HEALTH & MEDICAL CONDITIONS › ECZEMA

Eczema

Full transcript · 16 video clips · generated 22 September 2026

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1. Eczema - What is eczema_

Hi, I'm Megan. I have a son and a husband with eczema and today I'm going to be asking our experts some questions. Kia ora, I'm Amy Mackey. I'm an allergy eczema nurse specialist from Health New Zealand Canterbury. Thanks Amy. So I have a bit of a backstory with eczema. When my son was less than six months old, he was very upset and agitated. He had some rashes, some bumps. I had no idea what this was. I didn't know what I was dealing with. I didn't know whether it was just some rash that was going to go away, whether I put nappy cream on it. The doctor told me about something called eczema. So I was wondering if you could tell us, explain, what is eczema?

So eczema is a chronic inflammatory condition of the skin and the word chronic is really important. So chronic means long term, lasts a long time. So there's no quick fix or there's no cure for eczema, but we can get really good control and manage it and reduce those symptoms that eczema has. It's characterized by it's really dry, itchy skin and as a result of that we get red, inflamed areas in the skin, which can also look dark and rough and darker pigment in the skin. Okay, so my son, who's now 10, still has it and then I mentioned

earlier that my husband has it as well. He got it, it kind of started when he started playing sports when he was a teenager with the sweaty knee guards, etc.

So considering that my son still has it 10 years later, I still to this day don't know, is it hereditary? Did he get it from his father? Did his father get it from his father? Or is it something that was triggered by something? So is it hereditary or environmental? Yeah, so there's different types of eczema. The one that's really common in children is what we call atopic dermatitis and that has a genetic disposition to it. So there's a combination of genetics plus the environment plus the immune system that all have a role to play in eczema. And so we can see, often, presents in infancy, but can present at any age and you can have it as a child and then you can have no symptoms for a long time and it can come back as an adult.

So is that, which again, is that chronic nature of the condition. So with eczema, is it possible to actually cure it and get rid of it for long periods of time? So there's no cure for eczema itself. There's no one thing which will fix eczema or make it go away. It's a combination of management principles to get really good control. We can have periods in our life where our eczema is more problematic. So if it's childhood eczema, we can have it sort of problematic in infancy. And as the child gets older, the symptoms are less and we need to manage it less. But you can get it, it can appear at any time of life.

So no, no cure yet. There's lots of research going on always in the allergy eczema field, but no cure. It's about those management principles.

2. Eczema - What are common triggers for eczema_

So you mentioned management principles, preventative measures, things to avoid. What are those? So the main management principles in eczema are avoiding our triggers, which I'll go into in a minute. Then it's to do with bathing as well, to do with moisturizing the skin, and then treating the inflammation or flares when they come up as our main management principles. Great. Okay. So you mentioned triggers. What are the common triggers that kind of set off eczema? So triggers are anything that makes your child itchy. So really common triggers are things like soaps or detergents. So normal soap will dry the skin out, and it's not compatible with the pH of skin, so it will dry the skin out and can be an irritant.

Chemicals and detergents, so things like chlorine in our water or swimming pools can also be an irritant. What we wash our clothing in, so if we're not using a really sensitive washing powder, that can sometimes flare eczema. Heat is a common one. Anything we put on our skin that have fragrances or chemicals in it, like some sunblocks, even some moisturizers that we try, lots of things can induce, can be an irritant as well. Is it a case of just sort of trial and error with that stuff? Most of the time we say avoid those things. So avoid soaps, avoid anything with fragrances in it. And then wear.

If we can, we say things like with washing powders, use a sensitive one. If you have sunblocks, use a sensitive one and patch test it first. You'll have triggers which are really common for all children, like the ones I mentioned, as well as things like woolens and scratchy fabrics against skin. And then you'll have triggers which are more specific for some children. They react more to that type of thing. So if you have these triggers sort of under control and you're doing all those things, you should have a lower sort of range. You should have a lower range of eczema, but it'll still be there in some form or another.

Yeah, so you still have eczema, you're still likely to get dry skin, you're just less likely to flare. And so you're still going to get the dry skin. But by reducing the triggers, we're not going to have as much itch and as much flaring. Wow, okay.

3. Eczema - Is food a trigger for eczema_

So we spoke about triggers for eczema being environmental, things like chemicals. What about foods that we eat? Do certain foods set off eczema? So that's a really common question I get a lot. With eczema, it waxes and wanes in terms of symptoms. So you'll have some days it looks really good, and then some days it looks really bad for no reason, which is often why we associate it with foods. Most of the times, foods aren't a trigger for eczema in the majority of the population. We do also see that eczema starts to appear around the age that we start solids. And again, it makes us think it's the food.

That's not often the case. Yeah, that is what happens in each case. Yeah, and so sometimes you will get a child that will get rashes around their mouth when they eat certain foods, and that's more of a contact reaction to the food because of the skin itself. Yes. So we wouldn't avoid that food. In terms of children with eczema, they can also, like we talked about how it can be genetic, they can also have a genetic disposition, which means that... Children with eczema are at high risk of a food allergy. Yeah. And what a food allergy looks like is ingesting that food and within two hours having signs and symptoms of an allergic reaction.

And those children, absolutely, we get them to avoid the food that they're allergic to, and we would do skin prick testing to confirm that and get them to avoid that food. Okay. For most of the population who don't have that history, we wouldn't recommend avoiding foods for eczema. Yeah. If they're really convinced that certain foods do trigger, eczema, say, for example, cow's milk protein, if there's a lactose intolerance history, we would suggest stopping it for two weeks and seeing if there's a dramatic difference, if not getting it back in really quickly. And the reason being is that we know when we remove foods from a diet, we can actually induce a food allergy.

The body can lose tolerance to that food, and we can develop allergies, like the ones I said that have an allergic reaction within two hours, which can be dangerous. So we want to try and get all foods in. A, nutritionally, it's important, and B, we want to try and prevent food allergies, if we can. There are some foods which appear to be more of a contact trigger. So things like oranges, tomatoes, those kind of acidic foods are often common in producing localized eczema. And that, again, is from a contact irritant versus the food itself.

4. Eczema - The brick wall analogy – scratching

So what do you mean by contact irritant? So contact irritant. So let me just teach you. So this is my brick wall analogy. So I didn't come up with this, but I find it really helpful for teaching families about eczema. Okay. So our skin normally is designed to be like a brick wall. So the bricks are like our skin cells. Okay. Surrounding the bricks is the cement type stuff. And in our skin and healthy skin, the cement type stuff holds moisture in. Okay. So it keeps moisture held in. So the skin doesn't get dry. But it also works really well as a barrier, protecting things like irritants and stuff getting in our skin.

Okay. In eczema skin, as we said earlier, combination of the immune system, the environment and genetics, the skin barrier doesn't work the same. So it's impaired. It's not functioning as well. Okay. That's a really good explanation. So what happens is we don't have enough of the cement type stuff for the first thing. So the cement type stuff that holds the moisture in isn't there as much as we need. So the skin gets then dry. Dry skin is then itchy skin. We scratch our skin because it's really impossible to not scratch itchy skin. We scratch it and we can introduce irritants through the brick wall that shouldn't have got through.

What happens is because that barrier is not working, irritants, dust, dirt, sand, all the things that we get exposed to, those foods that I talked about, tomatoes, citrus, get through that brick wall they shouldn't have got through. The body produces red angry areas in response, which is what we call inflammation or flares. So contact is what you mean by contact is that it's just those things that are getting through straight away. Yeah. Irritating. Yeah. Other things are things that are triggering it from another way. But people who don't have eczema then would have have itchy skin, put some cream on, moisture barriers back up.

But eczema people don't. Yeah. So healthy skin, generally you don't need to use moisturizer because your skin maintains moisturizer. Yeah. Most of the time. And it's protecting it from all the irritants of the outside world. But an eczema skin, yeah, there's a break in the skin barrier. So we've got stuff that can get through, which causes localized inflammation and sometimes localized rashes. But it can also, we don't produce enough of the cement type stuff, which holds the moisture in. So we get dry and itchy. The other thing that is also important to know in eczema before we go into the management principles about it is to do with the bacteria staff.

So in healthy skin, we've got a mixture of different bacterias on our skin. It's totally normal for us to have these different bacterias on our skin. They're a good thing in some cases, right? Yeah, absolutely. Okay. In eczema, we've got higher levels of the bacteria staff. So our sort of microbiome, so the different types of bacteria is out of whack essentially. So we've got really high levels of the bacteria staff. Staff is responsible for lots of the skin infections we can see. Yeah, staff infections is a thing. I've heard of that. Yeah. Yeah. And it's well as a lot of the inflammation we see in eczema because we've got access through the brick wall for it to get through.

And so we're producing a whole lot of inflammation and risk of infection from that, which we don't see in healthy intact skin. And staff infections or staff bacteria can get agitated, you say then, by the scratching. Yeah. So when we've got, so we can, when we're scratching, we annoy the skin. We can introduce more things through the brick wall, resulting in more damage. So because we've got these gaps between the skin, we've got access for bacteria to get in and we've got higher numbers in the first place. Okay. While we're on this topic about scratching, you were just, just to recap, you said that scratching can cause infections with the staff bacteria that's present.

So scratching is just inevitable for itchy skin. Do you have recommendations on how especially children could manage an itch with eczema, but not scratching it? Do you have any tips and tricks? So the itch and eczema, so that's one of the main points of our management principles. So the itch and eczema most often comes from the dryness in the skin itself. It's not, it's, which the dryness is what's inducing the itch. Once you start scratching the skin, it's really hard to stop and you start doing damage and our risk of infections and stuff is higher. What's needed because the skin is dry is that's where our moisturisers come in.

So again, if you're thinking about the brick wall, if we're using regular moisturisers, we're filling these gaps essentially in our brick wall, which is hydrating it, locking that moisture in. We're therefore not getting the same level of itch and we're able to break some of that itch scratch cycle.

5. Eczema - Moisturises and soaps and how to apply

Is there a specific moisturiser that's better than another one when it comes to the best kind of moisturiser for eczema? So the best one for eczema is the one that the child will A, tolerate and that keeps the moisture. So there is no like particular favourite in terms of eczema. We've got a degree of funded ones which we can use and they range in the amount of oil in them. So we don't often use lotions so much because they're more water, not enough oil, so they often don't last long enough. We use a lot of creams which are sort of more oil, more water content, kind of half and half. And we've got things like our fatty cream which is a cream based one that we can fund and that is funded.

And then we've got our really oily ones, so our 50-50 paraffins and our emulsifying ointments. And what they do is they hold in moisture longer because they're really oily but sometimes they're not so cosmetically acceptable. Sometimes the oil doesn't, because it's shiny, they don't like it. Plus it increases the risk. So the little hair follicles getting blocked. So there's no one perfect moisturiser. It's the one that's going to keep your child hydrated, that they're actually going to tolerate and use. There are quite a few that are funded, which is great because if you're going through volumes of around a tub a fortnight, it needs to be sustainable financially.

But there are some on the shelf moisturisers which are great as well. So there's a difference between lotion and cream, that's an important thing. Yeah. Definitely don't use scented perfumes, use the normal ones. Absolutely. But it just reminded me that we were given a tub of the cream to use actually as soap as well. Yeah. So is that a thing? I guess it touches on what we said about soaps and we might move on to talking about bathing. Yeah. But yeah, bathing, how does that affect eczema? And given we were just talking about creams, is there a specific, what does it mean about creams using for soap and soap and what does all that mean?

Yeah. Yeah. So when, and again, I'll break it down. Yeah. I don't know what I'm talking about. Yeah. Yeah. So when we are bathing, so firstly, daily bathing is really important for kids with eczema. Or showering. It's like the. Bath or shower. Okay. Yeah. Yeah. Totally. Don't mind bath or shower. Just means get clean every day. Yeah. Yeah. The thing with bathing, either showering or bathing, the rules around it, warm water only because the hot will make them itchy. Oh yeah. And 10 to 15 minutes, no longer than 15 minutes in a bath or shower.

So generally, they're the main rules. Yeah.

your moisturizer is soap because we know that soap can dry the skin further okay but what the moisturizer what you can do prior to a bath or shower is apply it beforehand and what that can be helpful to do is if you think of the brick wall we put the moisturizer on beforehand that just helps with some of the chlorine in our water as well it's putting a little barrier on then we can get in the bath or shower and you've got a medium to wash off so get a soft cloth and you can wash it off and that that cream will help lift any dead skin cells it will wash the skin but it also enables a chance to give us some extra hydration as well so using moisturizer as soap is really great i often prescribe whatever moisturizer i'm getting them to use i get them to use the same one as soap rather than having lots of different products but you can have different ones um and then in terms of your moisturizer like we were talking about if it comes um so we're aiming to use 500 grams of fortnight which would if we're using it as soap we'd need to use more but if it comes in a tub really important that we use a spoon to scoop out and never our hands and the reason being no one told me that yeah and that's a common thing i hear people don't always know about it so the thing what happens is because of all the staff on our skin if we use our hands and then we apply it to the child and then we pick up more staff off the child's skin we introduce it to the moist warm tub it has lots of staff babies and then we keep throwing it all over the place and then we get this brick wall.

I think that's the most mind-blowing thing I've heard so far today. And it's the smallest tweak can make a big difference, especially if your child's having numerous infections. So when we use moisturisers we want to scoop it out with a clean spoon. So sometimes it can be helpful to get a plastic plate or an ice cream container lid, scoop out the amount you need, pop it on there and then apply. Otherwise it can be helpful to put it into a squirt bottle or a pump bottle to decant it into that so you're not having to worry about a spoon. So you mentioned that there's a certain way that you like to apply cream.

You were saying downwards. Can you explain why that is? Yeah, so when we put cream on we want to avoid rubbing cream into the skin. So when we apply it we put it smoother in a downward motion. Because it helps to go in the way that the hair grows. Because it helps to stop the follicles from getting blocked. If we go up we can block the hair follicles. So we want to smooth it down. We don't need to rub it in. When we're out of the bath or shower that's a great time for us to be moisturising. We want to put a generous layer, really generous with moisturiser. You can't really over moisturise your child.

So a generous layer of moisturiser in a downward motion and then letting it soak in. If we rub it we can sometimes almost induce a bit of an itch, an itch scratch cycle. So no needing to rub it in and we just smooth it down and let it soak in. Have you ever come across a child who's had an itch? Have you ever come across a child with high needs like an autism spectrum child who doesn't like the feeling of cream and being sticky and lathering on lotions just isn't an option? Have you ever had to deal with that and have good advice on what other options there are? Yeah, so it's really it's trying to find a product that's tolerated the most.

So trial and error really. There are some products feel stickier. Then others, some feel cold when you put them on. So it's trying to find something that can be tolerated and then sometimes it's a case of trying to find a time of day where it can be tolerated better. Maybe before bed is just sticking on the sheets. Yeah, just different times or sometimes using different products, something that's a bit lighter and easier to slap on those really dry areas that you can get on and focus on the areas that tend to be more itchy or dry. Especially coming into winter we sometimes find face is get drier because of our heating.

So if you're just doing what you can when you can and focusing on those hot spots more than anything and getting your moisturizer on, picking the time of day and then trying to find a moisturizer which they're gonna like more than others and so lots of trial and error. Sometimes it's our oils tend to be a little bit easier to put on and tolerated or it may be yeah trying something as well. In terms of if they're non-funded moisturizers, things that are really important to look for in a moisturizer are making sure it doesn't contain any food products. So we really want to avoid putting food-based products on our skin.

There is some research that states that by doing so you can increase the risk of a food allergy by putting food products on your skin because the immune system is presented to it in a different way to normal. Whoa, I did not know that. Yeah. Is that for example coconut oil? Yes. Because everyone says put coconut oil on. Is that actually not a good thing? So we would advise to avoid all food-based products and so looking at things and especially there are lots of nice natural products available but we want to make sure that they don't contain things like almond oils, those kind of things, coconut.

We're avoiding foods on our skin if we can and also checking for moisturizers for additives. So things that smell nice, like even things like lavender, even though they're natural, can be a contact irritant. So trying to avoid nice smelling things if you're choosing a shelf-based moisturizer and something that doesn't contain food products.

6. Eczema - Resources and professional advice

So, Amy, you've said so many things that are mind-blowing to me today that I've never heard or that I have heard or that are contradictory to what I've heard before. So there's so much contradicting info out there. How do people manage that? How do we go about that? So there are different ways of managing eczema, but the general principles should be the same, and the main ones that we've talked about in terms of a trigger avoidance, bathing, moisturising, and then treating the flares when they come. There's lots of really good resources out there. That can support you. Your GP is a great resource.

It's your first resource to go to. In Canterbury, we've got something called Health Pathways, which guides the GPs as to different measures to take for eczema. So there's a consistent advice given then. That's great. Yeah, so the GPs have all got access to the same Health Pathways, and Health Pathways are available in different areas around the country. There are some great resources which we'll make available for people that watch this video as well with really consistent advice. There is lots of conflicting and confusing information out there, especially in things like social media and that kind of stuff at the moment.

So it can be really daunting to be a parent where a medical professional or a health professional like me is telling you to do one thing, but then lots of other people are giving you different information. So definitely going to your GP first would always be my recommendation. We will put the links to some really consistent messaging which should be available to you. Reiterate what your GP is telling you. And then we've got services like us at the hospital that get referred to if eczema is unable to be controlled well in the community. So when would someone need to think that they needed to see a dermatologist?

Because that's what I was thinking. That that was the only person who could help me. That's not the case? Yeah, so we've got a dermatology department in our area, and we do have private dermatologists. Generally, mild to moderate eczema can be really well controlled in the community. It's sometimes just getting, the tweaks in the management, right? So often I'll see a patient that's had severe eczema for a long time, and it's just a few little tweaks in those main four principles that I've talked about to get good control. So most of the time it can be community managed through your GP. And if it's not clearing within, usually we would say if you're not seeing flares improve within two weeks of using a steroid, there's something not right in your management.

And we'll talk about those more shortly. But then going back to your GP and trying something new. And like we talked about, there's no one quick fix. So when we go to the GP for that first time, we're not often expecting that it's going to hit the ground running straight away and it's going to be fixed. We do sometimes need to go back trial and error of different creams, different oils, different types of steroids, making sure we're doing all the other little management principles right. And if they aren't working and we're needing steroids often, then that's when we start thinking secondary care or we start thinking about dermatology.

So there's definitely services if a child's eczema is really problematic, not improving with basic management, referrals come through to paediatrics.

7. Eczema - Bleach bathing

So, Amy, we spoke about bathing and that it's important to bath or shower every single day. So that's good information for everyone. But you mentioned something to me about bleach baths. I'd never heard of that. What is that? Yeah, so bleach baths we find really effective for eczema. They're used internationally. It sounds really scary when we say to you, avoid soap in your child, but we recommend you use bleach, which is the laundry product. So we understand it leaves a little bit apprehension sometimes when you hear about that. But bleach is really helpful in eczema. The reason being is when we talked about earlier about the brick wall and the high levels of staph on the skin, what dilute bleach baths do is they reduce the amount of that bacteria on the skin.

So you're not getting so many infections, but you're not getting a whole lot of this constant inflammation that's happening too, which the staph can be responsible for. So bleach baths, we recommend a specific bleach and a specific dilution. So at the end of the day, at the moment, and we'll put a link at the bottom for how to do these as well. But there's three bleaches which we recommend and depending on which one you can find, because it depends on whereabouts you live, as to how much you add to your bath. So we don't recommend some bleaches. We don't recommend Janola because it has a detergent in it.

We obviously don't want soaps and detergents on the skin. So these three are the bleaches that we know don't contain detergent and we would recommend these. And so, for example, if you get value extra strength bleach, you're going to add one mil of this bleach per litre of your bath. So if you've got an adult size bath, 10 centimetres is roughly 80 litres. So you'd need 80 mils of bleach. And we've got a couple on this handout, which, as I said, we'll make available. There is a couple of ways to work out that calculation on what you need. But bleach can be really helpful. We want to do it, if we can, twice a week.

If a child has signs of infection, sometimes I'll get them to do it daily. For a little bit. But twice a week is really helpful in the overall management to reduce that staph. And often if we see some of our eczema management isn't working well, and we are using enough of the moisturisers and we're using appropriate steroid, but we're not seeing it clear, sometimes it's because of the staph. So we don't need antibiotics. It's not infection. It's just high levels of staph. And by reducing that with bleach baths, it can be really effective and helpful. I will go look at that because I've never heard of this.

I want to know more about, do you just dunk your whole body in it? I mean, is there consequences? I can picture my son saying, what's it going to do to things down there? Yeah. So just it's totally, it's nice and dilute. So similar to when we go swimming to the swimming pool and the chlorine's in the water. But that's at really high levels. This is less dilute to this. So we're going to add the one milpulator, if it's the value bleach, while the bath is running, we would put our moisturiser on first because we use our moisturiser to soak into the bath, sit in the bath for 10 to 15 minutes, like we do as our normal bathing recommendation or rule.

And then you can rinse off afterwards. It is dilute. So if you splash it in your eyes or your mouth, it's OK. We wouldn't recommend drinking big volumes of it because it's mixed with your cream as well. But it is dilute enough that it's safe to be splashed around. But it's going to reduce that staph on the skin. Should people only maybe do that when they see that it's starting to flare up or is it something you recommend doing preventative to keep it under control? I recommend preventative for control. Yeah. So if you find so for most patients that come to see me, it's one of the first things I recommend and getting it in a routine twice a week.

And then if they find that their child's eczema symptoms are becoming less and less, then sometimes they can space that out. But if they notice the flaring more, I would recommend going back to twice a week. OK, thank you. I did not know that. Yeah. It's about making that dilution right too. I often people will say to me, yes, we've been doing bleach baths, but they've been told to just use a capful. Again, it might smell like bleach. It's not going to be effective. So that dilution is really important. So checking you've got the right bleach and dilution is really important. OK, some people have eczema on their scalp, so it would be good to sort of dunk your head under there as well.

Yeah. OK.

8. Eczema - Steroid medications – the fire analogy

Our bath routine normally involves, you know, Mahisha, we wash, we do that, and then putting moisturisers on, but also putting on hydrocortisone. And there's this constant argument between me and my husband around, it's good, it's bad, don't put it on the eyes. What do steroids do for eczema, and how do we manage that? Yeah. So back to my brick wall. It's such a good thing. So once we've got this inflammation or these flares, it's helpful to think of them as a fire, okay? And our steroid medications are what puts the fire out. So we know our moisturisers help deal with the fact that we don't have enough of the cement-type stuff to hold in water, but what our steroids do, they deal with this inflammation, these flares, as they come out.

And so if you're thinking of it as a fire, we want to use our steroids early into a fire. We don't want to wait until a fire's really bad. It's really hard to treat when it's out of control. So I'd recommend getting your child out of the bath or shower. Perfect time to use steroids.

We don't want to use them in the first few minutes after a bath or shower, and we only need them once a day, so that's the perfect time. Looking over the child's skin, anything that is slightly pink, red or raised, that looks like an early flare or an existing flare, or in darker skin, it might be dark, rough patches, they're what we're going to treat with the steroids.

And we want to make sure that we're using a good, shiny layer of them. So sometimes we use the word sparingly, but sparingly is not a helpful word because it doesn't really give you a quantity to use. We want to use a nice, shiny layer. To cover the area of flare. And we also have different types of strengths of steroids. So you mentioned hydrocortisone. So we've got three categories in New Zealand for what we use for children, four generally. And we've got our mild, which is your hydrocortisone, your 1% hydrocortisone. There is a 0.5 as well. Yeah, we often don't use that anymore. So 1% is generally all we use.

We don't go any lower than that. There's kind of not a difference in using them, in all honesty. So we use 1% as our mild and our lowest. That can be really helpful if you've got mild eczema or eczema that's presenting for its first time. And especially to faces. So we use lower strength for faces and necks and underarms and groin areas. So the 1% is fine on the face? Yep. Okay. So we use the mild as our hydrocortisone. Then we have our moderates. And so they tend to be our aristocorts. They're often helpful for our eumovates, and so they're our moderate strength. They're often helpful for body eczema.

Sometimes we will use our moderate strength for severe facial eczema. And then we've got our potents, which are most commonly used sort of in our preschool and older age groups. So they are our adventans, our betas, our alicons and our locoids. And so it depends on your child's eczema as to what you need. So the right steroid is the lowest strength. That's effective. So there's no point in using a hydrocortisone on a severe body eczema for a long period of time if we're not putting that fire out. Because we're getting steroid exposure without any of the gains. We're not actually getting symptom management.

So the right steroid should clear the inflammation. It should be completely clear. We roughly say within two weeks. So two weeks is a good guide. If you're doing all the other things, you know, you're bathing, you're bleach baths, you're moisturizing, your steroids should be working. Effectively in that time frame. If at two weeks you've used them every day and we're not seeing resolution of flares, something in the management is not right or it's not the right steroid. So we need to choose the right strength that's effective. We also sometimes need to change around with the preparation. So steroids come in creams and they also come in ointments.

And so creams are really helpful if you have widespread areas or if the skin is kind of weepy. So watery stuff comes out. Whereas ointments are more helpful if the skin is broken because sometimes it can sting and we definitely can still use steroids in broken skin. So ointments can be helpful for that. Or if the skin's what we call lichenified, so it becomes really thickened and dry, that's where ointments can be really helpful. So it depends on the right strength, the right formulation. And either way, we want to start early into the flare and every day until that fire is out and stop and restart when it comes back.

Sometimes we'll see it comes back really quick. And if that's the case, then often we teach families to taper with steroids. So use daily and then every second day for a wee while before stopping, just to slowly taper that steroid. What's the reason you say that to families, to taper off? Again, if you think of that fire analogy. So sometimes we will use steroids and we'll think, oh, it's gone. It looks great. That fire's out. But if we looked at microscopic level, there's little sparks there. So there are a couple of scratches. Ah, the impact. Yes. Yeah. So then, you know, like they have a rough night and they have a bit of a scratch and you're back at square one.

So by doing the tapering, it's almost putting that fire out and then almost just putting a bucket of water on it every second day just to make sure those sparks aren't there. And then that flame's not coming back. So such a good explanation. Oh, my gosh. So good. I did not understand that. And that will solve a lot of arguments in our house around what to use, when to use. Yeah. So to summarise then how we should use steroids. We should understand treatment. It's the creams and the bleach baths and the moisturising is the continuous preparation and the hydrocortisone and steroids that we know of that we can get over the counter, because you can get some of them without a script, I think.

Those are only for putting out the fires when you see a big flare up and it's really causing grief and itchiness. That's a good summarisation. Yeah. So when we can get some over the counter, hydrocortisone 1% is all you can get over the counter. The rest must be prescribed. Yes, I think so. But we just want to make sure. Yeah. So that's all correct. Daily bathing 10 to 15 minutes for water. Bleach baths if you can. Moisturise it as often as you need to keep the skin nice and moist. Scooping it out and smoothing it down in a downward motion. And then using our steroids as our buckets of water to put our fire, those inflammations out and making sure we're starting early into a flare and every day until it's gone.

And if it's coming back quick, then we need to do some tapering. And there are some really great, if you go to your GP, ask for a management plan. They've got access to print off these management plans. And if we are going to taper and recommend a family slowly tapers off steroids, we have little tables which help to do that. So most of the time we can get, if it's mild to moderate eczema, we can get away with just using a shiny layer until it's gone. And then it might come back, but there'll be a period where it doesn't. But if it's coming back quick or it's a chronic area that always is the same area.

Then tapering can be helpful. That's really good. I don't think that stuff existed a few years ago, so that's really good that that's in place now. So awesome.

9. Eczema - Safety with topical steroids and side effects

So we were talking about steroids earlier. I personally have been putting the 1% hydrocortisone on my son's eyelids when needed because that's where he has it worse, his knee pits and his eyelids. But I am nervous that that's not a safe application to put on eyes. So what is safe? What isn't? Yeah. So there's lots of discussion around safety with topical steroids at the moment. So topical steroids are safe and effective when we teach you how to use them properly. Which what I've talked about in the previous one, lower strength that's effective early into a flare and making sure that we're putting them on the right areas.

So as we alluded to with the different strengths, we don't want to use a strong steroid on areas that are fragile. So your eyelids especially are really thin skin. And your face and neck, groin and armpits are areas that we treat with caution. So when it comes to those areas, we tend to use our more mild category steroids. So like our hydrocortisone. You can use steroids to your eyelids. Really important that if there's inflammation that we're putting any inflammation out. So hydrocortisone is a great place to start. I personally, in my prescribing, generally get it made up as an ointment when it comes to eyelids because it's helpful at clearing it.

But if it doesn't come in an ointment tube in New Zealand, that has to be made up. But definitely you can use hydrocortisone to your eyelids. Just caution with not getting it into the eye because there is risk of glaucoma. But when it comes to eyelid eczema, really helpful to do preventative measures. So Vaseline to your eyelids frequently as a barrier. So again, thinking of that brick wall, putting a nice barrier on it to protect. Because children, if they're tired, tend to have a rub and that can aggravate the area more. So putting Vaseline around the eye. Would pawpaw cream work as well? Pawpaw is a food.

So like we talked about. So same kind of concept. So the ointment feel of the pawpaw is great. Because we want it. That's what that feels like. But we want to do it without the food. So things like Vaseline are really helpful. Soft white paraffin, that kind of stuff. To put a nice layer to protect. But then you can use hydrocortisone to that area. And we use a lower strength to those areas, those vulnerable areas. Sometimes we need to use stronger. There are also medications that we can prescribe that are non-steroidal ointments and creams. Which we can apply. If we're getting prologue. Longed eyelid eczema and we're unable to get it controlled with topical steroids.

We've got a different class of medications that come in ointments that we can use. And your GP can prescribe those as well. Okay. Anything else around safety of steroids that we need to know? Yeah. So we want to make sure. So in terms, I said they're safe and effective if we teach you how to use them properly. So what we don't want is to use steroids for a really long time daily. That's never our aim when we're prescribing them. Yeah. So that's really important. Yeah. So that's really important to reinforce. If you are using a steroid and it's not making your flares go away, the inflammation, like I said, something's not right in the management.

Or we do have a subset of really severe children or adults with severe eczema that topical steroids aren't going to be enough. And if that's the case, then often we start looking at things like systemic therapy. So tablet therapy for people with really severe eczema. So we don't really want to recommend widespread long term. Yes. We don't want to recommend widespread long term. We don't want to recommend widespread long term. So if you're using a steroid, we should be using them in short shut bursts and doing the tapering like we talked about. Or we should be seeing resolution within two weeks.

Definitely if you're using it daily for weeks to months on end, then that's not great practice. Something in the management isn't quite right. So it's important to keep an eye on that. And when we do use it daily for a really long time without any breaks, that's where we can start to see some of the side effects. Can you tell us about the side effects that we would see? Yeah. I was thinking perhaps.

the body gets used to it and it doesn't respond anymore but are there other side effects that could be worse so one of the side effects i hear that people worry about a lot are skin thinning um so in regards to that yes skin thinning or skin atrophy can be a side effect of steroids which is why as i said when we use them we want to make sure that we're using lower strengths on our vulnerable areas so we use our lower strengths on our eyelids and our faces and stuff like that and so when we're using it to the actual areas of eczema the risk of skin thinning isn't high so we don't often see it because the eczema itself is raised and what we call lichenified so that thickening of the skin yeah

10. Eczema - Natural remedies

Having spoken now about steroids being the firefighting medicine we can take and that I shouldn't put pawpaw on it now that's something I've learned today what I did that because I thought it was a natural remedy so what are some natural remedies or other medicines for eczema?

So there's no natural remedy that I go out and recommend straight off because again every child is different so and some children will some of the natural remedies that we have available can be a contact irritant for a child compared to other child so if we're using a natural remedy if it's a moisturizer or it's a balm we just as we see we want to avoid that it make sure avoid that it's got foods in it yeah but there are some helpful preparations out there like kawakawa some of my families really enjoy kawakawa because it's a nice ointment balm to know if it's a contact irritant for your child I generally recommend if I'm seeing a patient for the first time is that we stop all current therapies they're doing yeah we get the basic principles right about bathing and moisturizing and we use our steroids to treat this flare and then once the flare's been put out then we start introducing those natural ones again and see if the skin is responding well to it if it's getting a localized flare we know it's a contact irritant sometimes it's quite hard to know which is an irritant which is not but there are some beautiful natural stuff out there which some of my families find beneficial some of my other families don't find them so beneficial so it's just weighing up what's right for your child and what you're wanting to use I'm but just making sure that it doesn't contain things like your lavender or your almond oils that kind of stuff if it's natural avoiding those kind of things as helpful in terms of other things like probiotics is something that people talk a lot to me about in with a bit helpful and there is there is moderate levels of research coming out to say that yes like we talked about those high levels of steps that microbiome is not working so great and isn't balanced in eczema that those kind of things could be helpful in eczema however even though the research is saying that they're helpful it's quite conflicting in terms of practice and recommending stuff because the different levels of research have used different types of probiotics as well as different volumes so it's hard to say what we recommend for now but it looks like that will be an area where there'll be more research going on and clinically we would be able to recommend that a bit more robust but at the moment there's nothing that I can say you should definitely spend your money on this brand so it's hard to recommend that at the moment obviously if people wanted to do probiotics then absolutely that they could do that but there's no one that we would absolutely recommend at the moment

11. Eczema - Antihistamines

We've been talking about what can help treat eczema around steroids and creams, etc. For other allergies and hives, we take antihistamines. Does that have a place in eczema? Yeah, that's a great question and it's a question I get a lot. So in allergies, like you said, food allergies or allergic rhinitis where you've got hay fever, your body's developed an antibody to that food or that area allergen. You breathe it in, you have a reaction which involves histamine so you can look like runny nose, hives, that kind of stuff. Antihistamine turns off that histamine response so it's really helpful. In eczema, there's not a lot of histamine production so antihistamines aren't often helpful for eczema.

The itch is coming from the dryness of the skin most of the time. So if we can combat that with using regular moisturisers, then that generally calms the itch more than antihistamines. Having said that, some families do find it helpful so it's one of the things. that you can try but more often than not it's not helpful and it's another thing you have to do. So if you're not finding it helpful, I wouldn't keep persisting with it. I don't often recommend them. Sometimes if we have a child that's really struggling to sleep, sometimes we'll use sedating antihistamines for a short period of time. We no longer use these in under six-year-olds and it has to be, it's definitely something we don't regularly do but if it can sometimes help break that sleep-wake cycle whilst we're trying to do all of the other aspects of our management plan.

Okay, interesting. I didn't know that.

12. Eczema - Why are infections more common in eczema children_

Why does it seem that infections are more common in eczema children and what do I look for? Yeah, so like we talked about those high levels of staph and sometimes strep can cause bacterial infections in a child. So what infections in eczema look like is your classic, there tends to be a yellow week to the skin or yellow pustules to the skin or sometimes little white pustules. So those kind of are signs of an infection. Sometimes that can be in a small area or sometimes it can be widespread. So definitely always seeing medical attention if you notice signs of yellow in your child's skin because it sounds like a bacterial infection.

There are other infections we can get in eczema and so there's common childhood viral infections which happen. So our hand, foot and mouth, our molluscum, those kind of infections are really common viruses that we get. What happens in eczema and if you think again about the brick wall is that the spread of those can be so much more. Severe. So molluscum is a tiny little almost pearl shaped little warty kind of virus which children can get, also known as water warts. And some children might just get a cluster of those and they can last a reasonable period but they don't spread a lot. Whereas eczema children tend to get a more severe dose of it because of that brick wall.

So and they also have a, you know, because of the staph content that can get secondary infected with bacteria as well. Same with the cold sore virus. So if someone has a cold sore and their child has eczema they can end up with something called eczema hepaticum.

So if your child has got lots of bumps on their skin that have come up and it looks infected and they're unwell, really important to get them seen by your GP because there are certain viral conditions which can definitely make a child unwell because of the eczema. When treating an infection in a child that has eczema, Yeah. at that point are antibiotics needed to treat it?

Yeah. So there's different levels of skin infections when we need to treat them. With our viral infections, absolutely no. Our molluscums and our hand, foot and mouth and stuff we don't need antibiotics for because they're viruses. Sometimes we can get bacterial infections on top of those. Oh my gosh, okay. If there's yellowing then we do need antibiotics. So if the child has widespread infected eczema where there's yellow weep and there's yellow crusting and there's pustules then often they will need antibiotics. Oral antibiotics. If it's really severe, sometimes we admit children to hospital if it's a really severe infection, but lots of it can be managed in the community.

And then some mild infections with our bleach baths and stuff, we don't always need to use oral antibiotics. We avoid using topical antibiotics now so that antibiotics that come, that we put on our skin, we no longer use those for eczema much because of antibiotic resistance. So we can use sometimes an antiseptic cream like Cristaderm, but otherwise we're bleach bathing and using those, but definitely getting our child, if we think a child's got a skin infection, it's getting them to see a doctor in case they do need oral antibiotics. So if you suspect infection, go to your GP for treatment? Yeah, absolutely.

Absolutely.

13. Eczema - Ensuring children don’t miss out on things!

it sounds like it's a lot for a child to deal with to have eczema so can they still enjoy things in life like going swimming because we know that there's chemicals in the pool yeah absolutely and so i really um i really came to have children not miss out on things because of the eczema so there's tips and tricks to manage those kind of things so absolutely a child if with eczema can go swimming um it is likely because of the high level chlorines it can flare their skin and dry them out so the tips around that would be when you go before you go swimming again thinking of the brick wall applying moisturizer before you get into the water okay so you're covering the skin with moisturizer first so that you're putting a little bit of protection against that chlorine then they can go swimming and then i'd really recommend at the complex where they're swimming having a shower there rather than taking them home in their togs and showering at home we want to shower while they're there and reapply the moisturizer afterwards so , that can that can sort of counteract the effects of the chlorine so definitely swimming differently um they can if you notice the flaring more sometimes we need to take a break if their skin's really severe but most of the time if it's in reasonable condition then those kind of tips and tricks can help with swimming okay um other things that i get asked a lot just leading on for that is in terms of sunblocks because i'm just about to ask you about going to the beach yeah exactly so in terms of those kind of things um there is no one sunblock which is perfect for all kids with eczema yeah so it's really important um to find one that's sensitive yeah um and so often our zinc based ones tend to be more well tolerated just 10 years later discovered invisible zinc which is amazing yes yes yeah yeah as well yeah so there's different types um but i would always recommend patch testing first so putting it on you know not going out and buying a sunblock in the middle of summer when you need it right now but buying one ahead of time and patch testing it to an abdomen or somewhere where there's absolutely no eczema for a couple of days in a row to make sure that area doesn't flare then you know that it's tolerated for your child okay and then you can use that that sunblock um in terms of the beach like you talked about so some children really love the salt water for their eczema and some it can be an irritant for the eczema and it can sting a bit so again trying that moisturizer first if you're going to the beach sand is you know can cause a bit of irritation as well as the salt so moisturizer is your barrier first can often be helpful how should i approach that do i put the moisturizer on first well the sunscreen on first in the moisturizer how do i put both on to be well protected yeah so i generally put moisturizer on first okay and then my sunblock on top so that you've got that barrier from the sun rays and your skin is hydrated as well underneath got it okay yeah awesome yeah um the other thing is in terms of things like how we talked earlier about contact irritation with foods so i definitely like we said we don't encourage people cut out foods unnecessarily but we do find some kids will always react to things like mandarins or you know tomato sauce and it's really hard when you're a child to eat spag bol without it getting everywhere yes so and we don't want them to have to miss out on the fun with that so yeah what can be helpful before foods and even when you're introducing solids and eczema is putting a barrier around the mouth first so either vaseline before you feed it to them or even their moisturizer a good barrier let them enjoy that food and then you're getting a soft cloth never a nappy wipe sometimes baby wipes are handy to whip out but often flea eczema so a soft cloth wipe it off and re-put moisturizer and then a child doesn't have to miss out on those things that they like as well and that can be really helpful too if you um have a teething child because they're not going to be able to get in between that broken brick wall and flare eczema but you've got a whole lot of the dribble which is filled with all of the um food particles and stuff so adding contacts again yeah so barriering that lots of either vaseline or the moisturizer to protect it from getting in between that broken brick wall and flaring okay good tips thank you

14. Eczema - All of the tips for managing eczema

um i mean this has been an amazing conversation today i've learned so much the big ones that stand out to me are bleach bathing i did not know that was a thing that was a huge lesson thank you um i loved your brick wall analogy and um the you know using a spoon in the cream i didn't know that can you just summarize for me everything we've heard today around the steps we should take from start to end on what a maintenance program looks like yeah cool so really important so with our trigger avoidance like we talked about avoiding those things that make your child itchy um trying to not avoid foods if your food does if your child doesn't have a clear allergy okay um bathing daily 10 to 15 minutes warm water and using your moisturizer as soap and bleach bars twice a week to really reduce that staph colonization on the skin okay in terms of moisturizing as often as you need to keep the skin nice and hydrated and preventative before yep like before swimming and that kind of stuff and as a barrier but also trying to go through about 500 grams of full night if you're using funded ones and they come in a tub using the spoon or if they're on the shelf ones making sure they don't have any of those food additives like we've talked about that's another big one don't use pork pork yeah because that is it don't use cocoa what's a coconut oil because that's a food i did not know that i mean these are huge things for people to learn so and then and then in terms of our flares also using steroids the lowest strength that's effective if it's not clearing really important to go back to your gp and using early into a flare and every day until resolution until that flare is gone and making sure we're using the right strength to the right area would be my main key yeah summary that is really good that's a good plan for people to take away thank you and making sure that yeah you get it's a lot to remember so making sure you go to your gp and get it actual on a printed out action plan so you know what's going where and then you can take it back and get it reviewed if it's not clearing that's really important

15. Eczema - Skin prick testing for eczema

when we started on our eczema journey with babies and even myself allergies we did skin prick tests are those helpful for eczema so in short no so skin prick testing is something that we use we use skin prick testing or blood tests to confirm that a child or an adult has an allergy so we're looking for an antibody that a person has made against that food okay so if someone presents with a history that sounds like peanut we will check that it's peanut by doing those tests it's really not good practice to do those tests without a clear history of a reaction what can happen is especially in an eczema child because we're often looking for a trigger right yeah is that we'll want to find out what's flaring up if we do skin prick tests it can show positive to a whole lot of things that a your child is eating already so they have tolerance for it and and b it kind of opens a can of worms because then they haven't got a history of allergy they've been eating that food and then you take it out and it can actually induce an allergy so we really want to do skin prick testing to confirm an allergy histories to say yep you're allergic but we don't go looking for foods that they don't have a clear history of allergic reactions to because we can actually I end up taking out loads of foods that nutritionally we need and B we can actually take a child who's been tolerating their food and like we said the foods not often trigger being tolerating that food into an allergy it makes so much sense so don't introduce skin prick testing as part of trying to troubleshoot this rather focus your energy on getting on top of the treatments that you mentioned yeah got it okay and because skin prick testing is looking for the presence of an antibody and antibody type reactions are the ones that happen within two hours of ingesting a food and are your classic hives and vomiting and that kind of stuff so even if you're thinking oh dearie my child may have a lactose intolerance skin prick testing is not the test for that anyway so skin prick testing is purely looking for the antibody for those reactions that we talked about

16. Eczema - Key messages

so key takeaways from today what would be your top three things that you really want to get through to everyone around eczema and how to manage this so the first one is that the burden of eczema is hugely underestimated it is a big deal for the child going through it but it's a big deal for their family unit as well there's studies to say it's just as burdensome as type one diabetes but our eczema whānau don't always get the support or the information they need so that would be my first one is acknowledging that burden that it is the second one is trying to ensure families get really solid information there is lots of conflicting and confusing stuff out there and it can be really daunting as a family when you want to do what's right for your child so making sure that the information that you're getting is really solid information so from your GP we're going to put some references at the bottom to look up which is research-based really important that the medicines that you're using or the methods you're using or the different things you're trying are research-based that there's proof that it's actually effective so it's not wasting your money and it's also yeah going to be effective and then my last thing would be really acknowledging that it's a chronic condition so there's no one quick fix there's no magic cream that's going to fix it it's going to be a chronic condition so there's no one quick fix there's no magic cream that's going to fix it today it's a case of pulling those management principles together and doing it daily it's not always going to be as intense when you get control but it is a long-term management thing rather than a quick that's the thing I wish I had known as a new parent that there's no quick fix I can't fix this thing it's something that we're going to have to live with would have helped knowing that so that's great advice thank you thank you so much