Atopic eczema in children

Diagnosis

Diagnose eczema in children if they have an itchy skin condition and at least three other symptoms from the following:
- Visible flexural dermatitis in the skin creases (cheeks or extensor areas for toddlers under 18 months old).
- History of flexural dermatitis.
- History of dry skin in the past 12 months.
- History of asthma or allergic rhinitis (history of atopic disease in a first-degree relative if the child is younger than four years old).
- Onset of signs and symptoms under the age of two years old.

Identify triggers

- Ask if anything makes the child's eczema worse.
- Consider triggers, such as:
  - Grass or pollen.
  - Specific foods.
  - Medication.
  - Other comorbidities, such as asthma.
  - Washing products or wipes.

Establish severity and impact on quality of life

- Ask about the time of onset, pattern and severity.
- Has it been treated before? If so, with what and did it work?
- Is there a family history of atopy?

Quality of life

Quality-of-life questionnaires will include:
- Children's dermatology Life Quality Index.
- Infants' dermatitis Quality of Life Index.
- Dermatitis family impact questionnaire for quality of life.

Physical severity

The patient-oriented eczema measure is a tool that can assess and monitor severity.

Treatment

Tailor treatment according to the severity of eczema. Treatment starts with emollients and topical corticosteroids.

Emollients

- Use emollients on the entire body if the eczema is clear.
- Use them alongside other treatments.
- Use instead of soaps.
- Prescribe leave-on emollients in quantities of 250g-500g weekly.
- Show children and parents how to apply them.

Topical corticosteroids

- Should only be applied to areas of active eczema.
- Mild steroids for mild eczema, moderately-potent steroids for moderate eczema and potent steroids for severe eczema. Mild steroids should be used for the face and neck.
- Do not use potent steroids in children under 12 months old without specialist supervision.
- For all patients, do not use very potent steroids without specialist advice.
- For flare-ups in vulnerable areas, moderate or potent steroids should not be used for longer than 7 to 14 days.

Eczema controlled?

Yes

Continue treatment.

No

Step up steroid if applicable (do not use very potent steriods without specialist advice).

Exclude bacterial or viral infection if mild or moderately potent steroids have not controlled the eczema within 7 to 14 days.

Eczema controlled?

Yes

Continue treatment. If using potent steriods, continue for no more than 14 days and then return to less potent steriod.

No

If unable to step up steroid further, and bacterial infection has been excluded, refer for specialist input.

Referral criteria

- Refer within two weeks if severe eczema has not responded to therapy after seven days, or if treatment for a bacterially-infected eczema has failed.
- Refer using usual pathways if:
  - The eczema control is not satisfactory.
  - The diagnosis has become uncertain.
  - The eczema on the face has not responded to treatment.
  - You suspect contact allergic dermatitis.
  - The eczema is causing significant social or psychological problems.
  - The eczema is associated with recurrent infections.

References
NICE Pathways. Diagnosing and assessing atopic eczema in children aged 12 and under. London;NICE:2007