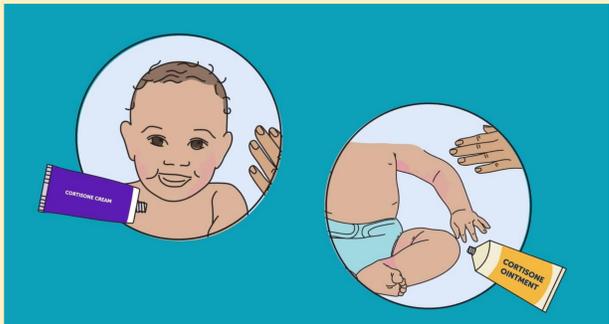


This project aimed to make the Nip allergies in the Bub infant feeding and eczema resources more accessible through developing practical animations with clear messaging. In addition, existing practical infographics were translated to improve access to the information for parents for whom English is a second language. A practical guide about moisturisers and cortisone creams and ointments was also developed for health professionals.

Cortisone creams and ointments animation



- The National Allergy Council developed practical information to help parents give and continue to feed the common food allergens to babies.
- In addition, practical resources were developed for eczema management.
- In collaboration with the Perth Children's Hospital, a number of resources were translated into multiple languages to support parents where English was not their first language.
- The food ideas resources for different ages and stages of infant feeding are commonly utilised resources and these were translated into 15 different languages.
- The eczema infographics (top tips for managing eczema, bleach baths and wet dressings) were also a commonly utilised resource hence these were also translated into 15 different languages.
- New short practical animations about applying moisturisers and topical steroids were developed.

Health professional guide

MANAGING ECZEMA IN CHILDREN
A health professionals guide to moisturisers and corticosteroids

Eczema management overview

- A comprehensive approach which encompasses education, identification and avoidance of trigger factors (where possible) and a stepped approach to treatment.
- Topical corticosteroids are the mainstay of treatment.
- Topical calcineurin inhibitors may be recommended for troublesome facial eczema where children are requiring frequent application of an appropriate topical steroid on the face. In this instance Pimecrolimus 1% cream is recommended for mild facial eczema and Tacrolimus 0.03% ointment is recommended for moderate to severe facial eczema.
- Eczema can be improved with good daily skin care routines that use creams and/or ointments and avoidance of soaps and irritants.
- Poorly controlled eczema significantly impacts the health and well-being of affected children, as well as their family.
- Emotional distress, fatigue, and sleep disturbance are largely responsible for the impact on quality of life and are directly correlated with eczema severity.
- Refer to a patient support organisation with a medical advisory board, can provide support.

Why use moisturisers?

- Dry skin contributes to eczema, therefore daily use of moisturisers to improve skin hydration and maintain the skin barrier, is essential.
- Moisturising the skin helps with restoring and maintaining the epidermal barrier structure and function.
- Regular and generous use of moisturisers reduces trans-epidermal water loss, reduces xerosis and supports skin barrier repair and can have steroid-sparing effects.
- Moisturisers produce better results when used with active treatments (such as topical corticosteroids), prolonging the time between flare ups, reducing the number of flares and reducing the quantity of topical corticosteroids used.

Control of inflammation is important!

- Topical corticosteroids or topical calcineurin inhibitors are used to actively treat the redness and inflammation in the skin.
- Fear of side effects of cortisone creams and ointments can result in delayed use and/or an inadequate amount applied.
- It is important to educate parents and patients about the following:
 - Corticosteroid creams and ointments are extremely safe when used as directed.
 - It is better to use the recommended amount of topical corticosteroid to quickly manage the eczema than use an inadequate amount for a longer period of time.
- Topical corticosteroids should be applied to the skin before or after applying moisturisers.
- Patients should continue to moisturise the skin.
- Wet dressings can often help with inflammation, itch and sleep.

to educate patients about how to manage their eczema

Eczema may be the result of:

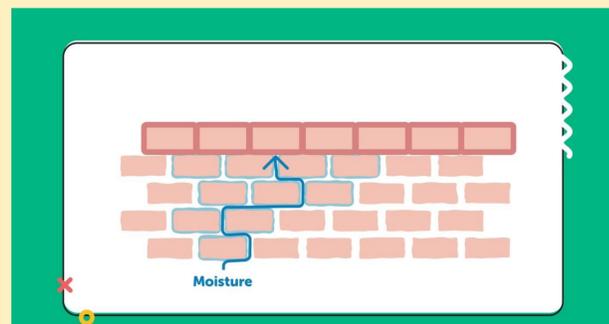
- Allergens such as heat, synthetic and scratchy clothing, contact with irritants such as soap, perfume, and hair products.
- Dry skin.
- Poorly controlled eczema.

Approach to management of eczema

(Eczema management, the table below provides an example of a stepwise management of eczema.)

| | Mild eczema | Moderate eczema | Severe eczema |
|---------------------------------------|---|--|--|
| Wash | Use soap-free wash | Avoid irritants such as heat, synthetic and scratchy clothing, contact with irritants such as soap, perfume, and hair products | Daily short lukewarm showers or baths |
| Moisturise | Moisturise 1-2 times daily | Moisturise at least twice daily | Moisturise at least twice daily |
| Topical corticosteroids | Mild potency topical corticosteroids | Moderate or potent topical corticosteroids | Potent topical corticosteroids |
| Topical calcineurin inhibitors | Topical calcineurin inhibitors if face moderate | Topical calcineurin inhibitors if face moderate | Potent topical calcineurin inhibitors if face moderate |
| Systemic therapy | Consider bleach baths for infected eczema | Consider bleach baths for infected eczema | Consider bleach baths for infected eczema |
| Wet dressings | Wet dressings twice for 3-5 days | Wet dressings twice for 3-5 days | Wet dressings twice for 3-5 days |

Moisturisers animation



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