

# Asheboro Dermatology & Skin Surgery Center

## Seborrheic Dermatitis and Dandruff

**Seborrheic dermatitis** and **Dandruff** are related disorders although they do not always occur together. Dandruff is quite common and is characterized by excessive flaking or scaling of the scalp. It is sometimes associated with white, dry or greasy scales. It is estimated that 30% of the population experiences some dandruff.

Seborrheic dermatitis is a more inflammatory and chronic disorder and affects areas of the skin containing oil glands. These areas include the scalp, hairline, ears, eyebrows, folds near the nose, chest, underarms and groin. Usually, only one or a few areas are involved in an individual patient.

A combination of factors are involved in the formation of these entities. These include genetic tendency, excess oiliness, colonizing yeasts, hormones etc. To a large extent, the factors that contribute are difficult to control. As a result, the condition can be chronic (meaning that no instant “cure” is available), but control is certainly obtainable with appropriate treatment.

### Treatment

**Shampoos** are a mainstay of therapy. Most patients will need to shampoo at least three times a week and often daily (if possible). It is most beneficial to rotate/alternate shampoos from time to time. For some reason, this makes a difference in maintaining responsiveness. Prescription shampoos are sometimes utilized (e.g. Loprox, Clobex, Nizoral 2% or \_\_\_\_\_). There are also a number of useful over the counter shampoos that you can rotate as well (e.g. Nizoral AD, Neutrogena T Gel, Selsun Blue, Head & Shoulders, DHS Zinc, DHS Tar etc.). When you use such a medicated shampoo, allow them to sit in the scalp/hair for a few minutes before rinsing them out thoroughly. It is also important to remember that you may also rotate regular shampoos as well (e.g. Johnson’s Baby Shampoo, Pert Plus, Suave etc.) if this helps keep your hair more manageable. Likewise, you may still use your favorite conditioner after shampooing as usual if you wish.

**Topical Steroid Solutions/Gels/Foams/Sprays** (e.g. Synalar, Lidex, Cormax, Olux, Luxiq, Topicort, Clobex or \_\_\_\_\_) are often utilized for the SCALP. These are generally prescribed twice daily but are to be used only as needed. That is, once the condition is under good control (less scaling, less itching etc.), taper back from using your topical steroid since overuse of these could lead to side effects or a phenomenon known as “tolerance” (which is where the medication stops working when it had previously done a good job for the problem).

**Topical Oils** such as Dermasmoothe Oil or Baker’s P&S Liquid are often used

*(Continued)*

overnight (applied at bedtime) for the **SCALP** to help bring down excessive scales. These are also used as needed and a shower cap is often beneficial with these since they are greasy/oily. These are typically applied to a damp scalp. Sometimes they are used nightly for a few days or up to a week, and then, once the condition is improved, they can be used once or twice a week or just as needed thereafter.

Regarding the **SKIN SURFACES** (ears, hairline, sides of nose, chin, chest etc.), two classes of medication are often applied. These include **topical steroid** creams/lotions/foams such as Cutivate, Cloderm, Locoid, Synalar, Desowen, Triamcinalone, Desonate or \_\_\_\_\_. Secondly, a **topical anti yeast product** is sometimes prescribed such as Loprox, Oxistat, Spectazole, Xologel, Tersifoam, Extina foam or \_\_\_\_\_. Sometimes only one class of these options is utilized and is typically applied twice daily as needed. On occasion, a product from **BOTH** classes (above) is prescribed. If this is true in your case, the two products are to be mixed together (approximately 1 to 1) and used twice daily as needed. To reiterate, once the condition has settled down to a controlled level, back off the products and use them only as needed.

Sometimes, your provider may choose a prescription **liquid facial cleanser** for this condition such as Ovace, Rosanil, Plexion or \_\_\_\_\_. These should be gently applied to the face with the fingertips or soft cloth, left in place for a minute or two and then rinsed thoroughly. In general, these products are used once or twice daily.

Another class of topical products that are often prescribed includes **Protopic** ointment or **Elidel** cream or \_\_\_\_\_. These products are a bit more expensive but often help and are quite safe in general. They also might be used in combination with other products or they might be employed alone, depending upon your particular situation.

Yet another product that can be quite helpful in some patients is oral **Diflucan (Fluconazole)**. This drug tends to reduce certain yeast counts in the hair follicles, and these yeasts are thought to contribute to the formation of seborrheic dermatitis in some cases. This oral med is usually given for a short course and can be occasionally repeated if necessary. Side effects are rare with this drug but call our office if you think you are experiencing any problems with it.

Your provider will determine a specific strategy to help you based on your individual case. Remember to be patient : if one plan doesn't work very well, there are others that can be tried. Please refer any questions you may have to your provider or our staff.