

## Atopic dermatitis: advice and general recommendations

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### What is atopic dermatitis?

Atopic dermatitis is a skin chronic inflammatory disease which occurs in relapses. Irritation and the repetition of wounds are essential data to make a diagnosis. There is a typical genetic predisposition (hereditary). There is specific attention for every patient and in every moment: relapse or stable stage of the disease.

### If your child suffers from atopic dermatitis, you must know:

- Most children experience improvement and deterioration (relapses) frequently (2 or 3 times a month) and sometimes this will even be constant.
- Nowadays there is no effective treatment and its evolution is unpredictable.
- Advice must be determined by age, wound features and adapted to the changing necessities in the course of the disease.
- General skin care is essential to control the relapses and their impact in life quality. It is mandatory to educate the patient and their family on skin care.
- It is difficult to cope with a chronic disease. The goal is that the child has a "normal" life. Parents must create a quiet and affective environment. It is not effective to tell your child off when they scratch. Emotional stress can worsen the seriousness of the relapses.
- Atopic patients must know the triggering factors and the general care and must have a specified treatment given by their doctor.

### Triggering factors

- Avoid contact with substances which can produce irritation.
- Avoid nylon, polyester, new wool and rubbers as well as excessive clothing and smoking.
- Some children who suffer from atopic dermatitis, specially when they suffer from other allergic diseases as rhinitis and asthma, can develop allergy to domestic animals' hair as dogs, cats or mice.

- Relapses get better in summer, probable due to a higher sunbathing, and get worse in winter, spring and autumn. Some patients do not experience this and the course is continuous with minor remissions if any.

- Bath or shower are suitable for atopic children. There is no general agreement on the preference of one of them. Sea water baths are usually beneficial.

- There is not a protective diet nowadays. Dermatitis is rarely due to allergy to some food. Food must be excluded if there is a clear relationship between its intake and relapses. Only in those circumstances allergic tests must be done.

### Treatment

**Emollients** (hydratant) are part of the treatment to keep skin dry. They contain oil, paraffin, vaseline, glycerin, lanolin, ceramid, silicone, urea and other components. There are new recent types of emollients with antiinflammatory and anti-irritation properties. There is a wide range of products available for these patients with an extensive difference of price and size. They will be used at least twice a day.

Most used **medicine** are corticoids, of different kinds, in paste and similar ways. There are other medicine – immunomodulators – specially for face care. Treatment must follow doctor's guidelines and it is recommended to follow them up to two days after the curation of wounds and then keep on with emollients.

### Where you can find more information on the Internet

A critical magazine (in English): <http://www.sign.ac.uk/pdf/Eczema-draft.pdf>

Spanish Association of Family and Patients <http://www.adeaweb.org>

AEP Protocol: [www.aeped.es/protocolos/dermatologia/dos/dermatopica.pdf](http://www.aeped.es/protocolos/dermatologia/dos/dermatopica.pdf)

A recent revision in Spanish: [www.pap.es/?id=15&idioma=ES&op=0&tipo=S](http://www.pap.es/?id=15&idioma=ES&op=0&tipo=S)