

Asheboro Dermatology & Skin Surgery Center

Atopic Dermatitis

Atopic Dermatitis (or what some refer to as "Eczema") is a very common disorder that affects all ages but ESPECIALLY young people. It is essentially a problem of easily irritated skin that comes primarily from genetic forces (sometimes combined with environmental triggers). The skin tends to itch a lot, and it often develops rash/dermatitis in multiple areas. The disorder is usually mild and annoying, but it can be very severe and life altering too.

There is no specific/single "cause" for Atopic Dermatitis in most affected persons. It is certainly related to allergic tendencies, and sometimes definite substances are found that make the condition worse for a given individual. However, it is unusual for completely "cure" the skin by avoiding certain allergens. There are also many times when the skin becomes quite itchy, irritated and scaly for no apparent reason. Such is the nature of this complex problem. *Atopic Dermatitis* is often (but not always) associated with asthma and/or hay fever within the patient's family. *Atopic Dermatitis* is definitely NOT contagious.

There is no true "cure" for Atopic Dermatitis, but it can usually be controlled quite well with medications and special attention to the skin. Fortunately, many patients slowly improve naturally as they become older, and many clear up completely before adulthood.

Management / Treatment

There are a number of treatment strategies for *Atopic Dermatitis*. Your provider will individualize your therapy based on your unique situation. The following is a general array of treatment approaches and tips.

One very important thing you can do is to keep your skin **moisturized** all the time. You should use a gentle, unscented moisturizer. The brands we prefer are Cetaphil, CeraVe, Aveeno, Curel, Plain Vaseline or _____. The best time to apply a moisturizer is immediately after bathing, but you can apply at other times as well. You should moisturize your skin even when the dermatitis is under good control b/c this can help control the frequency and severity of the rash and the itching.

You should use mild, unscented soaps such as White Dove, Cetaphil, Aveeno or something else your provider recommends. Fragrances of all types MUST BE AVOIDED with this condition as they tend to make your skin worse.

There are certain exposures that may make your skin worsen. These include sudden temperature changes, wool, pet dander, dust and dust mite, some pollens, freshly cut grass and fabric softeners. The bottom line is that it is a good idea to use wise judgment in terms of what you expose your skin to in the environment. But remember that no matter how cautious you are, if you have *Atopic Dermatitis*, you will have flare ups from time to time.

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Topical Steroids : One of the main treatment strategies is the use of topical steroids. Topical steroids help decrease skin inflammation, and they range in potency from weak to extremely strong. The potential for side effects with these products is not great, provided they are used appropriately. For this reason, it is important to follow your provider's instructions carefully. For instance, some areas of the body such as the face, underarms and groin area, will not tolerate strong topical steroids b/c these areas are sensitive and more prone to developing side effects (such as thinning of the skin). For the most part though, topical steroids are safe and very useful for Atopic Dermatitis. One other important piece of info regarding topical steroids is that the body will develop tolerance (i.e. it "gets smart to the steroid") if the medication is used for an extended period of time continuously. Therefore, when your dermatitis is well controlled, do not continue using the medication as often. Instead, taper down with less frequent applications, and if possible, try to stop using the topical steroid for a while. In this way, you can "keep ahead" of your dermatitis, and the medication will show continued usefulness over a longer period of time. There are many types of topical steroids, and they come in various vehicles (e.g. ointment, foam, cream, gel etc.). Your provider will choose the one(s) that will work best for your particular situation. Here are examples:

Super Potent: Temovate, Ultravate, Clobex, Olux or _____

Strong: Topicort, Halog, Lidex or _____

Medium: Elocon, Triamcinalone, Dermasmoothe Oil or _____

Mild: Cutivate, Desonide, Synalar, Locoid, Cloderm or _____

Light Therapy - Judicious use of natural sunlight is a tried and true option for many (but not all) *Atopic Dermatitis* patients. Your provider might even recommend using a Tanning Bed in wise measure if you have a particularly stubborn case.

Antihistamines are extremely helpful for itch control, and they are very safe. They should be used frequently. The best ones do not cause excessive sleepiness, and these include Allegra (Fexofenadine) and Claritin (Loratadine). Others such as Zyrtec, Hydroxyzine, Doxepin and Benadryl can be helpful but tend to cause more drowsiness.

Antibiotics are sometimes prescribed if the skin is heavily affected since bacteria tend to colonize areas of dermatitis. Decreasing those bacteria counts can help the dermatitis.

Newer classes of topical medications have become more widely used in the past decade. These are non-steroid drugs and can be extremely effective. These include such products as Protopic, Elidel, Hylatopic, Neosalus, Eucrisa and _____. These are sometimes used for "maintenance" of improvement due to their safety whereas topical steroids are more often used for the flare ups. A new "biologic" medication called Dupixent (Dupilumab) shows promise for certain severe cases of atopic dermatitis.

Prednisone (by mouth) or Intramuscular Kenalog might be necessary from time to time, especially for patients going through particularly bad flare ups of *Atopic Dermatitis*.

In summary, there are many options for you, and your provider is ready to help you find exactly what is right for you and to answer any questions you might have.