



Peninsula Allergy & Asthma Associates

Board Certified Allergy Care

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Patient Information Handout:

Atopic Dermatitis

What is Atopic Dermatitis?

Although many other skin diseases are loosely referred to as “eczema”, Atopic Dermatitis, or “AD”, refers to a very specific pattern of dryness, itching, and inflammation of the skin. It is seen most frequently in children, but can persist into adulthood.

What causes AD?

While the cause remains unknown, many contributing factors are recognized. It is clear that AD is an allergic disease. It is more frequent in families with allergies, and infants with AD are at much higher risk of developing hay fever and asthma as they grow older. Overgrowth of bacteria on the skin is an important contributor. Additional aggravating factors are skin dryness, and we know that scratching can worsen the rash. Food allergy also contributes to AD in about 20% of children. Defects in a gene coding for the skin scaffolding protein filaggrin appear to be a risk factor

How is it treated?

Treatment is targeted at improving the dryness, inflammation, and the itching with the use of moisturizers, topical steroids, and antihistamines, respectively. If a food allergy is suspected, or if control is difficult to achieve, then food allergy testing and food avoidance should be considered.

Is bathing and using soap helpful or harmful?

For many years bathing and the use of soap was discouraged in AD. This was because normal bathing contributed to the AD by drying the skin. As long as skin moisture is preserved, however, once-a-day bathing can be quite helpful by restoring water to the skin and by reducing harmful bacteria. Daily baths with a moisturizing based soap such as Dove should be followed by a pat down drying (remember scratching makes things worse). Before the skin has a chance to dry out, a generous quantity of an oil based moisturizer should be immediately applied to the entire body. If a steroid lotion is used, it should be applied before the moisturizer.

Are Steroids harmful?

While long term use of potent topical steroids can cause thinning of the skin, in general topical steroids do not cause the more serious side effects that are seen with steroids taken by mouth or injection. Because of the risk of thinning the skin, it is important that potent topical steroids not be applied to the face. It also is sensible to use the least potent steroid that is able to control the rash. You may be given two different steroids; a potent one for severe, active rash, and a less potent one for the face and mild areas of rash. As opposed to the moisturizer, the steroid should be applied only to active areas of rash.

Your Treatment Plan:

- **Daily soaking baths. Use SOAP!** Dove brand soap recommended
- **Pat dry.**
- **Apply steroid lotion twice a day.** After the bath and one additional time per day.
- **Apply steroid:** Twice a day, as needed, only to active areas:
 - _____ to active areas on the face
 - _____ to areas of mild active rash
 - _____ to severe active rash
- **Use moisturizer:** _____, after bath and _____ more times per day. Apply generously.
- **Take antihistamine:** _____, _____ pills/tsp at breakfast
And _____ pills/tsp at bedtime.
- **Add bleach to bathwater:** Two or three times a week: add ¼ cup of household bleach (Clorox™) to a tub that is at least ½ filled with lukewarm water. Mix well before entering. Soak for 10 minutes.
- **Use Protopic or Elidel on eczema prone areas:**

Remember that antihistamines can make you tired and inattentive. If you think this is a problem, let your doctor know because non-sedating antihistamines are available.

Atopic Dermatitis Fact : AD often gets better at the beach because the skin is exposed to plenty of moisture and ultraviolet light actually suppresses inflammation in sun exposed skin.