



FOI 3026

Date 26/06/2024

Dear Requester,

Thank you for your Freedom of Information request. Please note, this is a cross-site response for Bedford site and Luton site.

You asked:

1. What advice does your hospital's dermatology department issue to patients with eczema regarding the amount of moisturizer that should be applied to patients?

2. What advice does our hospital's dermatology department issue to patients with eczema regarding the amount of steroid cream/ointment that should be applied to patients?

In response to questions 1 and 2, the Trust give patient written information about emollient and steroid quantities, generally using B.A.D (British association of dermatologists) emollient and steroid advice as well as National Eczema Society booklets. Our Clinical nurse specialist will also discuss topical treatments and quantities during new patient and Follow Up appointments.

Please see link to National Eczema Society booklets.

<https://eczema.org/information-and-advice/eczema-booklets-factsheets/>

<https://www.bad.org.uk/pils/topical-corticosteroids/>

<https://www.nhs.uk/conditions/emollients>

<https://eczema.org/wp-content/uploads/Emollients-Oct-18-1.pdf>

See below patient information for topical treatment of inflammatory skin disease.



Topical treatment for Eczema

Emollients

Emollients are moisturisers and should be applied liberally to all areas of the skin equally every few hours in possible. They are an essential daily treatment and should be used even when eczema is has cleared. If you do not like a particular emollient or it irritates the skin, you should try a different one. There are some sprays and gels that might also be useful. Creams are lighter and can be better for day time use, whereas ointment are good for night time or colder weather.

Allow approximately 15 minutes for the emollient to soak into the skin before putting on any medicated ointment. It doesn't matter if medicated ointment (steroids or TCI) goes on first or second.

Soap Substitutes

All soaps can aggravate eczema. A soap substitute should be used instead fro washing the skin. It is important not to touch the eczema and then put your hand in the tub of cream (emollient of soap substitute) as this will risk contamination. It is important to wash your hands before applying any creams/emollients.

Use a table spoon to take out a measured quantity to use and do not put your hands in any tubs of emollients/creams.

Bath oils/emollients

You should bath or shower at least once a day. Normal bubble baths dry out the skin. There are some bath oils and shower gels that you can use and they will hydrate the skin, but simply applying your moisturiser prior to the bath can be sufficient.

Be aware that bath oils can make the bath slippery.

Medicated creams and ointments

Medicated creams/ointment are used to control flares of eczema. When the skin becomes dyer, itchy, red or swollen this is called flare.

Cover the eczema evenly with clearly visible fine film of ointment. For a guide on how much to use, refer to the links above. It is fine to apply medicated creams on "broken skin" if it is not infected.

Flare treatment should be started as soon as symptoms appear and continue for at least 48 hours after the flare has stopped and the skin looks clear. Any subsequent flares the treatment should be repeated as soon as it reappears. Sometimes you may be advised to use a medicated ointment or cream on areas of clear skin for two to three days a week. This will prevent flares where eczema keeps occurring

Refer to your treatment plan for information on what goes where and how often

Topical/Steroids



Topical steroids come in form of cream and ointments of varying strengths. Ointment are preferable to cream based products.

The ongoing use of an ointment that is too weak will be ineffective. It is better to use an ointment that is stronger and clears the eczema quickly. The words “use sparingly” on tubes of steroids ointment worry a lot of patient, it then leads to under usage, and applies to a thin layer rather than not using frequently.

It is important to use steroid preparations appropriately, as advised by your doctor or specialist nurse.

Calcineurin Inhibitors (Protopic and Elidel)

Sometime this ointment may cause a mild stinging sensation for a brief period but this settles after the first few applications. For most patients this is not a problem. This mainly occurs on active eczema and using a steroids to calm the flare prior to starting these ointment is beneficial.

Calcineurin inhibitors are often used in place of steroids in those patients who are dependent on the topical steroids, as calcineurin inhibitors have no effect on skin thickness and do not contain steroids. Their use will be discussed thoroughly in clinic before being started. These ointment are good at preventing flares and are often used initially daily, but for long periods twice weekly as a preventative ointment.

Eczema treatment plan

Emollient (use everyday)
Soap substitute (use everyday)
Bath emollient (use everyday)
Medication creams (follow instructions below) Face/neck
Scalp



Limbs

Volumes

How much should I apply?

It is important to get the dose right. This is why a standard measure is used called the fingertip unit. One fingertip unit is the amount of cream or ointment squeezed out of the tube from the first crease of your index finger to the tip (see photo). One fingertip unit covers an area of skin twice the size of your handprint (fingers together and palm).

1 fingertip unit (FTU)



Number of fingertip units to use



What if you forget a dose?

If it is nearly time for your next dose, skip the missed dose and apply your next dose at the usual time. Otherwise, apply the missed dose as soon as you remember. Do not apply two doses at the same time.

Can you take other medicines?

Tell your pharmacist or doctor about all medicines or treatments that you may be taking, including vitamins, herbal products or recreational drugs.

What side effects might you notice?



If steroids are applied to the skin correctly, side effects are uncommon. If you use them continuously for a long time, are treating a large area, cover the area, or use a higher potency steroid than needed, then side effects may occur.

Infection

Signs of infection include weeping, crust, blisters, eczema that is not getting better with treatment or patient becoming feverish and unwell.

An infection usually requires treatment with cream applied to the affected areas or an oral antibiotics.

If you see blisters (with fluid in) or cold sores go and see a doctor urgently.

Antihistamines

Antihistamines are not effective in eczema, as the itch is not caused by histamine. In rare cases, sedative antihistamines can be useful at night for short periods to help sleeping when the eczema is flaring up.

Food allergies

Patients with atopic eczema are more likely to have an allergy to food. If you have a concern about this please ask your doctor, sometime a diary before and after.

Additional treatments

You need to see your GP to get all prescribed creams and treatments. Do not wait until you run out. Give your GP at least 48 hours' notice to get the prescription ready.

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If you are not satisfied with the Trust review under the Freedom of Information Act 2000 you may apply directly to the Information Commissioners Officer (ICO) for a review of your appeal decision. The ICO can be contacted at: ICO, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF www.ico.org.uk



Yours sincerely,

FOI Officer

Bedfordshire Hospitals NHS Foundation Trust