


Atopic Dermatitis, Eczema		ICD-9 Codes: 691.8 693.1 692.5 692.3	
Diagnosis/Condition: Due to food ingestion Due to food in contact with skin Due to drugs and medicines applied to skin			
Origination Date: 02/2000	Review/Revised Date: 11/2007, 1/2008	Next Review Date: 01/2010	Discipline: Naturopathic Medicine

Eczema is a general term for many types of dermatitis. Atopic dermatitis is the most common of the many types of eczema. "Atopic" refers to diseases that are hereditary, tend to run in families, and often occur together. Atopic dermatitis (AD) is a pruritic disease of unknown origin that usually starts in early infancy and is typified by pruritus, eczematous lesions, xerosis (dry skin), and lichenification on the skin (thickening of the skin and increase in skin markings). AD is associated with other atopic diseases (eg, asthma, allergic rhinitis, urticaria, acute allergic reactions to foods, increased immunoglobulin E [IgE] production) in many patients. The prevalence rate in the US is 10-12% in children and 0.9% in adults. The incidence appears to be increasing.

Affected individuals must cope with a significant psychosocial burden, in addition to dealing with the medical aspects of the disease. Because this is primarily a disease of childhood, family members, especially parents, are also affected by the condition. Individuals and family members are burdened with time-consuming treatment regimens for the disease, as well as dietary and household changes. The cost to society is significant, with estimates ranging from less than \$100 to more than \$2000 per patient per year. It is estimated that the direct cost of atopic dermatitis in the United States alone is almost \$1 billion per year.

Subjective Findings and History:

- Acute or chronic skin inflammation in persons with history of allergic reactions
- Often characterized by periods of acute flare up and remission
- Episodes generally more severe in first five years of life
- Intermittent acute "wet" inflamed eruptions and chronic dry itching eruptions
- Etiologic factors: heredity, other allergic conditions: asthma, allergic rhinitis in family

Objective Findings:

- Inflamed, irritated wet lesions, commonly on flexor surfaces, hands, neck, arms, legs and torso
- Common around the mouth and anus in infants
- Chronic appearance more commonly dry, lichenified, cracked and inflamed
- Appearance can be anywhere in adults, but is most common on the hands

Labs:

- May check peripheral blood for elevated eosinophils, basophilia
- Possible allergy and sensitivity testing often indicates triggers such as food and environmental agents
- Elevated IgE and decreased IgA common

Assessment:

- Laboratory tests if indicated (as above)
- Identification of the triggers through testing, or avoidance and reintroduction

Plan:

Treatment goals

- Identification and avoidance of triggers

- Reduction of itching and discomfort
- Prevention of secondary infection
- Develop proper skin care habits, bathing and lubricants

Acute:

Natural Medicine

- Rotation diets, avoidance diets; assess overall diet
- Anti-inflammatory supplements and nutritional support for the GI tract; antihistamine effects
anti-oxidant effects
- Probiotics
- Glandulars based on assessment
- Botanicals: anti-inflammatory, liver support, GI support, anti-infective, skin tonics
- Anti-histamine and anti-allergic herbs
- Appropriate homeopathic prescription

Physical therapy

- Local poultices to decrease irritation
- Castor oil packs
- UV light (sparingly)
- Hydrotherapy

Pharmaceuticals

- Consider hydrocortisone and antibiotic treatment if secondary infection

Length of treatment

- Up to 4 weeks to achieve sustained improvement

Criteria for referral or re-evaluation

- Ongoing acute symptoms without resolution after 4 weeks;
- Secondary infection not responding to treatment

Chronic:

Treatments

- As above, may require long term compliance
- Long term avoidance diets, environmental avoidance
- Desensitization protocols
- Appropriate constitutional homeopathic remedy
- Essential oil supplementation, dietary assessment

Length of treatment

- Often takes several months for complete resolution

Criteria for referral or re-evaluation

- Failure to resolve or repeated acute outbreaks over a period of several months

Provider Resources:

Williams H. Atopic Dermatitis. N Engl J Med 2005;352:2314-24.

<http://content.nejm.org/cgi/content/full/352/22/2314>

Hanifin JM, et.al. Guidelines of care for atopic dermatitis. J Am Acad Dermatol 2004 Mar;50(3):391-404.

http://www.guideline.gov/summary/summary.aspx?ss=15&doc_id=4361&nbr=3286

Patient Resources:

MedicineNet.com is an online, healthcare media publishing company. It provides easy-to-read, in-depth, authoritative medical information for consumers via its robust, user-friendly, interactive web site. Atopic Dermatitis.

http://www.medicinenet.com/atopic_dermatitis/page7.htm

Created by The Nemours Foundation's Center for Children's Health Media, the award-winning KidsHealth provides families with accurate, up-to-date, and jargon-free health information they can use.

http://www.kidshealth.org/parent/infections/skin/eczema_atopic_dermatitis.html

The Evidence:

Guidelines of care for atopic dermatitis. American Academy of Dermatology - Medical Specialty Society. 2004 Mar.

Adkinson: Middleton's Allergy: Principles and Practice, 6th ed., Copyright © 2003. Mosby, Inc.

Isolauri E. Dietary modification of atopic disease: Use of probiotics in the prevention of atopic dermatitis. Current Allergy & Asthma Reports. 4(4):270-5, 2004 Jul.

Lobitz WC. Atopic dermatitis. Journal of Dermatology. 3(2):39-44, 1976 Apr.

Pizzorno J. The clinician's handbook of natural medicine. London, England: Harcourt Publishers, 2002.

Viljanen M, Savilahti E, Haahtela T, et al. Probiotics in the treatment of atopic eczema/dermatitis syndrome in infants: a double-blind placebo-controlled trial. Allergy 2005;60:494-500.

Weston S, Halbert AR, Richmond P, Prescott SL. Effects of probiotics on atopic dermatitis: a randomised controlled trial. Arch Dis Child (in press).

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