Oxfordshire

Clinical Commissioning Group

OCCG Primary Care Guidelines for the use of Corticosteroids in Atopic Eczema:

- Guidelines to be used alongside OCCG guidelines for the management of dry skin – emollients.
- NICE 'Management of atopic eczema in children' suggests that healthcare professionals should use a stepped approach for managing atopic eczema in children. This means tailoring the treatment step to the severity of the atopic eczema.
- Emollients should form the basis of atopic eczema management and should always be used, even when the atopic eczema is clear. Management can then be stepped up or down, according to the severity of symptoms, with the addition of the other treatments listed in the table above.

Potency	Recommended product choice
Mild	**Hydrocortisone** cream 0.5% or cream / ointment 1%
Moderate	*For small quantities*: **Clobetasone Butyrate** 0.05% (Eumovate) cream or ointment 30g *For larger quantities:* **Betamethasone valerate** 0.025% RD (Betnovate RD) cream or ointment 100g (more cost effective than 100g clobetasone)
Potent	**Betamethasone valerate** 0.1% cream or ointment (Betnovate) prescribe as **Betnovate** as currently more cost effective than generic
Very Potent	**Clobetasol proprionate** 0.05%cream or ointment (Dermovate)

General management principles:

http://cks.nice.org.uk/eczema-atopic

In atopic eczema for normal skin on the body (i.e. not the face, genitals, or axillae), prescribe a strength of topical corticosteroid to match the severity of the eczema once a day for 7–14 days.

- Mild eczema — prescribe a mild topical corticosteroid.
- Moderate eczema — prescribe a moderately potent corticosteroid.
- Severe eczema — prescribe a potent topical corticosteroid.

If the response to once daily application is inadequate, increase to twice daily.

Oxfordshire CCG primary care guidelines for the management of dry skin developed by Nikki Shaw, Medicines Optimisation Pharmacist with George Moncrieff (GPSI dermatology) and Julie Van Onselen (Dermatology Nurse Specialist, Bicester GPSI Dermatology Clinic). Approved by APCO:

It is also reasonable to start with a mild potency topical corticosteroid, especially on the face in children, and increase to a moderate potency corticosteroid only if necessary.

Creams – often preferred, especially when used on visible areas, but ointments - provide the strongest emollient effect; less preservatives (therefore less potential allergens) and may be more effective. May be more suitable for night time use.

The likelihood of adverse effects occurring is directly related to the potency and amount of topical corticosteroids used. Therefore the least amount of least potent topical corticosteroid to control the condition should be used, and the person should be monitored if they are persistently using large quantities.

When prescribing combined products, generally the same issues and precautions apply as with topical corticosteroids alone. However, sensitization is more likely to occur, because of the inclusion of more ingredients. See antimicrobial guidelines here states 'if no visible signs of infection, use of antimicrobials (alone or with steroids) encourages resistance and does not improve healing. In eczema with visible signs of infection, use treatment as in impetigo for treatment of infection, also ensure treatment of eczema.' The use of topical antibiotics in children with atopic eczema, including those combined with topical corticosteroids, should be reserved for cases of clinical infection in localised areas and used for no longer than 2 weeks.

Topical tacrolimus and pimecrolimus for atopic eczema:

The Area Prescribing Committee has recommended pimecrolimus be used for moderate atopic eczema on the face and neck of children aged 2-16 years and topical tacrolimus for moderate to severe eczema in adults and children over two years in the following situations within its license on specialist recommendation only in line with NICE TA82:

- when children require long term or frequent use of mild topical steroids
- for atopic eczema that has not been controlled by topical corticosteroids
- if there is a risk of important adverse effects from topical corticosteroids

Useful Patient Information

National Eczema Society (NES) includes a wide variety of fact sheets on subjects including emollients(including how to apply); topical steroids; allergies; complementary medicines and sunscreens.
Information on different types of eczema as well as management and treatment
Management of eczema in http://www.eczema.org/eczema-at-school

NHS Choices (www.nhs.uk)
Eczema (atopic) includes information on diagnosis, treatment and helpful hints for living with the disease, plus video interview with a doctor.

British Association of Dermatologists (BAD**)**
Patient information leaflets including on atopic eczema and contact dermatitis

Use of emollients and corticosteroids in Atopic Eczema

Finger tip units & quantities to supply
Each FTU is 0.5g – a FTU is measured out by squeezing the tube from the first crease of the index finger to the tip of the finger (this is an average adult fingertip)
A FTU assumes a 5mm nozzle = 0.5grams
Area of a hand roughly equal to about 1% body surface area

The charts below give a guide to FTUs per body area to ensure therapeutic topical steroid use.
The area of body /per finger tip can be calculated by measuring the area on eczema on the body with the flat palm, including fingers stretched out of an average adult hand: 2 hand areas of eczema equals 1 FTU

	3-6 months	1-2 years	3-5 years	6-10 years	Adult
Face & neck	1	1.5	1.5	2	2.5
Arm & hand (each)	1	1.5	2	2.5	3+1
Leg & foot (each)	1.5	2	2	4.5	6+2
Trunk (front)	1	2	3	3.5	7
Trunk (back & buttocks)	1.5	3	3.5	5	7
Total Units	**8.5**	**13.5**	**16**	**24.5**	**40.5**
Total grams (approx.)	**4**	**7**	**8**	**12**	**20**

Weekly usage guidelines – Topical Corticosteroids

	Creams and Ointments
Face and Neck	15-30g
Both hands	15-30g
Scalp	15-30g
Both arms	30-60g
Both legs	100g
Trunk	100g
Groin and genitalia	15-30g

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References:

1. British National Formulary, 66th edition. September 2013. London: Martin J, editor British Medical Association and Royal Pharmaceutical Society of Great Britain, www.bnf.org/bnf
4. National Institute for Health and Clinical Excellence. Management of atopic eczema in children from birth up to the age of 12 years. NICE clinical guideline 57 2007; www.nice.org.uk/nicemedia/pdf/CG057FullGuideline.pdf accessed 20/2/2014

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