

## Eczema in later life factsheet

Eczema is often thought of as a childhood condition, but that's not accurate. It usually appears for the first time in childhood, but can affect people at any age. Around half of people with eczema are known to have a difference in a skin protein called filaggrin, which leads to changes in the skin that give rise to a reduced barrier function. This is strongly linked to the development of atopic eczema. Eczema may improve after childhood, but it can return later on at any stage of life.

Eczema can also suddenly appear for the first time in later life, for reasons that can be difficult to determine. Skin becomes drier as we get older, which can lead to roughness, scaling and itchiness. In women at menopause, as oestrogen levels decline, changes in the skin are observed that make the skin more prone to eczema. Sometimes the emergence of atopic eczema in later life can be attributed to a particularly stressful event or period such as following a bereavement or being made redundant.

Certain types of eczema are more common in later life:

### **Varicose (gravitational/venous) eczema**

You are most likely to develop this type of eczema if you have reduced mobility, high blood pressure or varicose veins, or have had deep vein thrombosis, phlebitis or cellulitis in the past. Varicose eczema is more common in women than in men since female hormones and pregnancy increase the risk of developing varicose veins.

In varicose eczema, the skin becomes very thin and fragile on the lower legs and can easily break down, leading to an ulcer. When severe, varicose eczema can have weeping, crusted areas. If only the surface layers of the skin are affected, emollients and mild to moderate topical steroids can be useful treatments to help restore the skin's health. Medicated paste bandages can also be helpful. Some come in the style of a stocking (Zipzoc). However, unless steps are taken to improve blood circulation, the usefulness of topical treatments will be limited.

Since the cause of varicose eczema is venous insufficiency, it's important to try to improve the circulation of blood in the legs. Steps need to be taken to limit the effect of gravity on the blood supply, so elevating the legs whenever you are resting will be helpful. If you are sitting on the sofa or in an armchair, raise your legs on a stool, ideally so that your lower legs are at the same height as your hips. Using the leg muscles to massage the blood flow back up the legs also helps, so increasing your time spent walking is worthwhile. If you are able to, try to walk outside at least twice during the day for 20 minutes. If you are housebound, regular room circuits every two hours (or as often as you can manage) are recommended. You might enjoy using a pedal mobiliser, which will allow you to sit and cycle from your armchair.

Your GP will need to make an assessment as to whether compression stockings will help you or not. Compression stockings are elastic garments worn around the leg that help to support the veins by adding pressure to the surface of the legs and aiding blood flow, in a similar way to that of a muscle supporting venous blood flow.

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See National Eczema Society's Varicose eczema factsheet for more information, which you can download from the National Eczema Society website.

### Asteatotic eczema (eczema craquelé)

Asteatotic eczema is another type of eczema that's more common in older people. It usually affects the shins but sometimes affects other areas such as the thighs, arms, tummy and back. If your home is particularly warm and dry in winter, you may be more prone to developing this type of eczema. In asteatotic eczema, the skin becomes very dry, rough and scaly, and sometimes resembles crazy paving or a dried-up riverbed. To reduce the risk of developing this type of eczema, we recommend that you:

- Avoid sitting right next to a radiator, fire or other heat source.
- Don't spend too long in the bath – 10-15 minutes is ideal. It's best to wash in warm rather than hot water, as hot water will dry out the skin further and cause itchiness.
- Avoid soap when having a bath or showering, and vigorous towelling. Use plenty of emollient, both as a leave-on moisturiser and as a soap substitute, to keep the skin moisturised.
- Try to keep the air in the home moist. A bowl of water in each room should help.

### Treatments for eczema

#### Emollients for moisturising

Emollients are the main first-line treatment for eczema and are necessary to keep the skin moisturised. Emollients can be bought over the counter in pharmacies and some supermarkets, or obtained on prescription. Your local Clinical Commissioning Group or health board will have a list of emollients from which they prescribe.

There is a wide range of emollients, which vary in their levels of greasiness. The drier the skin, the greasier an emollient is needed. Ointments are the greasiest type of

emollient. If you find that a particular emollient doesn't suit your skin, try a different one. Different emollients tend to suit different people. Emollients containing humectant ingredients, such as urea, may require less frequent application than others.

If you have trouble applying emollient to areas of the body that are difficult to reach, such as the back, try an applicator, such as those available from BackBliss ([www.backbliss.com](http://www.backbliss.com)).

Take care when trying new emollients. Apply a small amount to a small area of skin and re-apply to this area for three consecutive days, as it can take up to three days for a delayed allergic reaction to occur. Products containing perfume or lanolin are best avoided, as people with eczema are more likely to experience adverse reactions to these ingredients.

#### Emollients for washing, and bath/shower equipment

Soaps, shower gels and bubble baths can dry out the skin. It's best to use an emollient wash product or a leave-on emollient as a soap substitute. The exception to this is washing the hands while Covid-19 remains a threat. The Covid-19 virus is not fat-soluble so it will not be removed by washing with emollients alone – soap is needed. If you have hand eczema, any residual soap will aggravate the eczema, so wash your hands again with your emollient. Then pat them dry with a soft towel and re-apply emollient.

Your GP may refer you to the Community Occupational Therapy Service if you need special bath/shower equipment for safety or if you have difficulty getting in or out of the bath/shower. They can fit a bath seat, grab-rails, a seat in the shower or an alarm if you get into difficulties.

Emollient bath oils make the shower tray and bath more slippery. Use non-slip bath mats to help reduce the risk of slipping. Support bars fixed to the wall in the shower or by the bath will provide extra safety when showering/bathing. Pour bath emollient into the bath

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after you get in rather than before. As an extra precaution it's a good idea to empty out bath water before getting out of the bath. Be careful not to knock your legs, as this could lead to ulcers.

See National Eczema Society's Emollients factsheet for more information, which you can download from the National Eczema Society website.

### Topical steroids

Topical steroids are the first-line treatment for inflammation in eczema. If you experience no improvement after having used topical steroids for two weeks or as advised by your GP, seek further assessment by your GP. You may need a stronger topical steroid or to be assessed for infection.

See National Eczema Society's Topical steroids factsheet for more information, which you can download from the National Eczema Society website.

### Dealing with severe eczema, stress and isolation

If your eczema is widespread and severe, you will need to be under the care of a consultant dermatologist, who will be able to assess your suitability for stronger treatments such as phototherapy or systemic immunosuppressants.

If your eczema could be attributed to stress, you might benefit from seeking out additional sources of emotional support. Your GP will be able to signpost

you to local counselling services, or you could look for a counsellor at <https://findacounsellor.net>. You might also like to approach your local Mind ([www.mind.org.uk/information-support/local-minds](http://www.mind.org.uk/information-support/local-minds)), as many branches offer free or low-cost counselling sessions.

The Silver Line is another source of support. The Silver Line is a free confidential Helpline providing information, friendship and support to older people, open 24 hours a day, every day of the year. The Silver Line's phone number is 0800 4 70 80 90 and their website address is [www.thesilverline.org.uk](http://www.thesilverline.org.uk).

If you're feeling lonely, you might also consider joining a local club or interest group.

### Tips for healthy eating

- As we get older, we often have smaller appetites, so tend to eat less. It's important to maintain a balanced diet, which will help to support tissue healing, particularly when the skin is broken.
- Fats, protein and zinc found in dairy foods all help healing. Vitamin C in fruit and vegetables helps combat infection.
- It's important to drink plenty of fluids, as dehydration can reduce the flow of oxygen and nutrients essential for healing.
- A balanced intake of vitamins will help to boost the immune system.

#### DISCLAIMER

Our publications contain information and general advice about eczema. They are written and reviewed by dermatology experts, with input from people with eczema. We hope you find the information helpful, although it should not be relied upon as a substitute for personalised advice from a qualified healthcare professional. While we strive to ensure the information is accurate and up-to-date, National Eczema Society does not accept any liability arising from its use. We welcome reader feedback on our publications, please email us at [info@eczema.org](mailto:info@eczema.org)

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