

Eczema Information

What is Eczema?

Eczema, also referred to as dermatitis, is a type of inflammation of the skin. Common causes of eczema include an allergic reaction to something touching the skin such as poison ivy or nickel and contact with chemicals that damage the outer skin such as strong soaps and substances that dry or irritate the skin.

Eczema is a common problem but it is not contagious. Some types are hereditary. Although eczema cannot be cured, a dermatologist can provide a proper diagnosis and a treatment plan to manage your eczema and control flare-ups.

Chronic eczema causes people to miss work and often sleep is interrupted, affecting school and work performance.

Common Types of Eczema

Atopic Dermatitis (AD)

Atopic Dermatitis is hereditary and the most common type of eczema. In Canada, the lifetime prevalence is higher than the worldwide average. It is estimated that up to 17% of Canadians suffer from AD at some point in their lives.¹

AD usually starts in infants and young children and is characterized by itchy, inflamed skin, usually behind the knees, the inside of the elbows, and on the face, neck and hands. Children with eczema often develop asthma and/or hay fever and have family members who also have these problems.

Contact Dermatitis: There are two types of contact dermatitis: allergic and irritant.

Allergic Contact Dermatitis (ACD) is caused by a delayed immune reaction following skin contact with an allergenic substance. The skin becomes inflamed about 48 hours after contact with the allergen. Poison ivy is the most common cause of ACD. Other common causes include metals, dyes, perfumes and preservatives in cosmetics.

Irritant Contact Dermatitis is more common than ACD and is caused by repeated exposure to substances that chemically damage the skin, such as harsh soaps, detergents, and cleaning products. These irritants remove oil and moisture from the outer layer of the skin, damaging the protective layer and triggering inflammation.

¹ Eczema Prevalence in Canada. Ipsos-Insight Health, 2003

Other Types of Eczema

Dyshidrotic Eczema: An acute recurrent eruption of multiple tiny, intensely itchy water blisters on the palms, sides of fingers and soles of the feet.

Lichen Simplex Chronicus: Localized, chronic thick itchy plaques that commonly occur on the sides or back of the neck, wrists, ankles, lower legs and inner area of the thighs.

Nummular Eczema: Multiple, round plaques of eczema that are usually associated with dry skin and occur on the outer surfaces of the hands, arms and legs.

Seborrheic Eczema: Yellowish-brown, greasy, scaly patches on the scalp, eyebrows, nose and chest.

Stasis Dermatitis: A chronic eczema on the inner area of the lower legs and associated with varicose veins.

Caring for Your Skin

Avoid irritants and triggers to reduce flare-ups

AD and ACD can worsen with exposure to allergens and irritants. Avoid the common ones, such as dust, animal dander, smoke and grass. Allergy testing can often identify specific environmental allergens. If you have ACD, a dermatologist will do patch testing to try to determine the cause.

“Dos and Don’ts”

Do:

- Use mild detergents to wash clothing, with no bleach or fabric softener
- Double-rinse clothing
- Moisturize often, especially in colder weather
- Choose cotton for bed linens and clothing
- Reduce stress as much as possible

Don’t:

- Expose skin to very hot or very cold water
- Expose skin to excessive heat or low humidity
- Dress in synthetic fabrics or wear wool next to the skin
- Use harsh detergents or perfumed products

Cool compresses relieve inflammation and itching.

Follow these easy instructions for fast relief:

- Use several layers of cheesecloth or soft cotton cloth cut to fit over the affected area
- Soak the cloth with water or Burow’s solution
- Place on the skin for 20 to 30 minutes
- Keep the cloth continuously wet and uncovered to allow evaporation
- Then pat the skin dry and apply your medication

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Eczema in Children



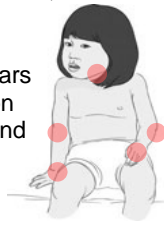
Did you know that cradle cap, diaper rash and poison ivy are all types of eczema?

Where does eczema usually appear?



The areas of the body that eczema affects tends to vary with age. In babies, a patchy rash usually appears on the face, elbows, and knees. Diaper rash is also common.

In older children, the rash appears most often behind the knees, inside the elbows, on the sides of the neck, and on the wrists, ankles, and hands.



How can I help my child?

You can help prevent eczema in your child by keeping the skin soft and moist and avoiding known triggers that cause itching and flare-ups.

When should you call your child's doctor?

Children with eczema are prone to skin infections. Call your child's doctor if you notice signs of skin infection, which may include: fever, redness and tenderness, or pus-filled bumps on or around affected areas. Also, call your child's doctor if you notice a sudden change or worsening of your child's condition.

What is cradle cap?

Cradle cap is common in babies and is easily treated. It is caused by the normal buildup of sticky skin oils, and scales of sloughed skin cells on a baby's scalp.

Cradle cap is not harmful to your baby. It usually goes away by a baby's first birthday.

Eczema FACTS

Eczema is not contagious

Eczema is most common in children, and about half will grow out of it

Baths are good – apply a moisturizer right after

Wear and sleep on soft natural fabrics

Avoid harsh soaps, scented products and perfumes

Without a proper diagnosis and adequate treatment, eczema can become chronic and disabling

Tips for Parents

Avoid skin contact with wool and rough fabrics

Do not let children play in tall grass

Moisturize their skin daily

Apply medication to any areas of inflamed skin regularly every day

When should you see a dermatologist?

If following these guidelines and your doctor's treatment is not improving your child's skin, a dermatologist will be able to help.

Contact Dermatitis

For more information about contact dermatitis and your workplace, call the Canadian Centre for Occupational Health and Safety (CCOHS), 1-800-668-4284 or on the internet at www.ccohs.ca

What causes contact dermatitis?

Two causes of contact dermatitis are exposure to **allergens** and **irritants**. An allergy occurs when the immune system reacts to a chemical. An irritant can be a strong soap or chemical.

Exposure to allergens and irritants frequently occurs in the workplace.

An allergy causes contact dermatitis in two ways:

- Contact urticaria – the immediate appearance of hives (transient itchy swellings)
- Allergic contact dermatitis – chronic areas of itchy, red, crusty or scaly skin

Irritant contact dermatitis is produced by repeated exposure to a harsh or drying chemical that damages the outer skin barrier. Damage can be:

- Acute (sudden and quick) after contact with a high concentration of a chemical that sets off a reaction such as a burn
- Chronic (persistent) or delayed (when it occurs after months or years of contact with an irritant)

Can you still work?

Most workers who have contact dermatitis can return to work. It will depend on:

- what kind of contact dermatitis you have
- how severe it is
- how it is treated

SOME IRRITANTS AND ALLERGENS FOUND IN MANY JOBS

Job	Irritant	Allergen
Agriculture workers	Artificial fertilizers, disinfectants, pesticides, cleaners, gasoline, diesel oil, plants and grains	Rubber, oats, barley, animal feed, veterinary medications, cement, plants, pesticides, wood preservatives
Cabinet makers, Carpenters	Glues, detergents, thinners, solvents, wood preservatives	Stains, glues, woods, turpentine, varnishes, colophony
Construction workers	Cement	Chromates, cobalt, rubber and leather gloves, resins, woods
Hairdressers	Permanent solutions, shampoos, bleaching agents, wet work	Dyes, persulphates, nickel, perfumes, rubber
Homemakers	Detergents, cleansers, foods, wet work	Rubber gloves, foods, spices, flavours, nickel, chromates, polishes
Mechanics	Oils, greases, gasoline, diesel fuel, cleaners, solvents	Rubber gloves, chromates, epoxy resin, antifreeze
Medical personnel, Nurses, Hospital workers	Disinfectants, detergents, wet work	Latex gloves, anaesthetics, antibiotics, antiseptics, phenothiazines, formaldehyde, glutaraldehyde, liquid chloroxylenol, hand creams

Information provided by WSIB. To view the full Workplace Contact Dermatitis fact sheet go to: www.wsib.on.ca/wsib/wsite.nsf/Public/FactSheetsOccupationalDisease

How common is it?

The number of cases of contact dermatitis in Canada is not currently known but according to some US statistics, skin disorders comprise more than forty-five percent of all occupationally related diseases. Among all occupational dermatitis, irritant contact dermatitis accounts for about 80 percent and allergic contact dermatitis accounts for about 30 percent (some patients have both).