

# ADDRESSING PUBLIC PERCEPTION ON ECZEMA CARE

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Atopic dermatitis, or eczema, is common amongst young children, adolescents and adults. The chronic inflammatory skin condition presents as itchy, red, scaly bumps and patches on the skin, and affects up to 20 percent of children in Singapore. In moderate-to-severe cases, the affected person's quality of life can be severely impacted, leading to psychosocial, family and relationship issues.

Triggers for eczema can be multi-factorial, and vary between individuals. Common triggers include hot and humid weather, haze, house dust mites, skin infection, mosquito bites and stress.

In 2015, the Dermatology Service at KK Women's and Children's Hospital (KKH) has seen an average of eight-to-10 new patients with eczema daily – an increase from five-to-eight in 2014. Possible reasons for this include the increasing prevalence and severity of eczema, and greater public awareness of good treatment options.

While the majority of eczema cases are mild-to-moderate, an increasing number of paediatric patients are presenting with moderate-to-severe eczema. Apart from the severe skin symptoms, many of these patients experience significant psychosocial issues, leading to poor quality of life, low self-esteem, school bullying and poor school performance. Parental anxiety is also common in this group of patients.

A significant proportion of these children and their parents suffer in isolation, leading often to anxiety and depression. Both parent and child require more time and counselling during clinic consultation not only to come to terms with the skin condition, but also to inform their understanding of the disease, and address concerns regarding treatment side effects, issues in the family and school, their psychosocial well-being, and the financial burden of a chronic condition.

The healthcare provider should take pains to reassure patients and parents that eczema can be controlled through an accurate understanding of the nature of this chronic disease, avoiding trigger factors and complying with medical advice and treatments.



## PERCEIVED FOOD ALLERGIES

There is a prevalent perception among parents that eczema is commonly related to foods, or a food allergy. Many patients with severe eczema may indeed also have associated allergies, in particular house dust mite allergy, allergic rhinitis, allergic conjunctivitis and food allergies. Food allergies can occur especially in infants and younger children with severe eczema, although they are less common in older children and adolescent patients.

However, many parents may mistakenly attribute their child's eczema to a perceived food allergy, and restrict the child's diet – which can lead to malnutrition, and poor weight gain and development. The diagnosis of true food allergies requires good history-taking, diagnostic tests and controlled food challenge tests administered by an allergist.

If a food allergy is suspected in a child with eczema, the patient should be referred to seek advice from the dermatologist or allergist. However, patients and their parents should be advised not to neglect the eczema treatment plan recommended by their doctors.



## STEROID PHOBIA

Steroid phobia – an inappropriate amount of fear of using topical corticosteroids - is a very common problem among parents of paediatric patients with eczema, and can lead to sub-optimal treatment of the condition. Some international studies have shown that about 30 percent of patients and parents have steroid phobia, leading to inadequate use of steroids to treat eczema<sup>1</sup>. This fear has not been helped by news coverage of the high incidence of steroid abuse in professional sport, as well as non-scientific-proven testimonials circulating on social media.

When patients discontinue using prescribed topical steroids too early, or apply these too sparingly, the eczema is not optimally controlled, and flares quickly when the patient is again exposed to triggers such as dust or stress. Poorly-controlled eczema can cause an affected child to have a very poor quality of life, repeated hospital admissions, poor sleep, slow growth and worsening school performance.

One of the concerns commonly raised by parents with steroid phobia is that the child requires a stronger topical steroid after using a lower-strength steroid for some time. This is because a child's skin naturally thickens as they grow. Additionally, chronic scratching from