

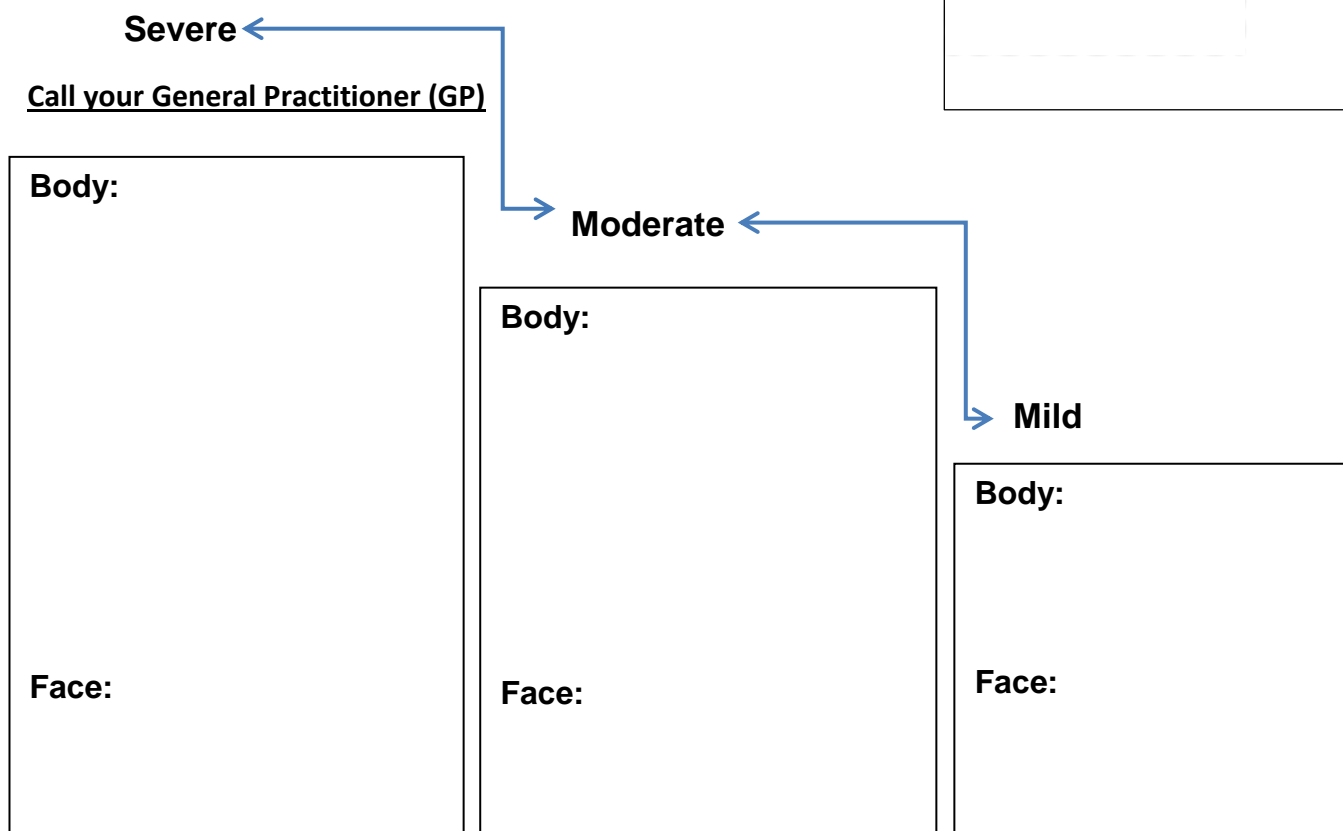
Patient information

Steroid use in managing your child's Atopic Eczema

Clinical Nurse Specialist
for Paediatric Dermatology
(01284) 713575

Addressograph

Step up step down approach:



Bath additives and emollients (moisturisers)

Week	Week	Week	Week	Week	Week	Week	Week
Mon	Mon	Mon	Mon	Mon	Mon	Mon	Mon
Tue	Tue	Tue	Tue	Tue	Tue	Tue	Tue
Wed	Wed	Wed	Wed	Wed	Wed	Wed	Wed
Thur	Thur	Thur	Thur	Thur	Thur	Thur	Thur
Fri	Fri	Fri	Fri	Fri	Fri	Fri	Fri
Sat	Sat	Sat	Sat	Sat	Sat	Sat	Sat
Sun	Sun	Sun	Sun	Sun	Sun	Sun	Sun

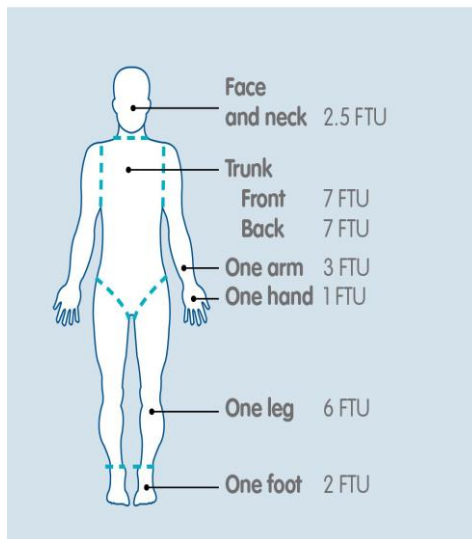
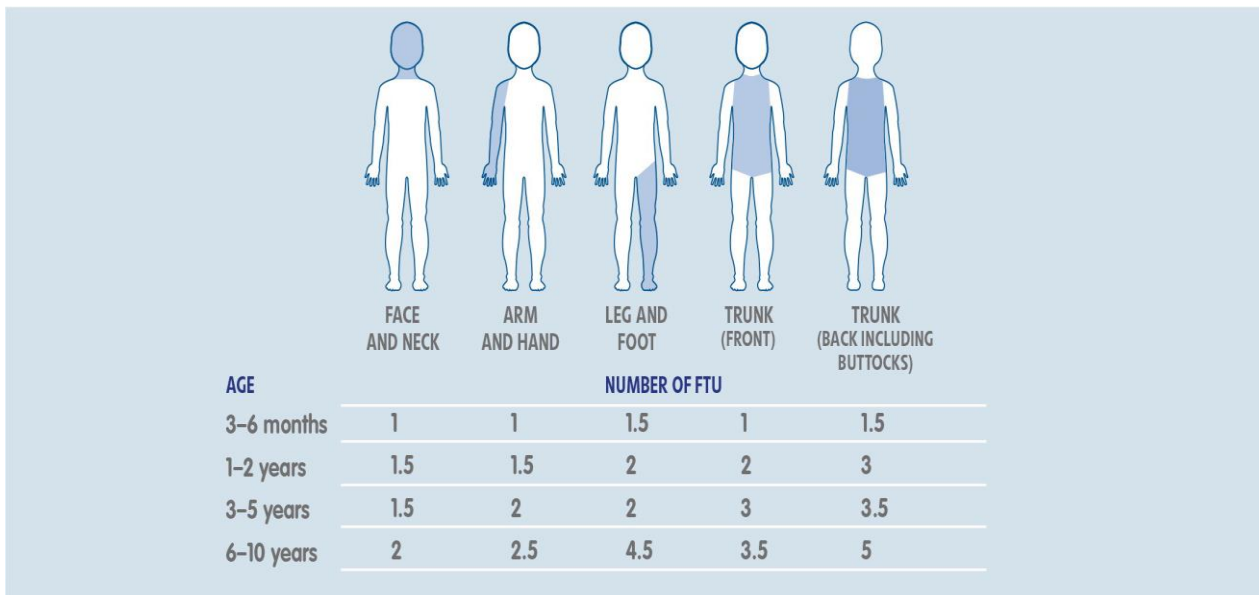
Antihistamine (_____) can be given before bedtime to reduce itch and therefore help your child to settle to sleep.

How much to use:



A finger tip unit (FTU) is a line of steroid (squeezed from a tube) from the crease of the first joint to the tip of an adult index finger.

The following amounts are the maximum requirements for a single application:



'Adult' finger-tip units

(The three images above have been taken from the National Eczema Society factsheet on Topical Steroids)

What are Steroids?

Topical Corticosteroids are the most common treatment for inflammation of eczema. In order for them to be successful, they need to form part of a programme of treatments.

'Topical' means applied directly to the skin. 'Steroids' are a group of natural hormones, produced in the body by a variety of different glands. They are also produced synthetically as medicines.

Steroids come in a variety of different preparations: lotions, creams, ointments, foams, gels, mousses, shampoos and tapes; and are available in different strengths (or potencies).

Topical steroids are sometimes combined with other active ingredients, including antibacterial agents or antifungal agents.

Why has my child been prescribed steroids?

Topical steroids are used in the treatment of eczema; the main aim of their use is to reduce inflammation and speed up healing of the skin. They also help to make the skin feel less hot, itchy and sore as well as reduce redness. However, they are NOT a 'cure' for eczema.

Topical steroids, used appropriately, are a safe and effective treatment for eczema.

Consideration needs to be given to the benefits of steroid use as a treatment weighed up against the 'risks', these being, if powerful topical steroids are used daily, over a very long period of time (months), they can thin the skin, versus control of recurrent flares in eczema and the associated impact on the holistic well-being of the child.

Are steroids safe to use on my child?

Your child has been prescribed a specific steroid and you have been provided with information as to the frequency and length of the treatment course your child will require.

Follow the instructions on the steroid manufacturers packaging with regard to use and storage, unless you have been specifically instructed you to do something different.

The Finger Tip Unit (FTU), which is the amount of steroid ointment/cream that covers an adult index finger from the crease of the first joint to the tip of the finger, is an easy guide to ensure you are applying the correct amount. Too little will not treat the area effectively, whilst too much can cause problems after long term use.

When to use

The benefits of topical steroids will be most effective when the following guidelines are complied with:

- ✓ Apply the steroids as they have been prescribed for use.
- ✓ Steroids are normally prescribed for application twice a day, however, the steroid called Elocon is only used once a day.
- ✓ It is important that steroids are applied as advised, even if the skin looks better. The skin may 'look good' on the surface, but the eczema may still be 'healing' underneath. Stopping steroids abruptly may result in another subsequent flare. The use or strength of the steroids needs to be reduced gradually. Sometimes your child may be advised to remain on a once or twice weekly 'maintenance' or 'weekend therapy', known as (for example) 'Steroid Saturday' or 'Steroid Sunday'.
- ✓ It is good practice to apply your child's dose of steroid 20 minutes after moisturising the skin. This aids the steroid in providing optimum effectiveness by being applied to exactly the correct place. Applying moisturiser after a steroid may mean that the steroid is spread to other areas of skin that do not require treatment. It may also mean that the potency (strength) of the steroid is reduced
- ✓ Topical steroids should be applied so that the skin just 'glistens'.
- ✓ Hands should be washed before and after steroid application.

Do not us

- ✗ Under occlusion (bandages or tight fitting clothing), as this may increase the potency (strength) of the steroid.
- ✗ Topical steroids can suppress symptoms of skin infection, always check with a medical professional (General Practitioner (GP), Clinical Nurse

Specialist (CNS) or lead consultant via telephone consultation) if in doubt.
Note: topical steroids remain the first line treatment for infected eczema.

- * Use your child's steroid for the area of the body that it has been prescribed for. Steroids are absorbed at different rates depending on skin thickness. The greatest absorption occurs through the thin skin of eyelids, genitals and in skin creases, when potent topical steroids are best avoided. The least absorption occurs through the thick skin of palms and soles, where mild topical steroids are ineffective.

If your child's steroid treatment is stopped too soon, or not used at all, they may then require an even stronger steroid to be used in order to regain control of their eczema.

Further reading

National Eczema Society Tel: 0800 089 1122

www.eczema.org

British Association of Dermatologists

www.bad.org.uk

National Institute for Health and Care Excellence

www.nice.org

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