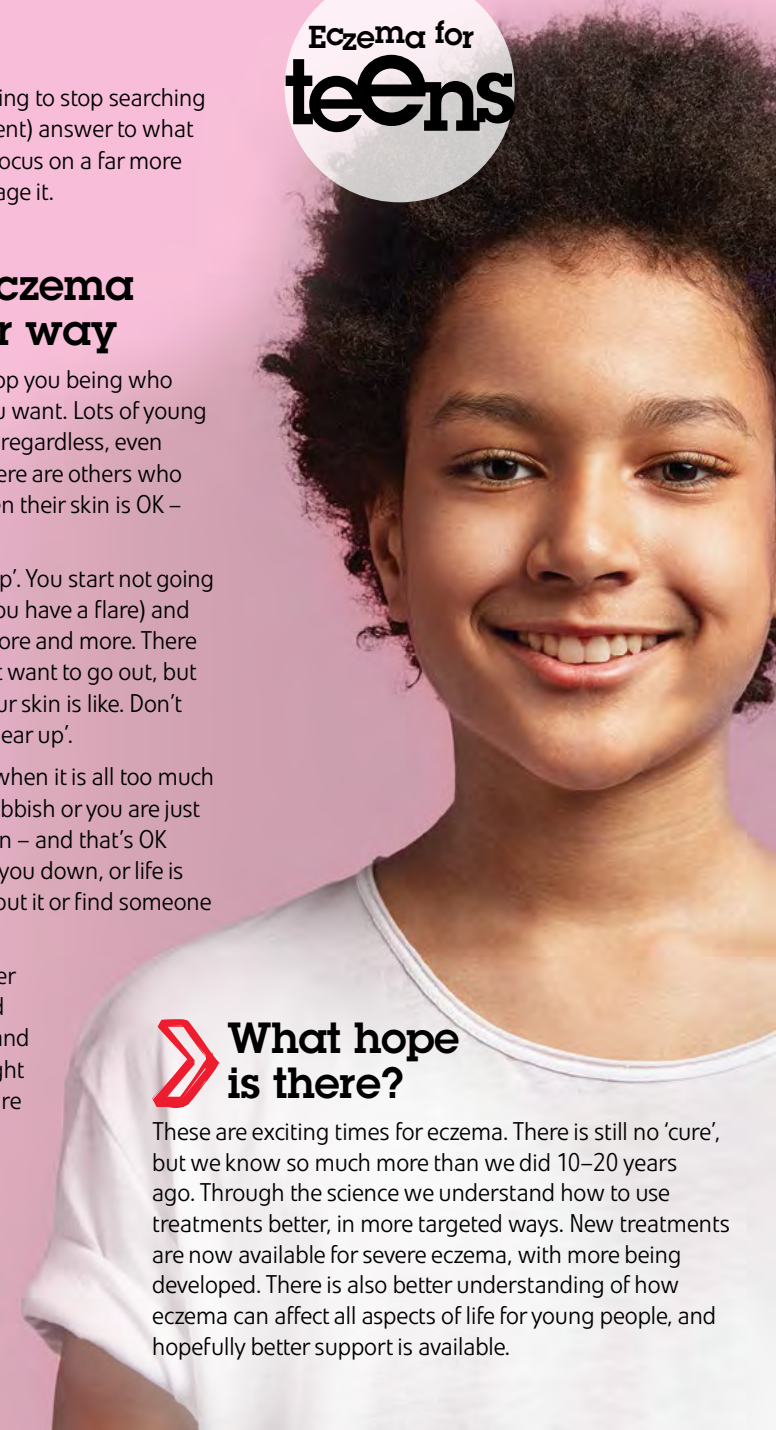
We call this the 'avoidance trap'. You start not going to things (perhaps because you have a flare) and eventually you miss out on more and more. There may be times when you don't want to go out, but do try to get out whatever your skin is like. Don't always wait for your skin to 'clear up'.

Still, there will be some days when it is all too much – your skin is sore, you feel rubbish or you are just too busy to deal with your skin – and that's OK too. If your eczema is getting you down, or life is getting you down, do talk about it or find someone to help you.

As well as school and the other things you have to do, try and find activities that you enjoy and make you feel good. They might be anything, as long as they are legal and safe(ish). Everyone is different, but science tells us that getting outside and keeping active makes almost everyone feel good.

What hope is there?

These are exciting times for eczema. There is still no 'cure', but we know so much more than we did 10–20 years ago. Through the science we understand how to use treatments better, in more targeted ways. New treatments are now available for severe eczema, with more being developed. There is also better understanding of how eczema can affect all aspects of life for young people, and hopefully better support is available.



➤ You are not alone

Struggling with any problem can feel lonely. As well as a problem in its own right, eczema can add to other problems. You may not want to ask for help or talk about your skin, but it really does help to talk things through with someone you trust. This might be family, friends or a doctor or someone like the school or college counsellor.

It is easy to think that people are judging us, but in fact, your harshest judge may well be you. It can help to imagine how you would want to treat yourself if you were your friend. Would you judge yourself and your skin so harshly? Try to be kind to yourself.

It might help to remember that eczema is pretty common. In some ways, that might not feel great, as it means other people are also suffering. But it does mean that there are other young people who are also dealing with this.

You may not know anyone locally, but there are plenty of resources online. There's a growing amount of support for young people with eczema, available 24/7. (See resources, opposite.)

➤ How to be comfortable in your skin

Most young people wish they were 'normal'. But actually, difference is what makes people amazing and special. Your skin might be one thing that makes you different, but there are many other unique things about you too.

Dr Tess McPherson is a consultant dermatologist at Oxford University Hospitals NHS Foundation Trust. Her new book for young people *How to be comfortable in your skin* will be published by Oxford University Press later this year.

Your skin doesn't need to define you if you don't want it to. You may want other parts of the 'unique you' to be more important.

On the other hand, eczema might be an important part of your story. It may have helped you learn how to be better equipped for the uncertain world we live in, and to be a happier, more resilient person. Here is what one young person said about eczema:

'I think in a weird way it's actually made me more confident. Because, since it's got better, I've now been like "Two fingers to you, eczema!" and like taking back my life. I actually think I'd be a different person today if I hadn't had it in the first place.'

And remember, eczema can be managed – often with simple measures that don't take loads of time. Most important of all, don't let eczema stop you doing or being anything you want.

➤ Resources for young people with eczema

National Eczema Society
www.eczema.org/information-for-teenagers

Healthtalk.org – young people talking about their experiences of eczema
www.healthtalk.org/young-peoples-experiences/eczema/topics

Eczema Outreach
www.eos.org.uk/support-for-families/xy-club-11-17-yrs



Sweet dreams... are made of this

Claire Moulds shares the recipe for a good night's sleep

A good night's sleep is soothing for mind and body, but a bad night can leave us feeling on edge, struggling to concentrate and less able to cope. When this lack of sleep builds up over weeks, months or even years, it can significantly harm our wellbeing.

People with eczema often have disturbed sleep, leaving us exhausted and at higher risk of a flare up. So, what steps can you take to increase the chances of a good night's sleep?



A CLEAN SWEEP

For the perfect sleeping environment, start with a deep clean. Remove soft furnishings, including curtains and cushions, and wash or dry clean them. Then, beginning with the ceiling and light fittings, work from the top of the room down, cleaning the walls, furniture, doors, skirting boards and floors.

Pull everything out, to clean behind, and give the windows (including the glass and frames) a thorough scrub – especially important as these are an entry point for irritants. Damp-dust, wherever possible, as this is more effective than dry dusting for removing dust, pollen and moulds.

A MINIMALIST APPROACH

When it comes to furniture, soft furnishings and nick-nacks, less is more. View every item as a potential host for triggers – and minimise clutter.

We spend over a third of our lifetime in bed – and children, teens and young adults spend even longer than adults in their bedrooms playing, studying and entertaining friends – so it's vital to create an eczema-friendly environment.

Choose cupboards, rather than open shelving, for storing toys and keepsakes or invest in a toy box, with a lid, or a blanket box.

CHOOSE CAREFULLY

If you have a choice, use a bedroom that has a fairly consistent temperature over the course of the day. Try to avoid a room where the sun streams in before you wake up or that captures the heat in the late afternoon, making it hot and stuffy at bedtime.

TAKE A HARD LINE

It might seem natural to choose soft materials for a bedroom, but some people with eczema find it helps to swap carpets for hard flooring and curtains for wooden or metal blinds, as they are easier to keep clean.

SELECT THE RIGHT BED AND BEDDING

The Sleep Council recommends replacing one's mattress every seven years. After that point, it will have endured 20,000 hours of wear and tear and absorbed the half pint of fluid we lose each night plus the pound of dead skin cells we shed each year – all of which make it a veritable paradise for house dust mites!

Avoid memory foam mattresses as these mould to your shape and reduce air circulation, making you warmer. If your children have bunk beds, let the child with eczema sleep on top, to avoid dust dropping down on them.

Avoid feather bedding: choose synthetic duvets and make sure pillows are non-allergenic and easy to launder with a cotton casing. Use anti-allergy protective covers on pillows, duvets and mattresses and regularly wash them on a hot cycle.

Bed linen should also be 100% cotton, as it's soft, cool, absorbs moisture and washes well at high temperatures to remove skin debris, house dust-mite droppings and emollient residue. Some people prefer to fold a flat sheet in half and sleep 'inside' it, like a sleeping bag, and change this each day, to avoid re-making the entire bed.

KEEP IT CONSTANT

With eczema it's often a struggle to control your body temperature. Add in a change in air temperature and it's a recipe for scratching.

If you get cold because you roll over in bed, exposing your bare skin, consider a bigger duvet, such as a king-size duvet even if you have a double bed.

If, on the other hand, your temperature quickly spirals, choose layers of bed covers that you can easily strip off. Alternatively, put a 100% cotton cellular blanket inside a duvet cover or, if you prefer a duvet, use a summer-weight one, to prevent overheating.

If you and your partner like different temperatures, consider separate duvets. Equally, if your baby has eczema, keep the cot away from your bed to avoid your body acting like a radiator.

Aim to keep your bedroom temperature slightly cooler than your main living areas, at 16-18°C.

DAY TO NIGHT

During the day time, you can use emollients as often as you like. But at night, ideally you want your routine to see you through until morning. So, before bed, many people apply a more intensive emollient. Ointments can block the pores, leaving you feeling hotter and sweatier, so if you use one, apply it well before bedtime.

Wet wrapping, using tubular bandages or night-time garments, can help patients of all ages get a better night's sleep. Not only does

this provide an extra layer of protection – helpful if you scratch in your sleep – but having a wet layer over a thick layer of emollient helps keep the skin's surface cool, reducing itching.

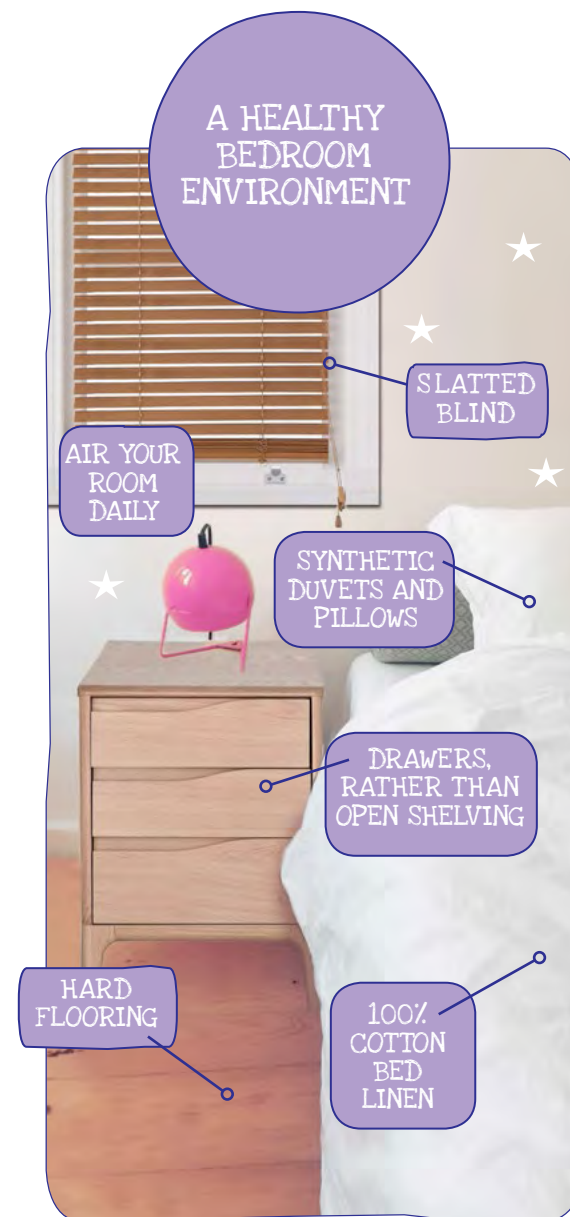
PLAY DETECTIVE

If you want to understand what works for you, start a sleep diary to identify patterns. Include details of your bedtime routine, what you wore, the weather, the room temperature, which treatments you used and your stress levels. Note down anything that might offer a crucial insight.

Consider videoing yourself sleeping so you can think carefully about your sleep position, what makes you scratch and how much you move around. For example, you might spread out like a starfish, which makes you get too close to your partner, making you overheat – which in turn makes you scratch. Here, a bigger bed might be the solution.

24/7

Every day, air your room and bedding (unless a high pollen count is forecast, in which case keep the windows closed) and damp-dust surfaces and vacuum thoroughly. Every week, clean your curtains or blinds with a vacuum cleaner or damp cloth, depending on the material. Vacuum your mattress every single time you change the bed linen – including the seams.



Sweet dreams... are made of this



KEEP YOUR COOL

If your eczema prefers lower temperatures, try sleeping with an electric fan on. If funds permit, an air conditioning unit can be an invaluable addition – especially during a heatwave. Some people with eczema even keep a mini fridge for the bedroom, so they have cold emollient and drinks to hand throughout the night.

BEHIND CLOSED DOORS

Just because you can't see clutter that's hidden away doesn't mean it's not contributing to your overall environment. If air cannot circulate freely, wardrobes attract moulds, mildew and sometimes pests. So, empty them regularly and give them a thorough clean.

BED BUDDIES

If your child refuses to sleep without their beloved cuddly toy, it's vital to wash it regularly at 60°C to kill house dust mites. If it can't be washed at such a high temperature, put it in the freezer in a plastic bag for at least 24 hours. Afterwards, take it outside and brush it thoroughly, to remove the dead mites and their droppings.

DRESS FOR SUCCESS

Choose natural, breathable fabrics to sleep in, such as cotton, bamboo or silk, which are soft against your skin. Many people prefer cotton – for nightwear as with bedding – as it can be laundered at high temperatures.

Avoid items with seams or zips that might rub, irritate or that you might use to scratch with. If you know you scratch in your sleep, keep your nails short and filed and consider wearing cotton gloves to bed (some people double up to ensure a snug fit). Select nightwear that covers as much of your skin as possible, for added protection. For children, look for sleepsuits with built-in feet and mittens.

AND SO TO BED...

Having a healthy bedroom environment is key to sleep, but so is practising good sleep hygiene:

- Set a regular bedtime.
- Get fresh air and exercise during the day.
- Avoid heavy meals, caffeine and alcohol late in the evening.
- Unplug from all electronic devices at least one hour before bed.
- Follow a calming pre-bed routine – wind down with light stretching, reading or relaxation exercises and dim the lights.

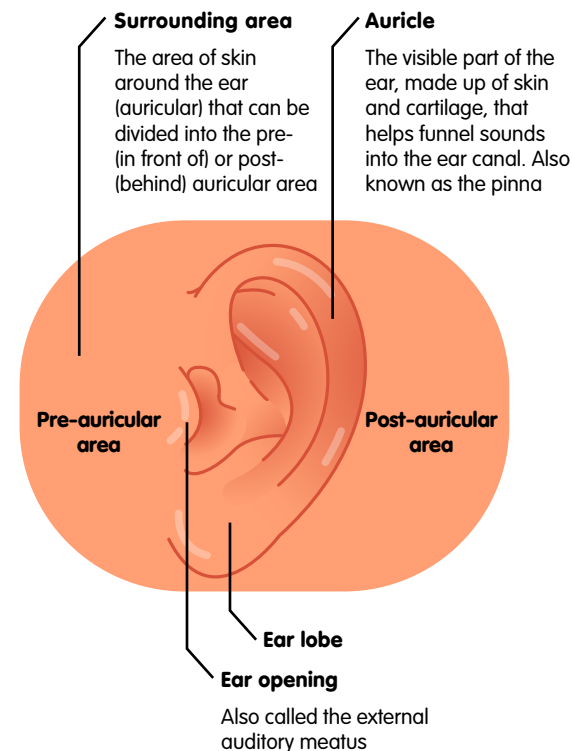
All ears!

Dr Kevin Molloy and Éadaoin Ó Catháin explain how eczema can affect the areas around the ears and what to do about it.

Eczema or dermatitis affecting the ear occurs in around 1 in 25 people with head and neck eczema. Although it is not especially common, it can be extremely debilitating – at worst, causing hearing difficulties – and can make people self-conscious as the ears are very visible.

The three main forms of eczema affecting the ear are seborrhoeic dermatitis, irritant-allergic contact dermatitis, and otitis externa.

Each has different causes, symptoms and treatments. People with atopic (allergic) eczema are more prone to these different forms of eczema and people often have more than one type of eczema at the same time.

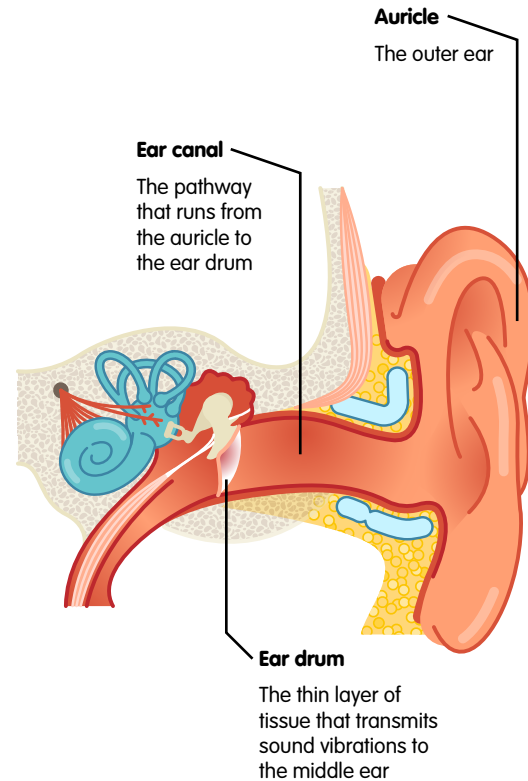


Seborrhoeic dermatitis

Seborrhoeic dermatitis is a form of eczema triggered by an over-reaction of the skin's immune system to an overgrowth of a harmless yeast called malassezia that lives on the skin. People who have this type of eczema often have dandruff on the scalp and red, itchy, flaky skin with a yellowish, greasy scale in typical seborrhoeic dermatitis areas, which include the face (along the smile lines and eyebrows), centre of the chest and sometimes the eyelids and ears.

Around the ears, seborrhoeic dermatitis often takes the form of inflammation of the ear canal and along the hairline behind the ear (the post-auricular area), which can lead to painful fissures or cracks. It can sometimes be confused with psoriasis.

Treatment usually aims to reduce the overgrowth of yeast on the skin. This may include anti-fungal shampoos to wash the skin and creams that may, or may not, contain mild topical steroids, such as Daktacort cream, to help reduce inflammation. Topical calcineurin inhibitors (Protopic ointment or Elidel cream) are sometimes used for this form of eczema, although they are not licensed for it.



Allergic contact dermatitis

Allergic contact dermatitis is caused by the body's immune system reacting to a substance called an allergen that comes into contact with the skin. Where the eczema occurs can give a clue to the allergen causing or contributing to ear eczema. Examples include:

- **Hair products** Hair dyes, shampoos and conditioners particularly affect the upper pinna, hairline and back of the neck.
- **Ear appliances** Rubber, plastic or metal in earpieces or spectacles may cause local inflammation of the skin around the ear opening (meatus), where the earpiece sits in front of (pre-auricular area) or on top of the ear.
- **Earrings** These can cause inflammation of the earlobes – especially if they contain nickel.
- **Topical medications** These can cause localised eczema of the ear. Allergens include additives, preservatives and other ingredients in medicated drops, creams and ointments.

The mainstay of treating allergic contact dermatitis is to identify allergens through patch testing and then to avoid them.

Irritant contact dermatitis

There are two forms of contact dermatitis: irritant and allergic. Irritant contact dermatitis is caused not by an allergy but from irritation by a substance that damages the surface of the skin faster than it can be repaired. Examples of irritants that cause ear eczema include shampoos, soaps, hair-styling products and waterlogging of the skin from swimming. The main way of managing this type of eczema is to avoid the irritant.

Otitis externa

Also known as 'swimmer's ear', this is an inflammatory condition of the ear canal. It can be caused by a primary skin problem, such as eczema, or by a bacterial or fungal infection. Having ear eczema increases your risk of getting otitis externa too. Other risk factors include swimming, sweating, high humidity and local trauma to the ear canal (for example, by using cotton buds or scratching the inside of the ear).

Symptoms include earache, redness, swelling, itching and discharge from inside the ear. In severe cases, it can reduce people's hearing due to swelling of the ear canal.

All ears!

In suspected cases, dermatologists may seek help from the ear, nose and throat (ENT) medical team.

The usual treatment is antibiotic ear drops, which may also contain a steroid to reduce redness, itch and swelling. Sometimes a swab is taken to identify the most appropriate antibiotics – particularly if the condition does not improve. The ENT clinic may also clean the ear using gentle suction or irrigation (called ‘aural toilet’).

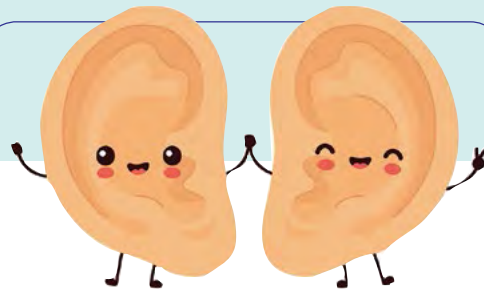
How to avoid getting otitis externa

- Keep the ear clean.
- Avoid trauma, irritants and allergens.
- Keep the outside of the ear dry – particularly after bathing and swimming.
- Make sure any underlying contributing skin condition is well controlled.

Find out more

See the NES Ear eczema factsheet at: eczema.org/wp-content/uploads/Ear-eczema-Jul-18-1.pdf

Dr Kevin Molloy is a Dermatology Specialist Registrar at University Hospitals Birmingham NHS Trust. Éadaoin Ó Catháin is an Ear, Nose and Throat Clinical Fellow at NYU Grossman School of Medicine.



Keep your ears CLEAR of eczema with these top tips

Clean: Keep ear canals clean and dry by using cotton wool with Vaseline in the ear opening when showering or swimming. Don't use cotton buds to clean them.

Emollients: Use emollients to protect and restore the skin barrier.

Avoid: Avoid trauma, scratching, irritants and allergens.

Reduce: Reduce inflammation with topical steroids or calcineurin inhibitors and reduce the risk or presence of infection with antibiotics, if they are needed.

“I hope I’m helping future generations”

Graham Phillips (53) reflects on using his experience of severe eczema to support others.

I’m an open book when it comes to my eczema, as it’s important people really understand what it means to live with the condition on a daily basis. Over the years I’ve been interviewed by over a thousand medical students, as part of their training, and I’ve always shared everything with them, so they have a complete picture of how eczema affects every aspect of your life.

I also work with the Department of Clinical Research, run by my hospital and the local university, who want to improve their understanding, diagnosis and treatment of conditions such as eczema. As well as having my DNA on file, they’ve taken several skin biopsies and I’ve also participated in two key drug trials.

With my eczema being so severe – among the worst in the country, apparently – I hope by sharing my experience I am helping future generations.

Living with eczema



Flying - just one of the dreams that Graham has overcome his difficulties to fulfil.



Early years

I was first diagnosed with eczema when I was six months old, after my parents took me to the GP with suspected scarlet fever. Every night, after my bath, I'd be creamed all over, wrapped in bandages and have socks tied to my hands so I couldn't scratch. Needless to say, by morning I'd have ripped everything off and there was blood everywhere.

One of my earliest memories is of my eczema getting infected and being able to see the red poison travelling up my legs. My dad had to carry me half a mile to the GP, as I simply couldn't walk. I also recall regularly waiting for up to five hours at a time to see the dermatologist at the hospital and then having to wait another hour or two to get my prescription. Meanwhile, my mum would tell people off if we were out and about and they stared at me.

Family values

My parents were great. Every day, once I'd gone to school, my mum would blitz my bedroom from top to bottom, dusting, hoovering and changing the bed linen, so it was spick and span by the time I came home.

When I was nine, I was admitted to hospital for the first time but ended up coming out in a worse state than I went in. When we went back for my check

up, my dad pointed this out and there was a huge row. We ended up walking out.

As a result, the doctor called social services, as he didn't think that my parents could look after me and wanted me taken into care. A lady came to do an assessment and asked to see my bedroom. Once she saw it was immaculate, noted the model airplanes my dad had made for me and could see how much they both cared, she apologised and said she should never have been called.

Home from home

Since that first hospital stay, I've been a regular periodic in-patient. When I was younger I remember staying up at night chatting with the nurses, playing football with the cooks and trying my hand at pitch and putt – which resulted in a few broken windows!

Day-to-day life is stressful, even as a kid, but when you have something that affects your entire body, it's hard to function. The lack of sleep is the worst aspect. I remember cat napping at school – wrapping my arm around my desk while I pretended to write – as I was completely exhausted.

In contrast, going into hospital is like being in a cocoon – you're sheltered from the stress and strain of the outside world. As a child, I'd sleep for 16 hours a day in there, as I couldn't sleep at home.

“ My skin is so sore and painful all the time that I dread going to sleep.

Living with eczema

Even now, I get the same results going into hospital as other people do going on holiday. I'm still following the same treatment regime, but someone else is responsible for my care and I don't have to worry about anything. I come out feeling like a new person!

Rock bottom

Eczema has taken me to some dark places over the years.

When I was 15 my parents decided to try homeopathy – in addition to conventional medicine – to see if that helped. Every week we'd go to see someone who would give me sulphur tablets to 'draw the badness out'. Afterwards, my skin used to weep. By morning I wouldn't recognise myself, as I'd have a yellow crust all over my face.

After a few months I became really, really down. I even got an electric fan to dry the weeping while I slept, so it wasn't as horrendous in the morning and, to this day, I can't fall asleep without one.

I now recognise that it's not just when I'm physically struggling – for example, when my body temperature goes haywire because of my eczema and it's 25 degrees outside and I'm sat inside in a coat shivering – but when I'm mentally struggling, too, that I need to go into hospital.

Keep going

My parents never wrapped me in cotton wool and I'm grateful for that, as there's so much I would have missed out on.

At school, I did cross country running, went skiing and took part in a French exchange. At 13 I joined the RAF Air Cadets and, amongst other things, went on week-long camps to RAF stations, flew in an air-sea rescue helicopter and tried gliding – eventually becoming an instructor for 18 years. Inevitably, my eczema sometimes suffered, but my parents always stressed the importance of participation and we would deal with the fallout when I got home.

“ Going into hospital is like being in a cocoon – you're sheltered from the stress and strain of the outside world. As a child, I'd sleep for 16 hours a day in there, as I couldn't sleep at home.

“I thought about starting a support group and, with the encouragement of my GP, Skin Action North East was launched.

Living
with
eczema

Eventually, I left the Air Cadets and joined the Royal Marine Sea Cadets, where I rose to the rank of petty officer and gained powerboating and firearms qualifications.

In my early twenties I even began learning to fly and still hope to complete my pilot's licence one day.

Move closer

I have had relationships in the past, but I prefer to be single. I miss cuddles and kisses and physical affection, but it's painful when someone touches me, however gentle. People are scared to come close to me, in case they hurt me, and, for me, that's more of a rejection than if they said 'urgh' when faced with my skin.

Working life

One of my greatest frustrations is that I've been unable to work for the last ten years, due to the severity of my symptoms.

My skin is so sore and painful all the time that I dread going to sleep. No matter what I do I cannot get comfortable so, while I might go

to bed at 10pm, I'll still be awake at 5am, which means I often don't get up until the afternoon. The resulting exhaustion, on top of the pain, is unbearable.

While having a job could be a struggle at times – navigating health and safety equipment, operating machinery in a hot environment, being accused of having bad hygiene due to scratching – it's even harder having to repeatedly prove you aren't well enough to work.

I'm lucky that my local MP and dermatologist have both helped me with submissions and evidence – the latter still can't believe that I managed to work for as long as I did.

Helping others

For ten years I thought about starting a support group and, with the encouragement of my GP, Skin Action North East was launched in 2019. It feels great when I can draw on my own experience to help others, as there's so much to get your head around when you have eczema.

My dream is that, in the future, we can expand to other areas of the country and further strengthen our eczema community, to help everyone living with this incurable condition.

Contact Graham's Skin Action North East at stopscratchingne@gmail.com – everyone's welcome!

Letters

Do you have ideas or experiences you'd like to share, a question you'd like to ask or an important point to make? Can you help answer questions that others have raised?

Our letters pages offer members the chance to share information. Please do get in touch if you'd like to join the conversation.

You can email us at exchange@eczema.org

Or write to: Editor, *Exchange* magazine, National Eczema Society, 11 Murray Street, London NW1 9RE.

The views expressed in the letters pages are not necessarily those of the Society. See our disclaimer on page 3.

Too much of a good thing?

If I get a chest infection, I take vitamin C tablets to help clear it up. I always know when the infection is getting better because my eczema flares up, which is the signal to stop the vitamin C. Similarly, I can eat one satsuma, but not two, or my eczema kicks off. This may, of course, be a reaction to an allergen in the fruit, but I don't think so.

As for a possible mechanism for this reaction, I wonder if vitamin C has a role in promoting too big an immune reaction – an overreaction, or a misdirected reaction – creating lesions in the deeper layers of the skin, which is where my eczema now seems to start?

It would be interesting to see how widespread the negative effects of vitamin C on making eczema worse are among your members. Your helpline said you had not heard of this before, but why would you? Vitamin C is so ubiquitously accepted as 'good' that the question would not arise. Bear in mind that the deleterious effects of too much vitamin A took a long time to be recognised.

Having suffered intensely from eczema, I would like to think that there may be something in the role of vitamin C in exacerbating eczema that would warrant further investigation and so help other sufferers.

Dave Pitcher





All you need is gloves

As a member of the National Eczema Society I benefit from reading recommendations from others and from knowing the new evidence base for treatments. So, thank you. After lifelong eczema (fluctuating between well controlled and not-so-well controlled), I would like to offer my own small piece of advice.

Working in the NHS, and having many practical hobbies, I wash my hands regularly, so hand eczema has been a constant battle. While I use all the standard preventative strategies, I have particularly found that using the following two types of gloves has made a huge difference.

I use cotton fingerless gloves while using the computers at work and when writing my notes. This prevents cleaning chemicals, which are on the desks and computers, and ink from the notes, from aggravating my wrist and hands.

At home, I use medical gloves (latex or otherwise) when I am doing all my practical

hobbies, including cooking. I use them as a second skin, almost, leaving them on for the duration I am in the kitchen, when doing all wet and dry tasks, to avoid food and spices coming into contact with the skin (which can aggravate) as well as soap and water.

Additionally, I put on a pair of the medical gloves after moisturising last thing at night, and before applying steroid creams. This has two benefits: preventing moisturiser being rubbed off my hands, thus ensuring my hands stay moisturised and less itchy until morning, and preventing my fingers from having regular, concentrated exposure to steroids, which I'm told may be impacting my susceptibility to Raynaud's phenomenon.

Wearing the medical gloves at night has been better than cotton gloves or socks, which I tend to remove as they have a drying effect and are surprisingly effective at scratching my face.

Lorna Begg

A GIFT IN YOUR WILL

Leave a gift in your will and you'll make a significant contribution to improving the lives of people affected by eczema.

Over the years, the National Eczema Society has often been remembered in the wills of members and supporters, on occasion very generously. This money is crucial in helping to give us the financial stability we need to continue and grow the services and support we provide on behalf of the millions of people living with eczema.

We know from talking to our members and supporters that many more of you would like to continue to support the National Eczema Society for future generations, in the form of a legacy. However, without a will in place these kind intentions come to nothing.

Your gift – large or small – will bring help to people like Ryan's mum:

'Without the Eczema Helpline when Ryan was little, I don't know what I would have done.'

Will you consider including the National Eczema Society among those you want to help?

Remembering us in your will would make a lasting impact, benefiting many people.



How to include a gift in your will

Including a legacy to the National Eczema Society is straightforward.

- **Simply tell your solicitor** of your wish and our name, address and Charity Registration Number:
National Eczema Society
11 Murray Street, London NW1 9RE
Charity Registration Number 1009671 in England and Wales
Charity Registration Number SCO43669 in Scotland
- **Anyone can leave a legacy** and every bequest is important, no matter what its value.
- Legacies to charity are also **tax free**.
- If someone leaves **10% of their estate to charity**, any inheritance tax due on the rest of their estate would then be charged at 36% instead of 40%.

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Ask for Adex Gel at your local pharmacy. Always read the leaflet. 'Adex' is a registered trademark. Date of preparation: March 2020. Essential Information about this product, including adverse reactions, precautions, contra-indications and method of use is available from the manufacturer: Dermal Laboratories, Tatmore Place, Gosmore, Hitchin, Herts, SG4 7QR, UK. Legal classification: Medical Device – Class III.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Dermal.

