

Childhood eczema is a growing problem

April 8 2009, By Linda Shrieves

Michelle Stevens first noticed the red, blotchy patches on her toddler's feet after he started walking. Every time Noah walked outdoors in their grassy backyard, the blotches appeared.

Before long, the itchy patches -- signs of <u>eczema</u> -- began popping up on Noah's legs and in the crease of his arms. Even in his sleep, Noah scratches his arms and legs, making the rashes worse.

For parents whose children have childhood eczema, a condition that often goes away during puberty, the battle often feels like the Eleven Year Itch.

Although generations of Americans have lived with itchy, scratchy skin, pediatricians estimate that today nearly one in 10 babies has eczema. And the condition _ which results in red rashes on the sides of their necks, on the backs of their knees and inside their elbows -- appears to be becoming more common.

Stevens, who is editor of an Orlando, Fla., parenting magazine, had no idea childhood eczema was so common -- until she asked for advice on a mom's blog. Within days, 70 moms had posted tips.

What's behind the growing number of eczema cases? Allergies, some doctors say.

"As a society, we're getting cleaner," says Dr. Kenneth Beer, a West Palm Beach, Fla., dermatologist. "There's some evidence to suggest that



because of all this hyper-hygienic dusting and cleaning, children's immune systems don't get exposed to enough things. Instead, their immune systems go into overdrive."

Eczema, also known as <u>atopic dermatitis</u>, is a <u>chronic inflammation</u> of the skin. Although it's often difficult to pinpoint exactly what kids are allergic to, some likely culprits include dust mites, pollen, pet dander, molds, environmental chemicals or food allergies.

Today, physicians are attacking childhood eczema with a multipronged approach, including a daily moisturizing routine, hypoallergenic soaps and detergents, antihistamines and occasional use of steroid creams or antibiotics.

Although eczema cannot be cured, "you can do an awful lot to keep (eczema) from getting worse," Beer says.

To reduce the itching, try antihistamines. Some pediatricians suggest parents try over-the-counter antihistamines such as Benadryl.

"With eczema, there is an itch-scratch cycle. Children itch, so they scratch, which makes the rash worse and makes the skin itch even more," says Dr. Joan Younger Meek, who leads the pediatric residency program at Arnold Palmer Hospital for Women & Children in Orlando. "The allergy medicine can break the itch-scratch cycle and allow the skin to respond to the steroids or the moisturizers."

And though many parents shy away from steroid creams, doctors believe they're valuable when used occasionally.

"Topical steroids are used when there is very bad inflammation, irritation and the child cannot sleep at night," says Dr. Tad Nowicki, an Orlando pediatrician. "Then we use them only for a short time and go



back to moisturizers."

Eczema is also sensitive to the weather. The cold dry air of winter bothers eczema patients, and many patients can't tolerate wool clothing.

Summer -- or hot, humid weather -- can bring other challenges for eczema patients. Heat and perspiration may aggravate their blotchy patches, resulting in a type of prickly heat. But a little sun exposure sometimes helps clear up red, scaly patches, Beer says.

For many kids and their parents, there's good news: Childhood eczema is often a temporary condition. Most outgrow it by puberty.

But they may spend a lifetime with sensitive skin. "When I see a child with eczema, I always ask the mother: 'Do you have dry skin? Do you have to use lotion a lot?'" Nowicki says. "We may not remember, but many of us probably had eczema as children."

Indeed, eczema is part of what doctors call "the allergic triad," which includes eczema, asthma and allergic rhinitis (also known as hay fever). Although you don't inherit eczema, you might be more likely to have eczema if one parent has eczema or hay fever or asthma, there's about a 50 percent chance that the child will have one or more of the diseases, according to the National Eczema Association.

Although the condition may be triggered by an allergy, children rarely need to see a specialist. "Pediatricians or family physicians can treat the vast majority of children with eczema," says Meek. "Referral to a specialist, such as a dermatologist or an allergist, should be considered in children with severe asthma who do not respond to the usual treatments."

For many families, finding the solution is a matter of trial and error. Michelle Stevens has tried oatmeal baths, moisturizing Noah after every



bath, and eliminating scented detergents. Now, she has stopped feeding him dairy products to see if that's triggering his symptoms.

"It's very frustrating," she says. "I wonder what other allergies he does have. For instance, we have two dogs. Am I going to find out that he's allergic to the dogs?"

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