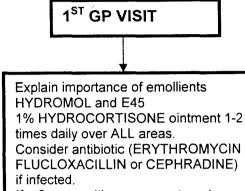


GP MANAGEMENT GUIDELINES ATOPIC ECZEMA IN CHILDHOOD



If > 2 years with severe nocturnal pruritus consider antihistamine Give information leaflet

Subsequent visits

Establish if emollients satisfactory consider OILATUM bath oil + cream BALNEUM and Ung.M If 1% hydrocortisone ineffective consider ALPHADERM (HC+ Urea) EUMOVATE OINT Check steroid compliance and quantity

check steroid compliance and quantity consider antibiotic if infected check frequency and dose of anti histamine discuss cat fur and house mite avoidance.

If all these have failed

REFER TO DERMATOLOGIST

SEVERE ECZEMA IN RELAPSE

Always infected – prescribe antibiotic. If face and upper chest involved consider herpes simplex – if diagnosed URGENT referral to Dermatologist.

Give short term treatment with potent steroid eg BETNOVATE C ointment for 5-7 days.

Increase antihistamine and give throughout day.

REFER TO DERMATOLOGIST



NOTES:

- Systemic steroids are a highly effective short term treatment for atopic eczema but avoid if possible in age group because of side effects.
- Ointments are better bases for topical steroids than creams
- In general skin and blood tests for allergy are NOT helpful: DO NOT REFER for these
- Dietary modification is of little value