

# Decision Aid for children with eczema and their caregivers



## What is eczema?

Eczema, also known as atopic dermatitis, is a skin condition that causes an itchy rash. Eczema can flare (worsen) when exposed to certain triggers, such as changes in the weather, a viral infection, rough materials like some wool, fragrances (such as in lotions) and harsh soaps, detergents, and cleaning products. Allergens like dust mites, pet dander, and pollen can also be triggers. Food can be a trigger, although this happens rarely. Treatment for eczema may include medication. Your doctor may also talk to you about how to avoid triggers.<sup>1,2,3</sup>

### ECZEMA TRIGGERS



Harsh soaps



Changes  
in seasons



Viral and Other  
Infections



Allergens  
(such as pet dander,  
dust, pollen, or from  
certain products)



Sweating



Psychological  
Stress

## Overview of this Decision Aid

In the following pages, you will see different eczema treatment options based on the severity of your eczema: mild eczema, moderate eczema, and severe eczema. (NOTE: Throughout this tool, we refer to "your eczema," but this phrase can also mean "your child's eczema." We also provide treatment options for dry skin, which is a common problem among individuals with eczema).

### ECZEMA SKIN CARE



Moisturization



Baths



Wet  
wraps



Topical or systemic  
treatments

### Do I have to treat my eczema?

*Leaving eczema untreated is an option. However, untreated eczema can cause more inflammation and itchiness and may impact mental and physical health, such as by causing sleep disruption or increasing the risk of depression and anxiety. Untreated eczema can also lead to complications like skin infections, and untreated eczema on the face might increase the risk of food allergies and other allergic conditions.*

There is no cure for eczema. Treatment for eczema depends on the severity of the condition, and its location on the body. The photos below are examples of mild, moderate and severe eczema.

"It's basically just for everybody, a trial and error, what works for you, what doesn't. Everyone's skin is different. So, not everyone's going to know what exactly your skin routine is."

- WHAT PATIENTS SAY ABOUT  
TREATING ECZEMA



## Eczema Treatment Options

What is important to you when it comes to treating your eczema? Fill out the Patient Values Worksheet at the end of this document and discuss your values with your health care provider. Basic treatment is bathing and moisturization. For redness and itch, a topical anti-inflammatory medication is usually needed – and better control will lower the risk of skin infection.

### Moisturization

Skin affected by eczema has a weak barrier and cannot properly hold moisture, keep out irritating substances, or support growth of normal, protective skin germs. Keeping your skin moisturized can help protect it and promote normal function.<sup>4</sup>

- There is no limit to the amount and frequency of moisturizer applied.
- If your hands are dry or have eczema, moisturize every time they become wet, such as after washing.
- If you use a prescription topical medication, apply it as directed, before you moisturize.
- Apply a thick layer of moisturizer all over your skin quickly after bathing or showering to "lock in" moisture and protect the skin barrier.
- Moisturizers contain a mixture of oil and water. The more the oil, the better the moisturizer for dry skin. Ointments (Vaseline, Aquaphor) have the most oil, then creams, Vanicream, Eucerin, Cetaphil), then lotions (which are mostly water).
- Moisturizers that are fragrance- and dye-free are the least likely to cause skin allergies.

### Bathing

A daily bath (or shower) can be useful as a way to get moisture into the skin. Baths (or showers) *without moisturizer* right afterwards can dry the skin. Baths should not be too hot and should be limited to under 10 minutes if possible.



### Dilute Bleach Baths

Twice weekly to daily dilute bleach baths can be an easy and inexpensive maintenance treatment to control skin inflammation and reduce crusting if the eczema is moderate or severe.

- Make sure to apply medication and moisturize after soaks.
- Continue with regular skin routine.

Special areas like hands and feet can be soaked outside bathtub (see pictures above).

### Colloidal Oatmeal Bath Additive

Colloidal oatmeal\* is soothing, anti-inflammatory, and can help to retain skin moisture.<sup>5,6</sup> To use in the bath, add finely ground oatmeal or ready-made 100% natural colloidal oatmeal to your bath.

\*Do not use oatmeal or food proteins on skin when your child has a related food allergy.

# Topical Treatments

## For Mild to Severe Eczema

When treating mild eczema, you should continue trigger avoidance and the basic treatments listed under Moisturization and Bathing. Your physician may recommend adding one or more of the topical treatments described below for active rash. Discuss these treatments with your healthcare provider to decide which topical treatment is best for you.<sup>7,8</sup> Use the Eczema Action Plan at the end of this document to make a treatment plan.

Topical treatments are creams, ointments, lotions, hydrogels, oils, or sprays that are applied to the skin. Ointments are used frequently because they are the most moisturizing and are well tolerated. Topical (cortico)steroids are also frequently used. Steroids range in strength from over-the-counter hydrocortisone to prescription superpotent steroids for the most severe flares. Stronger topical steroids are needed to bring the skin redness and itch under control; lower strength topical steroids or non-corticosteroids are used to maintain control. Stopping or reducing corticosteroids is often followed by worsening.

	Corticosteroids ★	Calcineurin inhibitors (tacrolimus/Protopic; pimecrolimus/ Elidel) <sup>9,10,11</sup>	Phosphodiesterase(PDE) 4 inhibitors (crisaborole/ Eucrisa and roflumilast/Zoryve) <sup>12, refs</sup>	Janus Kinase (JAK) inhibitor (ruxolitinib/ Opzelura) <sup>13,14</sup>	Aryl hydrocarbon receptor (tapinarof/VTAMA)
<b>Notable Side Effects</b>	Common side effects: None  Occasional burning and stinging  Side effects associated with long-term, frequent application: stretch marks; reversible skin thinning, local hair growth, spider veins, eczema recurrence	Early FDA warning, but now shown to be very safe, even in children;* discuss with your physician.  Burning, stinging	Burning, stinging (crisaborole)	Skin Infections  FDA warning for all JAK inhibitors <sup>#</sup> ; discuss with your physician	Folliculitis  Headaches
<b>Cost</b>	\$-\$	\$-\$	\$\$	\$\$\$\$	\$\$
<b>Speed of Results</b>	Days to weeks				
<b>Duration of Results</b>	Depends on severity; Topical agents are suppressive and eczema will return after days to weeks after stopping the medication unless mild				
<b>Applications per Day</b>	Once to twice	Twice	Once (roflumilast) or twice (crisaborole)	Twice	Once
<b>Age Group+</b>	Any age	Approved for $\geq 2$ years but longterm use safe in infants	$\geq 3$ months (crisaborole); $\geq 6$ years (roflumilast)	$\geq 2$ years	$\geq 2$ years
<b>Other Comments</b>	Highly variable strengths and bases (for example, ointment, cream, solution); choice depends on treated body site and severity	Tacrolimus 0.03% (2-15 yrs) and 0.1% ( $\geq 16$ yrs) ointment  Pimecrolimus is 1% cream	0.15% is approved for 6+ yrs 0.05% is approved for 2+ yrs  Only available in cream	Limit to 20% or less of body surface area  Only available in cream	Only available as 1% cream

★ The most commonly recommended treatment.

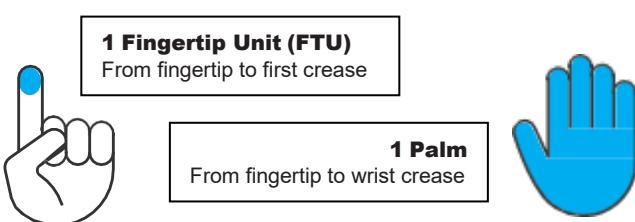
\*The topical calcineurin inhibitors (TCIs) were given a boxed warning for a possible increased risk of lymphoma because of the association with oral tacrolimus, used at high doses orally to suppress the immune system of people given a transplant. Clinical studies in the past 15 years suggest that there is no association of TCIs with lymphoma<sup>9,10</sup> or other forms of cancer. TCIs can be used safely without the risks seen with topical steroids. Discuss with your health care provider.

+Medications are often used in younger children “off-label,” meaning beyond what the FDA approved. Few topical steroids are actually FDA approval for eczema. TCIs are approved for patients  $\geq 2$  years old, but widespread use in children  $<2$  years old without clinical problems suggests safety; rigorous trials have not been performed.

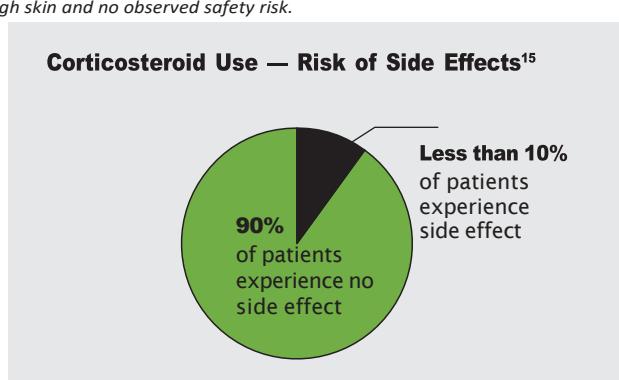
#One of the JAK inhibitors has been associated with serious infections, heart and vascular system effects, blood clots, cancer, and increased risk of death in adults with rheumatoid arthritis. As a result, a boxed warning was issued for the entire class and primarily refers to these medications when taken by mouth. Topical use of a JAK inhibitor to up to 20% of the body surface area has led to minimal absorption through skin and no observed safety risk.

### How much medicine to use?

One adult fingertip unit is enough to spread on an entire palm (including fingers) of an adult.



### Corticosteroid Use — Risk of Side Effects<sup>15</sup>



Most individuals with mild eczema can use the topical medication until their eczema clears, with moisturizers between flares. More potent topical steroids may be needed for flares and sometimes routinely for moderate to severe eczema. A plan for how to maintain control for moderate-to-severe eczema while minimizing use of more potent topicals can include using: i) a lower strength steroid; ii) a nonsteroidal topical; or iii) the stronger steroid (or nonsteroidal) applied to clear or almost clear areas 2-3 times weekly (“pro-active” management) to maintain control. Regardless of severity, the body location of the eczema can affect the choice of medication. The face, and especially the thin-skinned eyelids, are sensitive to medication effects. As a result, only mild topical steroids or nonsteroidal medications are used on the face and one must limit use of even mild steroid on the eyelids. To soothe the itch if topical steroids alone are not enough, wet wrap therapy may be added. Wet gauze or moistened slim-fitting wet pajamas are placed over affected skin and topped with a dry layer of gauze or looser pajamas. This treatment can be left on for hours to overnight. If applied over the topical steroid, there is increased steroid absorption and skin infection can occur if not used properly. However, if the child can tolerate the feeling of a wet wrap, improvement can be rapid, regardless of whether placed over moisturizer only or the topical medication.

## Systemic Treatments

### For Moderate to Severe Eczema

If you are not responding well to topical treatment, your health care provider may: 1) recommend stronger topical medication, 2) consider another diagnosis, or 3) refer you to a specialist.

If you are using adequate amounts of topical medication as recommended and still have itch and skin redness, a systemic treatment option may be needed to manage your eczema. There are certain bacteria, such as *Staphylococcus aureus* (staph), that are known to be a trigger for eczema and treatment may include antibiotics if clinical infection is recognized. Families may be hesitant to use systemic treatment, but the risks are low and far outweighed by the benefits for the child and family of achieving control of the eczema, with reduced itch, improved sleep and better quality of life.

### Systemic Treatments

	IL-4 receptor antagonist (dupilumab/Dupixent) <sup>16,17</sup> ★	IL-13 antagonist (lebrikizumab/ Egblyss and tralokinumab/ Adbry)	IL-31 receptor antagonist (nemolizumab/ Nemluvio)	JAK inhibitors (Upadacitinib/ Rinvoq; abrocitinib/ Cibinqo) <sup>19,20</sup>	*Systemic immunosuppressants (especially cyclosporine and methotrexate)	Phototherapy/ Light therapy (Narrowband UVB) <sup>18</sup>
<b>Key potential Side Effects and Recommended Monitoring</b>	Low risk of reaction at the site of injection; Eye dryness or inflammation  Good pediatric safety data for more than 5 years  No lab testing needed	Low risk of reaction at the site of injection; Eye dryness or inflammation  No lab testing needed	May increase risk of or exacerbate asthma  Early rashes  Possibly swelling  No lab testing needed	Requires laboratory monitoring, including bloodwork to rule out infection before starting,  #Discuss boxed warning with your physician	Depends on the specific medication.  Numerous potential side effects.  Requires laboratory monitoring	Eye damage (wear protection), skin cancer risk low  Risk of burning
<b>Cost</b>	\$\$\$\$	\$\$\$\$	\$\$\$\$	\$\$\$\$	\$-\$	\$\$-\$
<b>Speed of Results</b>	2-12 weeks <sup>15</sup>	2-12 weeks	Early itch response (can be days)  Delayed reduction in inflammation	2-4 weeks	Speed: Cyclosporine within 6 weeks, methotrexate at least 6 weeks, but up to 3-6 months for maximal effect.	3-8 weeks
<b>Duration of Results</b>	Long lasting results with continued use	Can reduce dosing with continued use	Can reduce dosing with continued use	Often flares shortly after discontinuation	Duration: Cyclosporine: 3-12 months Methotrexate: usually up to 2 years	Long lasting results with continued use
<b>Convenience</b>	At home or in office injections required every 2-4 weeks.	At home or in office injections every 2-4 weeks.	At home injections every 4-8 weeks	Oral given daily	Requires blood monitoring by a health care provider <sup>3</sup>	Time consuming and limited availability. Largely for maintenance and often inconvenient

Age Group	≥6 months old	≥12 years old	≥12 years old	≥12 years old	Any; none FDA-approve for eczema	Depends on tolerability
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\*Systemic immunosuppressants are contraindicated for almost all children; cyclosporine was used in the past because it is fastest acting, followed by use of phototherapy or an alternative systemic immunosuppressant, most often methotrexate. However, dupilumab is now the treatment of choice.

#FDA warning: this treatment may cause serious infections, malignancy, thrombosis, and cardiovascular risk.

★ The most commonly recommended treatment.

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This document has not been reviewed by the FDA.

## ECZEMA UNDER CONTROL:

*(Skin soft, supple, maybe some dryness or temporary skin darkening or lightening)*

Step 1: Bathe (5-10 minutes) in lukewarm water every day or every other day

Step 2: Pat skin dry and apply moisturizer within 3 minutes of finishing bath to seal in moisture

Step 3: Apply moisturizer 2 more times during the day to skin that feels dry or often flares

If you have moderate to severe eczema, clear skin with topical steroids and then try preventive (proactive) treatment 2-3 times weekly of mid-strength topical steroid or calcineurin inhibitor to skin areas that would flare without continued medications.

\_\_\_\_\_ Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

\_\_\_\_\_ Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

If  
symptoms  
do not  
improve  
ADD:

## FLARE TREATMENT (redness, some itch)

\_\_\_\_\_ Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

(Maximum \_\_\_\_\_ days)

\_\_\_\_\_ Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

With  
improve-  
ment  
decrease  
to mild  
treatment

When to call your doctor:

- Signs of infection (such as oozing, crusting, pus bumps, increased skin pain, fever).
- Eczema does not improve or worsens despite following the treatment plan.
- Sudden worsening

Contact information:



## ECZEMA UNDER CONTROL:

(Skin soft, supple, may be some dryness or temporary skin darkening or lightening)

Step 1: Bathe (5-10 minutes) in lukewarm water (+ bleach) every day or every other day

Step 2: Pat skin dry and apply moisturizer within 2-3 minutes after bath to seal in moisture

Step 3: Apply moisturizer 2 more times during the day to skin that feels dry or often flares

If you have moderate to severe eczema, clear skin with topical steroids and then try preventive (proactive) treatment 2-3 times weekly of mid-strength topical steroid or calcineurin inhibitor to skin areas that would flare without continued medications.

## PROACTIVE TREATMENT

Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

If flaring  
ADD:

### MILD FLARE TREATMENT (redness, some itch)

Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

(Maximum \_\_\_\_\_ days)

Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

If  
symptoms  
do not  
improve  
ADD:

### SEVERE FLARE TREATMENT (very itchy rash)

Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

(Maximum \_\_\_\_\_ days)

Use on \_\_\_\_\_ Apply \_\_\_\_\_ times \_\_\_\_\_  
 (BODY PART)

Flares  
under  
control,  
decrease  
to dry skin  
care

With  
improve-  
ment  
decrease  
to mild  
flare

### When to call your doctor:

- Signs of infection (*such as oozing, crusting, pus bumps, increased skin pain, fever*).
- Eczema does not improve or worsens despite following the treatment plan.
- Sudden worsening

Contact information:



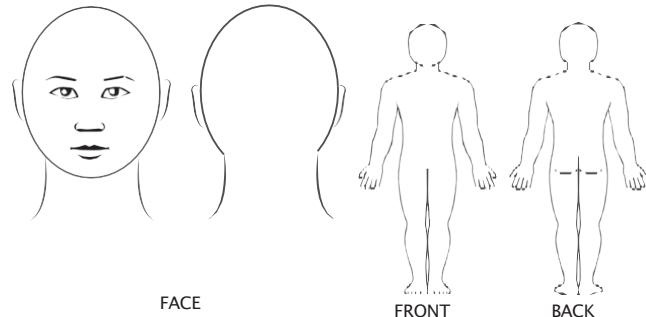
Take a moment to respond to the questions below. Your responses may help you and your health care provider to select the best treatment for your eczema.

**Below are some common symptoms of eczema. Which of these symptoms of eczema are most bothersome to you?**

(check all that apply)

- Redness
- Itch
- Rough/bumpy skin
  
- Dry skin
- Other - please specify: \_\_\_\_\_

The figures below show the body areas most commonly affected by eczema. Put an "X" where you have eczema and circle the areas where you want treatment for your eczema.



**Below are some ways eczema symptoms affect people's lives.**

**Which of these do you experience?** (check all that apply)

- Disturbing sleep
- Avoiding swimming or other sports
- Feeling embarrassed, self-conscious, upset, or sad
- Having to wear different or special clothes
- Interfering with your school time
- Having other people call you names, tease you, bully you, ask you questions, or avoid you because of your skin

**How important are the following factors to you when picking an eczema treatment?**

Rate each on a scale of 1 to 5 (1 meaning not that important; 5 meaning extremely important)

Cost	1	2	3	4	5
Speed of results	1	2	3	4	5
Duration of results	1	2	3	4	5
Side effects	1	2	3	4	5
Convenience	1	2	3	4	5
Proven efficacy in clinical studies	1	2	3	4	5
Scent/odor	1	2	3	4	5
Sticky/tacky feeling	1	2	3	4	5
<i>For severe disease only:</i>					
How you get the medication (topical, oral, a shot)	1	2	3	4	5

## Trigger Avoidance

Trigger avoidance is an important part of controlling your eczema. Common eczema triggers are changes in the weather, a viral infection, rough materials like wool, or heavily fragranced lotions, soaps, detergents, and cleaning products. Allergens like dust mites, pet dander, and pollen can also be triggers.

What triggers bother your eczema? **Circle the images above and discuss with your health care provider.**



Harsh soaps



Changes in seasons



Viral and Other Infections



Allergens  
(such as pet dander,  
dust, pollen, or from  
certain products)



Sweating



Psychological Stress