



Roanoke
1505 Franklin Rd. SW
Roanoke, VA 24016
T (540) 343-7331
F (540) 343-7349

Lynchburg
1715 Thomson Dr.
Lynchburg, VA 24501
T (434) 846-2244
F (434) 846-0602

Salem
3529 Keagy Rd.
Salem, VA 24153
T (540) 343-7331
F (540) 725-1356

ATOPIC DERMATITIS: SOME HELPFUL POINTS IN MANAGEMENT

DIET:

1. Foods especially milk, eggs, wheat, chocolate, oranges and tomatoes are sometimes a factor.
2. An allergy elimination diet may be necessary.

SKIN CARE:

Clothing:

1. New articles are best washed before worn.
2. Avoid fabric softeners and strong laundry soaps.
3. Best to avoid wool and tight clothing.
4. Wear cotton clothing.

Bath:

1. Bathe at least one hour before bedtime. The skin is too warm immediately after the bath to get into a warm bed. Itching would result from doing so.
2. As some patients are relieved of itching by bathing, and others made worse, the frequency of bathing will depend on how you react.
3. Bath water should not be too hot.
4. Tub bath is better than a shower.
5. Use soap sparingly.
6. Avoid deodorant soaps. Try Lowilla, Basis or Neutrogena.
7. Add oil to the bath water.

Lubricants:

1. The best lubricant for any individual patient is achieved by trial and error.
2. Some ointments work for a while and then have to be changed.
3. Creams often most beneficial. Consider Aquacade, lanolin-free bases, steroid creams.
4. Before bedtime, vegetable oil-type ointments.

Scratching:

1. Rub gently if itchy. Don't scratch as it destroys healing of the skin.
2. Avoid bath brushes.

Tension:

1. Try to avoid chronic stresses, fatigue and conflict.
2. Train yourself to avoid situations that could possibly bring on itching.

Sunlight:

1. Beneficial in most patients, but avoid sunburn.
2. Perspiration may irritate.
3. Carefully test sun screen lotions before applying generally.

Winter Sunlamp:

1. The physician can advise whether this would be helpful.

Swimming:

1. Usually beneficial.
2. Should shower after swim in chlorine pool. Use soft stream shower.
3. After a swim, pat dry with towel and put on cotton robe.

Cosmetics:

1. Avoid perfumes.
 2. Use non-perfumed lipsticks.
 3. Use very simple shampoos.
- Use hypoallergenic deodorants, avoid antibacterial deodorants.

MEDICATIONS:

1. The physician may want to use several oral medicines to help control your eczema.

Antihistamines:

1. These are helpful in reducing itching, promoting mild sedation and perhaps protecting the skin from the action of histamine.
2. These are not applied in ointments on the skin as they may cause reaction.

Antibiotics:

1. Indicated by mouth when the eczema is infected (oozing, dark red scratch marks, yellow crusting, painful, odor).
2. Should not be applied topically.

Lubrication:

1. Water-washable creams and ointments, steroid creams and ointments.
2. Best avoid lanolin and paragen-containing medication.

Tranquilizers:

1. A matter of concern to the physician to promote relief of tension.
2. Individually determined, or used for prolonged periods.

Cortisone-like medications:

1. Topical

Used by most physicians as creams or ointments to all areas except the face. Hydrocortisone (does not thin the skin) used on face. You may be told to apply Saran Wrap over the medication to increase penetration of the material. Ointment or cream may be used while the skin is quiescent to prevent flare-ups.

2. Oral

Oral steroids may be needed only when the eczema is so extensive or out of control that it is disabling. We try for eventual every-other-day dosage. Complications need to be weighed against the benefit derived.

Allergy Injections:

1. Allergy injections have occasionally been beneficial for eczema and when a patient has hay fever or asthma in addition to eczema, his/her physician may want to use allergy injections.

Flare-ups and Changes:

1. Report to your physician if there is a flare-up of your skin or if there is a change of significance in your condition.