

Eczema for teens

Part 1

Basic to basics

In the first of a two-part series, **Dr Tess McPherson** explains the basics of eczema care, drawing on her experience running a young person's skin clinic in Oxford.

What is eczema?

If you're like many of my young patients, you may never have been told what eczema is and why it is managed the way it is. It might have been explained to your parents, or it may not have been explained to any of you very well.

Many young people feel that they are given endless pots of different creams and have little idea what they should do with them and why.

The more we know about eczema, the more we realise what a complex and variable condition it is.

There are a few simple facts that can really help you understand eczema, so that you can manage your skin better.

FACT

Eczema is caused by a mix of inherited and environmental factors that affect the barrier function of the skin (how 'leaky' the skin is) and the way the immune system works. In eczema, processes that cause inflammation are over-active and can over-respond to things in the environment.

Eczema = atopic eczema or atopic dermatitis

FACT

Because skin is more 'leaky' and the immune system is more active, eczema skin is prone to getting dry and getting inflamed, often with no clear trigger.

FACT

Eczema can be associated with other conditions like hay fever, asthma and food allergies. We call these conditions 'atopic' and atopy is something that can run in families. These atopic conditions occur in people with eczema because the immune system is more likely to overreact to things. Allergies probably develop because the skin barrier is more leaky and can be inflamed. This means things in the environment can more easily be exposed to the immune system through the skin.

But most people with eczema don't need allergy tests and even if you have them, the results usually won't change the fact that you'll have to manage your eczema, to some degree.

FACT

You can't change the fact that you're prone to eczema. There is no 'cure' and most people don't ever truly 'grow out of it'. Even after years with just a bit of dry skin, or no real problems with your skin, it may suddenly get worse or flare up – often for no clear reason. This persistence and uncertainty of eczema can be very frustrating. One young person said 'It's like the bad guy in a movie who just doesn't die!' (healthtalk.org).

BUT

- Just because there's no 'cure' doesn't mean it can't be controlled.
- Just because you're prone to eczema, doesn't mean it can't be managed.

FACT

It's not your fault. You may wonder 'Why me?' But it's really important to know that you're not responsible for having eczema. It is not down to anything you have – or haven't – done. Lots of people are born with skin that is prone to eczema. That's just how it is.

Topical = applied to the skin

Dr Tess McPherson is a consultant dermatologist at Oxford University Hospitals NHS Foundation Trust. Her book for young people *How to be comfortable in your skin* will be published by Oxford University Press in 2021.

Itchy and/or sore = flare up



People often don't use enough steroid ointment, or the ointment they use is too weak.

The good news

Eczema is a chronic, complex condition, and that might sound quite scary. But actually, managing it can be pretty simple. Most patients can get good control by using fairly basic topical treatments well. Here's five steps to getting control:



Target dryness

Eczema skin is prone to getting dry. So, help your eczema by avoiding things that can dry out your skin even more. The big one is irritating substances such as fragranced, bubbling products like soaps and shower gels.

If it's really frustrating to cut these out and it's annoying to be different from your friends, why not experiment? Some people can tolerate some products. (You know your skin.) Be especially careful on the face, though, as this area seems to be more affected in adolescence.

Most people with eczema will need to use an emollient or moisturiser to wash with. There are loads of options, so find one you like. Then, use either the same emollient product or a different moisturiser when the skin feels dry. Most people don't need to use this more than once or twice a day. You shouldn't have to put emollients on constantly.



Treat inflammation

When skin is itchy, red or sore, use steroid ointment daily. And here's the important bit: people often don't use enough topical steroid, or the steroid they use is too weak. This causes some confusion, even among some health workers. This can mean sometimes people aren't prescribed enough of the right stuff.

The reason it matters is when eczema flares up, it's like a fire (eczema literally means 'boiling over'). So, it needs a proper dousing to put it out. Then, it is more likely to stay out and be controlled. Putting very weak steroids on it, or using tiny amounts and rubbing for ages, is like just spitting at a fire. It's a bit like taking a crumb of paracetamol for a headache rather than the correct dose. It's certainly safe, but it won't do much.

3 Keep inflammation under control

When eczema is under control, it doesn't take much for it to flare back up again. That's why we recommend treatments to help prevent

this happening. This sometimes means treating flare-prone areas with steroids two days a week, even when the skin is calm (we call this 'weekend treatment'). You might be asked to keep this going for some months. Then, if there are no flares at all, stop and just keep the topical steroids handy in case the skin flares up again.

Steps 2 and 3 are often chunked together and called 'Get control and keep control.'

> 'Seriously? I'm going on steroids?'

There's a lot of confusion around about steroids.

The steroids you are prescribed for your skin are called topical steroids (also known as corticosteroids). This is not the same thing as anabolic steroids – the steroids people take to build muscle. Side-effects of topical steroids are very unusual. The evidence says that the 'benefits of topical steroids outweigh risks when used correctly in eczema' (NICE guidelines).

Another thing that often causes confusion is the skin pigment change that can happen after eczema flares get better. When the inflammation dies down, your skin may be left with a pale (hypo-pigmentation) or dark (hyper-pigmentation) stain. How noticeable this is depends on your skin type.

Some people think this is to do with steroids applied to the skin, but it's not. It's caused by the inflammation, which messes with the pigment cells. It is not 'scarring' and over time the pigment will return to normal.

> Although most people can get eczema under control with topical treatments, occasionally they are not enough. The good news is there are lots of other options if needed.

If it sometimes feels all too much, don't be hard on yourself and DO ask for support. Part 2, in the next issue, looks at ways to deal with the psychological impact of eczema.

4 Managing a flare

If your skin flares up, don't panic! Just go back to Step 2 (manage inflammation) and continue as you were. There may be an obvious reason

for the flare but there often isn't. Don't worry: just use your treatments to get skin back under control.

5 Keep things simple!

Find one emollient you like and use it to wash with and to put on dry skin.

Find one topical steroid for your face and one for your body. Use it daily when the eczema is bad, for short bursts, and at weekends to control it if needed. For a reminder, check out this poster at: nottinghameczema.org.uk/documents/eczemaposter2020.pdf

> Resources for young people with eczema

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

Healthtalk.org
www.healthtalk.org/young-peoples-experiences/eczema/topics

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