

8. Is there a cure for Atopic dermatitis?

- It all depends what one's perception of cure is. If one expects a few days or weeks of treatment to wipe out AD for life, he or she is likely to be disappointed. For chronic diseases such as AD, the concept of control of disease is more apt and AD can be very well controlled and the person can lead a near normal life.
- AD can be vastly improved with the judicious use of hydrating the skin, moisturizer use and anti-inflammatory medications (applications or internal medications depending on the requirement).
- The key word to successful AD management is lifestyle modification and take appropriate care of one's skin.

9. Can Atopic dermatitis recur?

- Atopic dermatitis can recur if one is exposed to the trigger factors or the skin remains excessively dry.
- Regular use of moisturizers, identifying and working around means to avoid the triggers goes a long way in preventing recurrences in Atopic dermatitis.

10. What are the tips for the family members to win over Atopic dermatitis?

- When a child has severe AD, the whole family bears the brunt. The child bothered by a constant itch is cranky, irritable, and fidgety with a limited attention span.
- The parents, having stayed awake for nights together with the child, are wrecks fighting anxiety and depression. Likewise, the family that fights eczema together is more likely to emerge victorious.
- Tips for the family include:
 - Avoid the blame game (comments like "How many times have I told you not to itch", "I told you not to do so and so! Now suffer" serve no real purpose and undermine the child's confidence).
 - Fighting a common enemy (the whole team including eczema sufferer, the family and the treating physicians will all play their role)
 - Praise the slightest achievement (children with eczema have to endure a lot. Each time they comply with treatment acknowledge the act. Again the praise should be genuine and not come across as put on or fake)
 - Have your own ideas regarding what to do when the itch really goes out of hand

- Think clear skin (like people who are battling obesity from imagining how they would look if they were slim, imagining a clear smooth skin can motivate eczema sufferers to be regular with treatment schedules).
- Involve children in treating themselves.
- Make moisturizing a fun activity.
- Be proactive (rather than fire-fighting, when the eczema really goes out of hand, regular use of moisturizers on apparently normal skin and other measures suggested by your dermatologist can go a long way).
- Consult your skin specialist or child specialist for proper guidance.
- Finally, there is one sweet word in eczema management: REMISSION. It is that phase when eczema does not require active treatment for weeks to months. All the efforts should be centered on getting people with eczema to this sublime state.

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ATOPIC DERMATITIS

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- What is Atopic eczema?
- How can one get Atopic dermatitis?
What happens to the skin in Atopic dermatitis?
- What are the trigger factors in Atopic dermatitis?
- How does the skin appear in Atopic dermatitis?
- What should one do if he/she gets Atopic dermatitis?
- Are there tests to confirm the diagnosis of Atopic dermatitis?
- What are the treatment options for Atopic dermatitis?
- Is there a cure for Atopic dermatitis?
- Can Atopic dermatitis recur?
- What are the tips for the family members to win over Atopic dermatitis?

1. What is Atopic eczema?

- Atopic eczema (Atopic dermatitis, AD in short) is a very itchy chronic skin condition.
- It often presents in infancy or early childhood, but can start in adult life too.
- Around the world, 10-20% of children and 3-4% of adults suffer from Atopic dermatitis. AD is much more common today than it was 30 years ago.



2. How can one get Atopic dermatitis? What happens to the skin in Atopic dermatitis?

- Getting Atopic dermatitis is a kind of tendency.
- There may be a family history of eczema, asthma or allergic rhinitis.
- Alterations in the immune system occur and cause a reaction or inflammation in the skin, which is manifested as Atopic dermatitis.
- The skin is an envelope that keeps body fluids within. It also protects from invading germs, chemicals and injury.
- In AD, the skin is a bit different. The water holding capacity is defective, resulting in an extremely dry skin. It allows allergens and infections to gain entry into the skin. It is suspected that allergens entering the skin may be responsible for asthma in later life. This means that treating eczema effectively early on may in all likelihood help against development of asthma later on rather than the other way around as it is spread by people practicing alternative medicines.
- Atopic skin has a very low itch threshold. There are people who can withstand immense pain and others who cannot take the slightest pain. Likewise, in Atopics the slightest itch stimulus gets magnified and translated into bouts of frenzied itch. In Atopics, touch also gets converted to itch on inflamed skin. Mothers should be advised not to kiss or peck their children on cheek if there is frank eczema.



3. What are the trigger factors in Atopic dermatitis?

- Triggers are those factors that the skin is not comfortable with and cause worsening of eczema. These include:
 - Extremes of climate-very cold and dry weather and hot, humid climate
 - Sweating is a potent stimulator of itch
 - Strong soaps and shampoos
 - Cloth detergents and fabric softeners
 - Woollens, synthetic fibers, rough and ill-fitting clothes
 - Furry soft toys
 - Exposure to pets
 - House dust
 - Swimming (potentially)
- Foods can cause allergies is common in infant and younger children. But the role of foods in worsening Atopic dermatitis is often dubious. Food causality in individual cases should be closely discussed with the treating dermatologist.
- Emotional stress, exposure to contact irritants and allergens, antiseptics in bath can aggravate Atopic dermatitis.

4. How does the skin appear in Atopic dermatitis?

- There is severe itching in Atopic dermatitis. An itching paroxysm may get triggered off anywhere and can be quite embarrassing.
- The skin in Atopic dermatitis is not a pretty sight.
- It may be red, flaky, sometimes oozing and covered with scabs.
- The skin is extremely dry.

- In infants, face, scalp, and the extensor surfaces of the limbs are affected. As the child grows older, the rash gets localized to the folds on the extremities, flaky dry skin may be seen behind the knees, thighs and the neck area may appear dark. In many children it subsides as the patient grows older. In adults, there may be severe thickening of the skin and dryness on the limbs and face. It can get aggravated on exposure to irritant substances.

5. What should one do if he/she gets Atopic dermatitis?

- Consult a dermatologist since it can be easily diagnosed by the dermatologist by the clinical appearance of the lesion.
- Appropriate counseling, emollient therapy and medications will be recommended by the dermatologist as per the needs.

6. Are there tests to confirm the diagnosis of Atopic dermatitis?

- A dermatologist can easily confirm the diagnosis based on the appearance of skin lesions. No laboratory tests are usually needed for diagnosis.
- There may be elevated IgE levels or eosinophilia in Atopic patients. Laboratory tests may be advised by the dermatologist in severe cases in order to start systemic treatment.
- In suspected food allergy, allergy profile by ELISA or RAST may be helpful. The results however should be always clinico-allergologically correlated.

7. What are the treatment options for Atopic dermatitis?

- Regular use of moisturizers and avoiding the trigger factors play a key role in treating Atopic dermatitis.
- Working around the trigger factors improves AD and reduces need of medications.
- Topical moisturizers (to avoid dryness), topical steroids and immunomodulators (to reduce inflammation in the reactive skin), anti-histaminics (to reduce the itch) are the chief treatment options. Moisturizer should be always paraben-free, lanolin-free, and fragrance-free.
- Systemic antibiotics (in cases of infection) or systemic drugs (such as cyclosporine, methotrexate, and steroids to suppress the immune response) may be recommended in severe cases.
- Phototherapy such as Narrow band ultraviolet B therapy can also help in reducing the disease intensity.
- It is important to consult and follow up with the dermatologist and not self-medicate.