

My child has eczema?

*Information for parents
and teachers*

Dr. Jacques ROBERT
Pediatrician - Allergist



Understanding eczema



✓ The scientific name is Atopic Dermatitis

- Dermatitis = an inflammatory disease of the skin
- Atopic = in 80% of cases, the child has a predisposition to allergies (i.e. there are allergies within the family) and the child can develop another allergy-related pathology (e.g. asthma)

✓ Everything begins in infancy, with dry skin that becomes porous and cracks



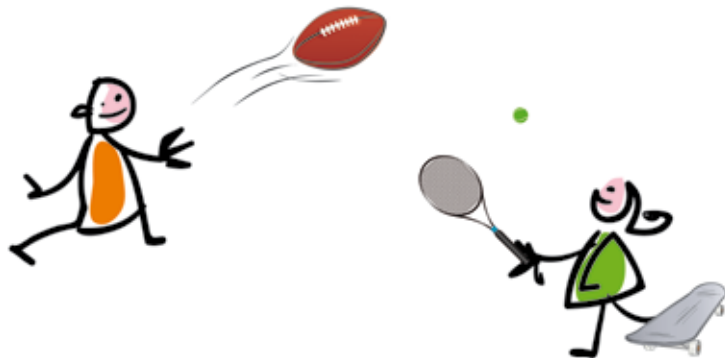
Redness



Dry skin



Scratch marks



Impact on daily life

- ✓ Dry, inflamed patches caused by eczema are extremely itchy: the pruritus is considered unbearable
- ✓ This widespread pruritus causes sleep disorders, irritable behavior and, at times, difficulties at school
- ✓ Heat, sweat and stress aggravate the lesions and pruritus



How does it progress?

- ✓ 15% to 20% of infants have eczema, but in 80% of cases, it disappears within three to six years
- ✓ However, in light of the family's medical background, the child may develop allergies:
 - To food, in particular among infants
 - Respiratory, in kindergarten: the child is out of breath, often coughs or cries after physical exertion, which can be the first signs of asthma



What are the treatment principles?



✓ The skin is dry:

- It has to be hydrated using moisturizing creams and emollients that protect the skin like a film; these local topical solutions, purchased without a prescription, are to be used when needed (a number of times every day)

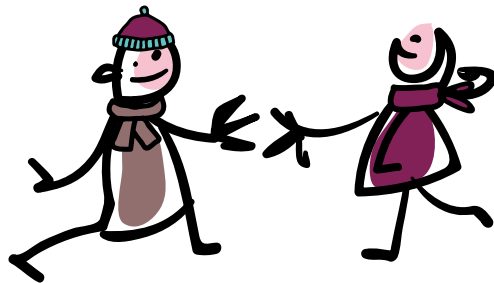
✓ The skin is inflamed:



- Parents must apply local anti-inflammatories to the lesions
 - either an ointment with a corticosteroid (dermocorticosteroid)
 - or, after the age of two, an ointment with an immunomodulator
- These highly effective treatments require a doctor's opinion and explanations

Are corticosteroids dangerous?

- ✓ Dermocorticosteroids do not have the same side effects as cortisone taken orally
- ✓ They are applied once per day only on the lesions and until full healing or after a relapse
- ✓ They are very effective for inflammations, itching, insomnia, etc, so optimize the young child's lifestyle and accelerate healing
- ✓ The main enemy of an eczematous child is suffering and a fear of dermo-corticosteroids!



Hygiene rules for school



✓ A child with eczema fears heat:

- Avoid wool sweaters in the classroom
- Ban turtle-necks
- Do not seat the child close to a radiator

✓ A child with eczema has sensitive skin:

- Some soaps are caustic for the child (parents can provide a detergent-free gel for hand washing)
- Some activities can be irritating (latex gloves, some house plants, small animals and even Play-Doh®)
- Chlorine in pools irritates the skin (shower after swimming, dry by patting and apply an emollient)



Is an individual plan ("PAI") required?

✓ Not for isolated eczema

✓ A plan is required if a respiratory and/or food allergy is present

- Who asks for it? The parents
- Of who? The school principal
- Who prepares the plan? The school doctor
- Based on what? Instructions from the child's doctor or allergist
- What does the plan lead to? Often, dietary measures (elimination of certain foods) and emergency measures to be adopted should symptoms occur

What is the relationship between eczema and a respiratory allergy?



- ✓ The risk of minor eczema evolving and becoming an illness such as asthma or hay fever, thereby creating an intolerance (allergy) to mites, animal hair, pollen...
- ✓ Asthma may be present:
 - If the child coughs a lot, especially at night or when physically active or if the child has a cold (virus)
 - If the child loses his breath when playing sports
 - If breathing is difficult or has a whistling sound

What is the relationship between eczema and a food allergy?



- ✓ An infant with eczema may develop a food allergy, expressed through clinical symptoms (acute urticaria, chronic digestive problems, unusual crying with delayed growth...) and confirmed via tests (skin, biological and stimulation tests)
- ✓ Certain food allergies are easily cured (cow's milk, for example); others are tenacious or definitive (peanuts, for example)
- ✓ Most minor eczemas, however, do not cause food allergies

Are the sun and eczema compatible?

- ✓ In general, **moderate** exposure to the sun improves eczema. For adults suffering from eczema, phototherapy treatment is recommended, but not for children
- ✓ Like **any child**, remain cautious: no direct exposure between noon and 4:00 pm, plus a hat, sunglasses, loose clothing and sun protection cream

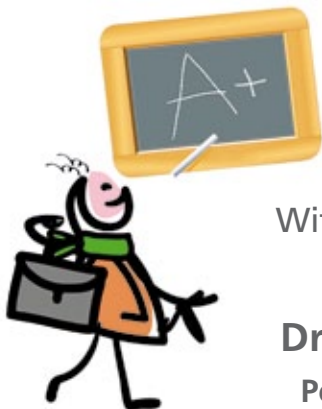


Brochure published by
FOUNDATION FOR ATOPIC DERMATITIS
RESEARCH AND EDUCATION



Head office: Hôtel-Dieu Saint-Jacques
2, rue Viguerie - 31000 TOULOUSE - Tel.: +33 (0)5 63 58 98 10
contact : fondationdermatiteatopique@pierre-fabre.com

www.fondation-dermatite-atopique.org



With our sincere thanks
to
Dr. Jacques ROBERT
Pediatrician - Allergist