Eczema and the sun

Even though many people find that their eczema improves with exposure to the sun, careless exposure can be seriously harmful for the skin. It is important to protect your skin at all times with an effective sunblock.

Protecting your skin in the summertime

New guidelines from the Canadian Cancer Society suggest that 5-10 minutes of unprotected exposure to the sun every day can provide us with Vitamin D, which is important for the health of our skin. But it’s important that, for the rest of your time outdoors each day you protect your skin with a good-quality sunscreen.

Most people benefit from sunscreen’s protection against B rays; some also protect against A rays. The sun protection factor (SPF) number indicates the length of time that sunscreen-protected skin can be exposed to UV rays before a minimal redness appears. The higher the SPF number the greater the protection. Understanding the different skin types is an important step to selecting the right SPF. They range from 2 up to 50, but someone with very fair skin or who has eczema that worsens in sunlight should use a sunscreen with a factor of 15 or above.

It is important to know that sunscreens may irritate the skin of people with eczema. Therefore, you should choose a sunscreen the same way you would choose an emollient - test the product first by applying a small amount to a limited area of your skin. Try not to rub too hard when applying it, as this may set off a cycle of itching.

Another factor you may wish to consider is the base of the sunscreen. There are three types; a chemical based sunscreen, which can irritate eczema, a non-chemical mineral based sunscreen (usually titanium dioxide) or a product that is a combination of both chemicals and minerals. Chemical sunscreens are absorbed into the skin while those containing titanium dioxide stay on the skin’s surface and act as a barrier which deflects the sun’s rays. Since they tend not to be absorbed, some people with eczema prefer to use mineral-based or combination products rather than chemically-based sunscreens. As with all products used on the skin, what works for one person with eczema may not necessarily suit another, so a process of trial and error will probably be needed.
Question:

Aside from cortisone creams, what other treatments can you recommend to help our baby cope?

Answer:

As it is a problem of sensitive, dry skin, the most important aspect of managing atopic dermatitis/eczema is avoidance of irritants and regular moisturizing. Use only unscented cleanser, shampoo, and laundry detergent, and avoid dryer sheets and fabric softener. A sheet of aluminum foil loosely crumpled and tossed in the dryer can reduce static. Wool, synthetics and flannel can also aggravate the problem. The daily use of a heavy unscented emollient cream (not a lotion), applied to damp skin (do not dry off) after a brief bath is equally important.

When itching or flare-ups are seen a mild topical steroid or a steroid-free Topical Calcineurin Inhibitor (TCI), also known as a Topical Immunomodulator, or TIM can be used to settle the problem. This should be used on an as-needed basis to affected areas only. TCI ointments or creams are not indicated for children under 2 years. These TCIs can reduce and sometimes eliminate the need for steroids when used at the earliest signs of a flare. If no improvement is seen consult your physician for guidance.

One thing that can cause eczema to persist despite treatment is an infection. If the skin is weepy or crusted it may be infected. The skin of those with eczema is more susceptible to infection and antibiotic ointment or sometimes oral antibiotics may be required.

There is no cure for eczema, however almost all cases can be well-controlled by following these measures. The vast majority will grow out of it as they get older.

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**Summer Skin Tips:**

- Be more generous than usual with your regular moisturizers
- Always apply moisturizer about half an hour before applying sunscreen
- Take a bath in lukewarm water with oils appropriate for eczema to help soothe the skin after a trip to the beach or the pool
- Use thicker emollient at night before going to bed

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**Oatmeal – not just for breakfast!**

Oats have a long history of being very effective in caring for skin. Putting oatmeal in the bath soothes itchy, irritated skin. One thing to remember is that regular oatmeal will not work. You must use colloidal oatmeal, which is oatmeal that has been transformed into a very fine powder which can be suspended in water.

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**Beat the heat!**

During the summer, heat and sweat can make your skin irritated and itchy, so wear light clothing — it will keep your body cool and protect you against harmful sun exposure. Make an effort to wear clothes made of natural fibers such as cotton or linen and try to stay away from synthetic fabrics. Also, try to avoid activities that make you hot and sweaty. If exercising, be sure to shower right away, to ensure that the sweat doesn’t have a chance to irritate your skin.

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**What is Seborrhoeic eczema?**

Seborrhoeic eczema can affect anyone, but is more frequent in babies under the age of one. It frequently starts on the scalp, where dandruff can progress to redness, irritation and scaling (known as cradle cap). The scalp may also appear oily and inflamed. This type of eczema can spread to the central face and forehead, to the sides of the nose down to the outer ends of the mouth, to the eyebrows and behind the ears.

Seborrhoeic eczema can go on for a number of years in some adults. It is best treated with medicated dandruff shampoo, and occasionally with prescription antifungal facial creams or rinses. The good news is that it usually clears up in babies without treatment by the age of one, though it can last for several months. The scaling usually can be loosened by gently massaging a small amount of baby oil into the scalp for 30 minutes before brushing with a soft brush and then washing with mild baby shampoo.

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**What can I do to help my child with eczema?**

Children with eczema can present special challenges because it may be especially difficult for them to resist scratching, which can only make the condition worse. The regular application of a good moisturizer can help soothe the itch. For many children, eczema disappears as the child ages. In the meantime, avoid as many eczema triggers as possible by keeping in mind the following:

- Keep your child’s skin moist. After bathing in lukewarm water, apply moisturizer within three minutes to retain the skin’s moisture.
- Avoid sudden temperature changes.
- Keep your child’s bedroom and play areas free of dust mites (a common trigger).
- Use mild soaps – both on your child’s skin and on his/her clothing.
- Dress your child in breathable clothing, preferably made from cotton.

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*Don’t hesitate to seek further advice from a doctor if these methods do not work for you. The physician may recommend an over-the-counter cream, or may give you a prescription for a cream, ointment, antihistamine, or antibiotic for your child.*

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**Myth**

Ocean water can aggravate eczema

**Fact**

Salts, minerals and trace elements found in ocean water can be beneficial for eczema sufferers. Fresh-water or chlorinated pool water can make the condition worse for many, but in some cases, ocean water can actually help to restore moisture to dry skin caused by eczema and dermatitis.
**Finding the right treatment**

Fortunately, there are a wide variety of treatment options to manage eczema. For many people, avoiding triggers and using moisturizers aren’t enough to control their condition. Although there’s no cure, eczema can be successfully treated with prescription medications. Here are eczema treatment options that your physician may recommend:

**Antihistamines** can be used to reduce the itching of an eczema flare-up, but they often cause drowsiness. Antihistamines are sometimes prescribed at night to aid sleep and relieve itching. However, evidence shows that histamine does not appear to play a major role in the itching caused by eczema. A doctor should always be consulted before giving antihistamines to children.

**TCIs or Topical Calcineurin Inhibitors** can help reduce the itching and redness of eczema. TCIs are the newest class of drugs in over 40 years that treat eczema. Steroid-free, Topical Calcineurin Inhibitors appear to target the root cause of eczema. These therapies are applied directly to the skin and work very quickly, often within a few days, to reduce eczema symptoms. See your dermatologist or family physician for more information.

**Corticosteroids (steroids)** can also be effective in reducing the itch and redness associated with acute eczema. Cortisone creams (steroids that are applied directly to the skin) are anti-inflammatory treatments used to bring the itch of eczema under control. They should only be used under medical supervision and it is essential to use only the appropriate strength and quantity (and only for as long) as prescribed by your doctor. Only a very mild steroid, hydrocortisone, can be bought at a pharmacy without a prescription. It is sold as a cream or ointment and can be used to treat mild eczema.

**Antibiotics** are used to treat the secondary skin infections that often accompany eczema. Bacterial infections of the skin caused by staphylococcus and streptococcus are common in people with eczema. Antibiotics kill the bacteria causing the infection.

**Evening Primrose Oil** A number of studies have looked at the effectiveness of evening primrose oil in treating eczema. Unfortunately, the results have not been conclusive - some trials have seen an overall improvement in the eczema of those patients studied, while others have not. Be sure to let your doctor know about any naturopathic or herbal products you are using, as some may interfere with your eczema treatment.

**Watch what you eat**

Did you know that almost one third of children who have eczema may also have a food allergy? Although the food allergy is not a cause of eczema, certain food proteins may trigger an allergic reaction which aggravates the eczema. Common food allergens include wheat, dairy, egg and fish. Allergy testing should be done to see if there is a reaction to these allergens.

Another option is doing an elimination and challenge diet. The premise is simple: you take all possible offending foods out of the diet for a two to three week period, with the hope that the symptoms subside. During this elimination phase, one should avoid all wheat, dairy, egg, fish, soy, citrus fruits, nuts, shellfish, corn and sulphites. It doesn’t leave many options, but it is only for a two to three week period.

After the elimination phase re-introduce each item one at a time in a controlled manner so that you can determine your body’s reaction to the food. This approach may seem simple on paper, but is challenging, especially if you’re dealing with a child.

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