

HELSE BERGEN – Alt dreier seg om mennesker (It's all about people)  
HAUKELAND University Hospital

## **All about eczema – for parents**

Department of Dermatology

Helse Bergen - Haukeland University Hospital

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# PREFACE

This brochure is based on our experience, and also on knowledge from the literature referred to on the last page of this brochure, our own eczema school and material prepared by Dr. Tore Morken at the Department of Dermatology, Haukeland University Hospital.

Registered nurses at the Department of Dermatology's policlinic have written this brochure in accordance with our treatment principles with the intention of helping parents manage the treatment. The brochure provides theoretical knowledge and practical advice in the treatment of the different phases of eczema.

We know from experience how important it is that parents know about atopic eczema and that they are aware of aggravating factors and the various treatment methods so that their child receives the right treatment and thus has a better quality of life.

For outpatients, practical guidance is given in consultation with a registered nurse where you will be shown various ways of applying ointment and bandaging. You will also discuss various treatment methods and those that you might be using will be demonstrated for you.

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I want to extend my thanks to all the registered nurses at the Dermatology Policlinic who have helped in making this brochure and to Kari Falck for the illustrations. The brochure is part of a project in connection with my participation in "Klinisk Stige" (Clinical ladder).

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# SKIN AND SKIN CONTACT

Skin contact is important for all children, and parents must pay extra attention to this when they have a child with atopic eczema. Skin and skin contact have great importance for a child's physical, mental and social development.

## **Positive skin contact**

This is attained through warmth, caresses, soft fabrics, slow stroking, naked skin against naked skin. This develops harmony and well-being, increases awareness of the skin and gives positive feelings about the body. This makes the body an instrument for intimacy and well-being.

## **THE SKIN:**

- preserves the internal composition of the body
- covers body parts
- regulates body temperature
- defends the body against external hazards, chemical substances, heat, cold, dryness, moisture, injuries and blows
- is a sensory organ in communication with the surroundings and sends out signals
- is part of a person's identity and personality

# ATOPIC ECZEMA

## Definition:

Atopic eczema/dermatitis is a chronic itching inflammation-like skin disease, which afflicts children and adults, is associated with asthma and/or hay fever and runs in families.

## ATOPY

### Definition:

Out of place, uncommon

## WHAT ARE THE SIGNS OF ATOPIC ECZEMA?

Dry skin and a poor skin barrier  
Itching, low itching threshold  
Eczema on body parts typical of the age in question  
Always recurring  
Occasionally hay fever and asthma at the same time  
Eczema, hay fever and/or asthma runs in the family

Ten to fifteen per cent of Norwegian children develop eczema  
Sixty per cent of the children get eczema before they are one year old, ninety per cent before they are five years old

### **The prognosis is good**

The majority are cured

# THE ITCHING–SCRATCHING CIRCLE

Itching is a very dominant feature of atopic eczema.

For many, atopic eczema is more itching with a rash than a rash with itching. The itch is always there. Anything that annoys the skin at all wakes up the itch. The itch just gets worse if you scratch or rub it or in other ways directly irritate the skin. The scratching destroys the skin and is often one of the main reasons why the rash develops, leading to more itching – a typical vicious circle.

Aggravating factors  
Heat/cold  
Sweat  
Clothes/wool/synthetic fabrics  
Water/soap/chlorine  
Environment/carpets/dust/animals  
Rubbing  
Tobacco smoke/cooking odours  
Mites/mildew  
Allergies  
Mental factors/stress

While the itching cannot be fully prevented, you can alleviate it to a very high degree. It is particularly important that the skin is not too dry. Moisturizing lotions and oil baths can often alleviate the itching.

# AGGRAVATING FACTORS

Many factors can contribute to causing irritation to atopic skin. Anything that can help reduce or prevent itching, scratching and skin irritation is an important preventive measure.

Below we offer good advice on how to accomplish this:

## **Clothing**

### **Cotton**

\* Clothing made from cotton, whether white or non-bleached, is comfortable to wear for dry and itchy skin.

\* Thin and smooth fabrics and silk garments have a comfortable and cooling effect.

### **Dyes, chemicals**

\* We refer here to chemicals used in fabrics to improve durability, bind colours and prevent crinkling or shrinking. They often irritate the skin.

\* This applies to superwash wool, dark fabrics or clothing and bedclothes with sharp colours. All such fabrics should be washed at least twice before use so that the chemicals and any surplus colour are removed.

### **Rough and tight clothing**

\* This type of clothing may rub against the skin and irritate it. Avoid wearing terrycloth and crepe.

\* Be careful when pulling on sweaters with a narrow collar over your head, as the skin on your earlobes can easily crack.

\* Parents' clothing can also be irritating to the child's skin when they are carry or holding their baby. This also applies to the father's stubble/beard.

### **Wool**

\* Avoid all contact with wool against the skin – the wool fibres are mechanically irritating, absorb fat and moisture from the skin and contain lanolin, which may aggravate the itching.

### **Mixture of wool and cotton**

\* Soft composite fabrics can be used on top of cotton.

### **Manmade fibres**

\* Avoid synthetic fabrics – they are dense and do not absorb skin sweat. The sweat then remains on the skin and may cause irritation.

## **Other tips**

- \* Do not over-dress the child when indoors
- \* Being hot makes the itching worse
- \* Wearing several thin garments is better than wearing a few thick ones
- \* Always wash new clothing twice before wearing
- \* Do not use perfumed detergents, use soap sparingly and rinse thoroughly
- \* Do not use fabric softeners, rather use a tumbler drier or iron the garments
- \* Remove garment labels
- \* Wear the innermost garment inside out to avoid irritation from seams
- \* Use cotton mittens, cotton hats, whole-body nightdresses with mittens, bandages or tube gauze to prevent scratching or rubbing

## **Shoes**

- \* The child should not walk too long at a time in tight and non-breathing shoes or boots
- \* Clammy feet encourage fungus and bacteria growth. Good hygiene is important
- \* Change socks often
- \* Use shoes indoors that allow the feet to breathe – such as sandals

## **Hygiene**

- \* Good hygiene is important, but soap and water dry out and irritate the skin
- \* Restrict the use of soap. Use oil baths/showers instead
- \* Do not use perfumed soaps. Use liquid soap with low ph values, and rinse thoroughly
- \* Keep nails short and clean
- \* Good hand hygiene is very important for children and parents

## **Bed and bedroom**

- \* Covers and pillows should not be too warm. It must be possible to wash them
- \* Bedclothes should be smooth cotton with little colour
- \* The child should sleep in a separate bed as sharing a bed is too warm
- \* The bedroom should be cool and airy
- \* Do not have carpets/rugs on the floor or objects in the room that collect dust (toys, teddy bears, decorations)
- \* No pets in the bedroom
- \* Change bedclothes often (once a week), air bedclothes daily

## **Toy animals**

- \* Check that toy animals are not made from or filled with materials that may irritate the skin
- \* Remove labels that might puncture the skin
- \* It must be possible to wash them



## **Pets**

- \* Children with atopic eczema are at greater risk of becoming allergic to animals, as from birth they are susceptible to developing other atopic diseases
- \* Families should therefore not have any pets or animals

## **Infections and physical discomfort**

- \* Infections reduce the body's immune defence and can make atopic skin worse
- \* The regular vaccination programme should be followed, but discomfort after vaccination, teething, colds, fever and children's diseases may aggravate the child's condition

## **Swimming pools**

- \* Chlorine irritates the skin – see page 24 for more information about this

## **Physical activity**

- \* Physical activity can warm up the body and cause sweating so that the eczema flourishes. Atopic skin has difficulty in ridding itself of sweat, and too much sweat on the skin causes intense itching
- \* It is important to have loose-fitting, airy, soft and smooth clothing for physical activity. Shower and apply moisturizing lotion immediately after the physical activity

## **Emotional factors**

- \* Various psychological conditions (sadness, anger or happiness) can make one more aware of the itching and intensify the feeling. In such cases it is important to distract the child. The itching can be alleviated by pressing on the skin instead of scratching it
- \* If a child is bored or angry with his or her parents, she or he may start crying, itching and scratching. Parents then have problems drawing the line and setting limits. The parents must support each other, share the burden, try to set clear limits and ask for help if the problem becomes too big.

## Dust and air quality

- \* Many particles, gases and allergens in dust and the air can aggravate atopic eczema, for example house dust, mites and animal dandruff
- \* Normal thorough cleaning is important, and surfaces should be easy to clean without too many dust collectors
- \* The indoor temperature should not be too warm – not more than 21-22° C. The temperature should be lower in the bedrooms
- \* If the air is too warm it becomes too dry, resulting in dry skin – air out the house regularly
- \* Humidifiers are not recommended as the humidity will be too high, leading to growth of fungus and mites
- \* Tobacco smoke gives off toxic gases and fine dust particles which are very irritating to atopic skin and increase itching

## Change in temperature

- \* Atopic skin is irritated by switching between cold and warm environments.
- \* Sun, cold and wind may cause the eczema to flourish. Use sunscreen lotion or a cold cream and appropriate clothing

## Food

- \* Cooking odours, steam, food allergies and direct contact between skin and food may cause aggravation of the atopic eczema
- \* Local irritation from food is much more common than allergies
- \* This is rarely due to an allergy, but most often a local irritation
- \* You can stop this by applying a protective or water-repellent cream or lotion around the child's mouth before a meal
- \* Clean the child's face and hands after the meal and apply a suitable cream
- \* **It is very important that you do not remove food from your child's diet without consulting a doctor.** During a bad phase some food can aggravate the atopic eczema even if the child does not have an allergy. This could be strawberries, chocolate, cocoa, goat's cheese, bananas, citrus fruit, tomatoes, spinach, shellfish, some types of fish, fried food, smoked food, spices, juice with high sugar levels, soda, candy and artificial additives. However, during good phases they may be tolerated just fine in moderate amounts

# **USING EMOLLIENTS (CREAMS, OINTMENTS, LOTIONS)**

Patients with atopic eczema normally have a dry skin type, which exacerbates itching and eczema. Basic treatment and prevention involves the application of extra oil and moisture on the skin through moisturizing creams, oil baths or an oil spray.

Other preventive measures include applying protective creams to the face to counteract the effects of cold temperatures, cold winds, food and salivation.

A moisturizing cream consists of oil and a lot of water, in addition to substances that give the cream its consistency and scent, and prolong its shelf life. The amount and combination of water and oil determines the consistency of the cream.

Moisturizing creams make the skin smooth and supple, and some mixtures bind water to the skin. The ideal percentage of oil in moisturizing creams for a person with atopic eczema is normally from 40 to 70 per cent.

## **APPLICATION**

- \* Moisturizing creams should be applied in a thick layer, and this should be repeated until the skin is saturated
- \* Moisturizing creams can be used several times a day and also at night if the skin itches
- \* It is a good idea to apply moisturizing cream while the skin is still slightly moist after showering or bathing
- \* If cortisone creams or ointments are used together with moisturizing creams, the cortisone cream must always be applied first, and then wait 10 to 30 minutes before applying the moisturizing cream
- \* We recommend using moisturizing cream without perfume

## **USING SUNSCREEN/SUNBLOCK**

- \* Children have thinner skin than adults and therefore are more susceptible to sunburn
- \* Clothing protects the skin well, and light cotton fabrics (in dark colours) are recommended instead of using sunblock or sunscreen
- \* Skin that is not protected by clothing must be protected by sunscreen or sunblock
- \* The sunscreen or sunblock you use must protect against UVB with a factor of at least 15 and also provide protection against UVA radiation
- \* Apply the sun protection well in time before going out in the sun and apply new layers every two hours
- \* Give your child a rest from being in the sun in the middle of the day
- \* Staying too long in the sun is not healthy
- \* Infants should not be exposed to the sun
- \* Toddlers should be kept in the shade
- \* If tar or salicyl Vaseline is applied to parts of the body, these areas must not be exposed to direct sunlight. Tar increases light sensitivity and thus the risk of sunburn is greater
- \* Pharmacies have various types of sun lotions and can give advice when it comes to choosing the right type

# MOISTURIZING CREAMS

There are many good moisturizing creams.  
Below we provide information on a few of them.

## **APOBASE LOTION – purple tube**

Vaseline alb.  
Paraffin liq.  
Total lipid content: 17%

## **APOBASE CREME – blue tube**

Vaseline alb.  
Paraffin liq.  
Total lipid content: 27%

## **APOBASE OILY CREME – red tube**

Vaseline alb.  
Paraffin liq.  
Total lipid content: 60%

## **CERIDAL LIPOGEL**

Deep-cleaned hydrocarbons (lipid series, organic lipid, lipid soluble)  
Total lipid content: 60%

## **DECUBAL KREM**

Adeps Lanea  
Isopropylmyristate (liquid paraffin)  
Total lipid content: 38%

## **DECUBAL CLINIC RECOVER**

Lanolin  
Isopropylmyristate (liquid paraffin)  
Citric acid  
Total lipid content: 40%

## **LOCOBASE**

Vaseline alb.  
Paraffin liq.  
Total lipid content: 70%

**LOCOTASE REPAIR CREAM**

Water-based: No

Natural components of skin: Ceramide 3, cholesterol, fatty acids: oleic acid and palmitic acid

Total lipid content: 63%

**UNGUENTUM MERCK**

Vaseline alb.

Paraffin liq.

Total lipid content: 60%

**CARBAMID 5 %**

Vaseline alb.

Total lipid content: 47%

**ACO: "MYK HUD/SOFT SKIN" cream**

Carbamide

Paraffin

Rapeseed oil

Lactic acid

Total lipid content: 22%

## **OIL BATHS**

- \* Oil baths clean the skin and remove scabs and traces of cream
- \* Oil baths apply oil to the skin, which softens it
- \* The special oil that is used has emulsifiers added making it soluble in water
- \* Use 10-15 ml. bath oil in the bath water
- \* The water should not be too hot, as too much heat will trigger sweat, resulting in itching
- \* Never let your child stay in the bath for more than 10 -15 minutes
- \* The skin should be allowed to dry in the air or be patted dry
- \* Apply moisturizing lotion as soon as the skin is dry
- \* The skin will then absorb the moisturizing cream more easily
- \* You can give your child oil baths several times a week
- \* Bath oil can be obtained from your local pharmacy
- \* Your bathtub can be slippery if you use oil baths so it is a good idea to place a towel on the bottom of the tub
- \* Do not give your child an oil bath if his or her skin is very infected or if he or she has a fever

## **WHEAT-GERM BATHS**

- \* Wheat germ used in baths alleviates the itching and softens the skin
- \* Put two or three cups of wheat germ in a cloth bag and then tie it shut
- \* Put the bag in a hand basin with enough cold water to cover the whole bag
- \* Leave it there overnight. If you use hot water, leave the bag in the water until the water is cold
- \* Put the bag with wheat germ and the water into the bath. Use the bag with wheat germ like a sponge
- \* Let the child bathe for 10 to 15 minutes
- \* Apply the moisturizing lotion to the skin after it has been carefully patted dry
- \* The skin then absorbs the moisturizing lotion more easily
- \* The bag with wheat germ can only be used once
- \* Wheat germ can be bought from a grocery store or a health food shop

# WET WRAPS

## Wet wraps (bandages)

- \* Can be used during periods of itching flare-ups
- \* Can be used on the whole body or only the arms and legs
- \* Can be left on day and night or be used as a night bandage

## Effect:

- \* Wet wraps improve the effect of creams and lotions so that the amount of cortisone used can be reduced
- \* Wet wraps are a tight bandage that keeps the moisturizing creams working
- \* The skin is saturated by lipids, alleviating the itching
- \* The moisture in the bandage drains heat from the skin, causing the skin to feel cooler and less itchy
- \* The bandage is a barrier against scratching, breaking the itching-scratching circle

## Applying the bandage:

- \* Buy Tubifast to make a wet wrap
- \* Tubifast can be obtained in 1-meter rolls from a pharmacy or in 10-meter rolls direct from "Ecomed helseprodukter", tel. 67580240 or fax 67125740
- \* The bandage can be washed in a washing machine. Put it inside a pillow cover or washing bag as this will protect it from fraying

## Cutting:

- \* For the body: Tubifast yellow size. Measure from chin to thighs, add 10 centimetres, cut holes for the arms around 15 centimetres from one end. Cut two lengths
- \* For the arms: Tubifast green size. Measure from shoulder to fingertips, add some centimetres extra. Cut four lengths
- \* For the legs: Tubifast size green for small children, size blue for older children. Measure from the hips to toes, add some centimetres extra. Cut four lengths
- \* Cut eight small pieces to tie the parts together



## **Putting on a wet wrap**

1. Put the wet wrap on the child in the evening
2. Measure and cut the pieces (see above). Put the parts of the bandage that will be in contact with the skin in warm water. This will feel cool against the skin
3. Give the child an oil bath. Do not use too hot water, as heat causes itching
4. Apply cortisone cream on the eczema spots. Remember that the creams have more effect under a bandage, so do not use the strongest cortisone creams for this. Use cortisone cream under a wet bandage only after consulting with your doctor first
5. Always put ample moisturizing lotion under the wet wrap. Warm the cream by putting the cream tube in warm water before use. Try to pat the cream into the skin. Stroking or rubbing the skin will aggravate the itching
6. After soaking the Tubifast bandage in warm water and wringing it out, place it on the skin which you have covered with cream
7. Lay the dry Tubifast bandage over the wet one
8. Tie the bandage at the shoulders and hips. Cut holes for the thumbs and big toes
9. Check that the bandage is not too tight or leaves rub marks under the arms and on the big toes
10. The child can wear the bandage for 24 hours before changing it. There is no need to apply more moisturizing cream under the bandage in the morning, but the innermost layer of bandage may be moistened again using a spray bottle

**Ask the staff at the Dermatology Policlinic to show you how to put a wet wrap on.**

# CORTISONE

Cortisone is a natural stress hormone that is produced by the adrenal gland. Cortisone preparations for use on the skin are also called local steroids. They are one of the cornerstones of treating eczema and other skin diseases. Eczema is a state of skin inflammation, causing the skin to become dry, red and itchy.

## THE EFFECT OF CORTISONE:

- \* Cortisone alleviates the inflammation reaction from eczema:
  - reduces redness
  - reduces swelling
- \* Alleviates itching
  
- \* There are different types of the product: Ointment, cream, lotion, solution and combined with other medications, such as bactericides and fungicides
- \* Cortisone can be obtained in several strengths and is therefore divided into four groups on a scale from 1 to 4, where 4 is the strongest
- \* The percentage given on the tube has no relation to the strength
- \* You must have a prescription for these preparations
- \* It is important that cortisone is only applied to the diseased skin, and only in a thin layer
- \* Apply Cortisone before moisturizing cream
- \* Remember to wait 15 minutes before applying moisturizing cream on the same patch of skin
- \* You must apply cortisone as prescribed by the doctor – start immediately when the eczema appears and continue as necessary
- \* The purpose of starting treatment quickly is to make it easier to reduce the eczema
- \* If you stop applying cortisone too early, the eczema will often quickly reappear
- \* The more pronounced the eczema is, the stronger the preparation must be
- \* It is normal to decrease the dosage over time to allow the skin time to recover before you stop using the preparation. Long-term maintenance application of cortisone preparation is another option if recommended by your doctor. In such cases the preparations are used two or three times a week

## SIDE EFFECTS

Side effects can include:

1. Thinning of the skin
2. Increased hair growth
3. Pigmentation changes

Side effects are more likely to occur if cortisone is used incorrectly: Wrong preparation – in the wrong place – too long.

# CORTICOSTEROIDS

## **GROUP 1 - mild**

HYDROCORTISONE cream, ointment, solution  
MILDISON cream

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## **GROUP 2 - medium**

LOCOID cream, ointment, solution  
LOCOID CRELO lotion  
APOLAR cream, ointment

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## **GROUP 3 - strong**

BETNOVAT cream, liniment, solution, ointment  
IBARIL cream, liniment, ointment  
SYNALAR gel, cream, ointment  
ELOCON cream, liniment, ointment  
FLUTIVATE cream, ointment

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## **GROUP 4 – extra strong**

DERMOVAT cream, solution, ointment

## **CORTICOSTEROIDS COMBINED WITH ANTISEPTICS**

### **GROUP 2**

KENACUTAN cream, ointment

LOCOIDOL cream

LOCACORTEN-VIOFORM cream, ointment

APOLAR w/ DEKVALON cream, ointment

### **GROUP 3**

BETNOVAT w/ CHINOFORM cream, ointment

SYNALAR w/ CHINOFORM cream, ointment

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## **CORTICOSTEROIDS COMBINED WITH ANTIBIOTICS**

### **GROUP 1**

TERRA-CORTRIL ointment

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## **CORTICOSTEROIDS, OTHER COMBINATIONS**

### **GROUP 1**

HYDROCORTISONE w / CARBAMIDE

### **GROUP 2**

KENACORT-T solution (salicylic acid, benzalkon)

### **GROUP 3**

DIPROSALIC liniment, ointment (salicylic acid)

IBARIL w/ SALICYLIC ACID liniment

# **INFECTED ECZEMA**

- \* Atopic skin has poor immune defence against infectious diseases such as bacteria or fungus
- \* When the skin is scratched and has lesions and cracks it is more easily infected
- \* Eczema, cracks in the skin and lesions open for bacteria, particularly yellow staphylococci
- \* Skin infections aggravate the eczema

## **SIGNS OF INFECTED ECZEMA**

- \* The eczema flares up with increasing redness, itching, swelling and heat
- \* Oozing of deposits (weeping sores) from the rash
- \* Yellow or green secretions (pus) with scabbing

**Acute flare-ups of itching and eczema with lesions and cracking or unexpected poor effect of cortisone creams may indicate a skin infection.**

# TREATING INFECTED ECZEMA

**An infection must be treated before or at the same time as the eczema.**

- \* Light infections may often be dealt with by the parents or the patient
- \* If it is a strong infection, the child will need antibiotics (mixture or pills) in addition to local skin treatment, and you must contact your doctor
- \* The doctor will often take a skin sample before starting the antibiotics treatment

## **1. Cortisone creams and ointments with an antimicrobial addition**

- \* Some cortisone creams and ointments have added antimicrobial substances
- \* They must be applied in a thin layer to all infected skin areas according to the doctor's recommendations
- \* Must not be used in or around the eyes or in skin folds
- \* A prescription is required for these medications
- \* Some of these creams may colour the skin or clothing, and some may have a strong odour

## **2. Antimicrobial creams and ointments**

- \* These creams and ointments may be used alone or together with cortisone creams
  - \* They must be applied in a thin layer on all infected skin areas, and must be applied first if they are used with cortisone preparations
  - \* Remember to wait 10 to 15 minutes before the next cream is applied on the same area of skin
  - \* Some preparations do not require a prescription while others do
3. Solutions of dilute potassium permanganate (Condy's crystals) kill bacteria and disinfect, clean and soothe the skin
  4. Crystal violet (Methyl violet or Gentian violet) is used in a 0.5 % solution for brushing on the skin to kill bacteria and fungus and disinfect the skin

# DILUTE SOLUTION OF POTASSIUM PERMANGANATE

- \* Potassium permanganate 3% solution does not have to be purchased with a prescription
- \* Such solutions are used for weeping rashes (oozing pus)
- \* They kill bacteria and counteract bad odours
- \* If you are not sure whether the rash is becoming infected, you could make a bath with dilute potassium permanganate solution
- \* Normally such a bath should be taken daily for five to seven days until the infection is under control

- Use a 3 % solution of potassium permanganate and mix it into the water so the water becomes reddish (around one glass in a full bathtub). With skin irritation, try a weaker solution
- It cleans and alleviates the skin
- Wash the body (at least the private parts) before the bath
- The water must not be too hot (may cause itching)
- Stay in the bath for about 10 minutes
- Allow the body to dry in the air or carefully pat it dry
- Dilute potassium permanganate solution can temporarily discolour skin, nails, clothing and the bathtub
- To avoid discolouring nails, apply Vaseline to nails before the bath or use nail varnish
- The bathtub must be scrubbed immediately with a scouring powder
- It dries out the skin if used extensively
- Dilute potassium permanganate solution can be obtained from pharmacies without a prescription

# CRYSTAL VIOLET SOLUTIONS

Crystal violet (Methyl violet or Gentian violet) is a dyeing substance that kills bacteria and retards infections and skin fungus.

- It can be obtained from pharmacies without a prescription as 0.5% dilute solution
- Use without further dissolution
- Brush it on the suppurating rash with a cotton swab. Each swab must be used only once
- Do not apply crystal violet on mucous membranes and open sores
- It may at first burn on application
- It dries out the skin
- Other creams can be applied on top of the blue after it has dried

If you are in doubt as to whether the rash is becoming infected, it is safe to brush on crystal violet. One to two applications per day is adequate. The substance is active while it is blue.

# SWIMMING POOLS

- \* Atopic eczemas often become worse after swimming in a swimming pool
- \* Chlorine irritates and dries out the skin
- \* Chlorine additives cause the skin to lose its layer of protective fat
- \* If certain precautions are taken, there is no need to stop children with eczema from swimming in pools. It is important that your child is allowed to participate in activities together with other children as much as possible. A child should never be seen as too different or special

We nevertheless do not recommend that the child participate as an active competition swimmer.

## PRECAUTIONARY MEASURES

- \* Children with infected eczemas must not swim in pools
- \* Check with the swimming pool attendants that the water chlorine content is correct
- \* Apply oily moisturizing cream 10 minutes before swimming and/or before you leave home for the pool
- \* Do not stay in the pool too long
- \* Shower thoroughly in lukewarm water after swimming. Do not use soap, preferably use shower oil. Pat the skin dry
- \* Apply cortisone cream to the eczema, preferably while the skin is still moist
- \* Preferably wait around 15 minutes after this before applying oily moisturizing cream
- \* If these precautionary measures are observed, much has been done to reduce the negative effects of swimming in chlorinated water



# TAR TREATMENT

- \* Tar is occasionally used to treat atopic eczema and other skin diseases
- \* It is used particularly on areas with thickened skin, such as wrists and ankles
- \* We usually use a 2% paste of coal tar or crude coal tar, which can be obtained from the pharmacy with a prescription. The tar alleviates itching and inflammation
- \* With atopic eczema, tar is most often used in combination with cortisone ointments
- \* Put the cortisone ointment on first, then wait 15 minutes before applying the tar on top of the cortisone
- \* Apply tar in a thin layer and massage it into the skin
- \* This is normally done in the evening
- \* It is a good idea to put bandages on because tar discolours clothing
- \* The remaining tar must be removed from the skin the next day before light treatment or exposure to the sun because tar increases skin sensitivity to light
- \* Tar is easily removed using peanut oil
- \* In some cases tar treatment may irritate the skin. If this happens, stop the treatment

# RISKY OCCUPATIONS

- \* Most children get rid of the eczema when they reach puberty
- \* Even if the rash is no longer present, the young person still has the atopic skin type
- \* Jobs that involve strong irritation of the skin may cause the eczema to return, particularly where the skin is irritated most, i.e. the hands
- \* The most important thing is to avoid jobs that include much contact with liquids, dust, gases and chemicals

## **It is important to see opportunities rather than limitations.**

- \* Parents of children with atopic eczema should be aware of the importance of choosing an appropriate job while the child is still young and into his or her adolescence. After that, the young person must decide and make his or her own choices and face the consequences of these.

## **NOT GOOD FOR ATOPIC SKIN**

- \* Soap, water, cleaning agents, chemical substances, animal hair, wool, dust, meat, fish, fruit, vegetables, flowers, smoke-filled air, saunas.

## **RISKY JOBS**

- \* Surgeon, dentist, veterinary surgeon, registered nurse, assistant nurse, care worker, home help, cleaning assistant, waiter, cook, kitchen assistant, baker, hairdresser, mechanic, bricklayer, flower arranger, gardener and farmer.

# RIGHTS IN CONNECTION WITH CHRONICALLY ILL CHILDREN

## CARE BENEFITS

- \* Section 9-5 and section 9-9 of the National Insurance Act
- \* Absence from work to care for a sick child or because the childminder is sick
- \* For children up to and including 12 years of age
- \* Chronically ill child: up to and including 18 years of age (must be applied for)

Number of days covered with care benefits – section 9-6 of the National Insurance Act

- \* Up to 10 days are covered per calendar for each employee
- \* Three or more children: up to 15 days covered
- \* Single caregiver: respectively 20 and 30 days covered
- \* Chronically ill child with much higher risk of absence from work
- \* Up to 20 days are covered – if single caregiver: 40 days are covered

## CARE (NURSING) BENEFITS

- \* Section 9-10 of the National Insurance Act
- \* Care for children under 12 years of age
- \* Chronically ill child: under 18 years of age
- \* Hospitalized in health institution– or hospitalized for continuous supervision and care
- \* Earliest from the eighth day counting from the date of hospitalization

## TRAINING BENEFITS

- \* For parents who have children with long-term illness
- \* For courses/training in treating the child and also participation in courses for parents
- \* Upper age limit 18 years of age
- \* No restriction on the number of days
- \* Form "Legeerklæring med krav om opplæringspenger" (Medical certificate requesting training benefits)

## **BASIC BENEFITS**

- \* Chapter 6 of the National Insurance Act
- \* Shall cover necessary extra expenses in connection with illness (fully or in part)
- \* Running expenses must exceed a certain amount – minimum NOK 6540 per year (2003),
- \* NOK 545 per month (2003) – there are six different rates

### **Conditions:**

- \* Long-term illness, injury or handicap
- \* Only some types of expense covered
  - Operation of technical aids
  - Transport
  - Keeping a seeing-eye dog
  - Text telephone, and in special cases regular telephone
  - Expenses for prostheses or supporting bandages etc.
  - More expensive food necessitated by special diet
  - Wear and tear of clothing and bedclothes
- \* Parents must contact the social security office to obtain an application form.

## **ATTENDANCE (ASSISTANT) BENEFITS**

- \* Chapter 6 of the National Insurance Act
- \* Conditions:
  - Long-term sickness, injury or handicap
  - Need for special supervision and care
  - Private care arrangement
- \* The scope and amount of the assistance needed will determine whether attendance benefits can be granted; and the required assistance must be directly connected to the ailment.
- \* Parents must contact the social security office to obtain an application form.

## **SECTION 5-22: CONTRIBUTION FOR SPECIAL PURPOSES**

- \* Section 5-22 of the National Insurance Act
- \* Coverage of expenses for health-related services otherwise not covered by the National Insurance or other acts
- \* Applies to expenses exceeding NOK 1500 per calendar year (2004)
- \* 90% of expenses exceeding NOK 1500 (2004) can be covered by the National Insurance

### **Skin ailments:**

- \* Benefits to cover expenses for ointments, creams and oils for dry skin not listed as medication for treatment of substantial and chronic skin ailments
- \* Must be documented by a dermatology specialist when treatment is commenced and thereafter every third year
- \* If medication is used that is not covered pursuant to section 5-14 of the National Insurance Act a receipt from the pharmacy must be submitted with the name of the member, the name, price and date of purchase of the preparation, the pharmacy stamp and the name of the prescribing doctor
- \* Once a year a doctor must supply a statement on how much of each product is required

## **RECEIPT CARD/EXEMPTION CARD**

- \* Chapter 5 of the National Insurance Act
- \* Ceiling for own coverage: NOK 1550. If more is paid, then an exemption card is issued (2004)
- \* One of the parents and children under 16 years of age have the same coverage ceiling
- \* Patient charges eligible for the receipt card:
  - \* Doctor/psychologist
  - \* Essential medication and medical equipment
  - \* Travel expenses
  - \* Radiological examination and treatment
  - \* Laboratory tests

## **SPECIAL TAX DEDUCTIONS**

- \* Extraordinarily high degree of expenses due to long-term sickness
- \* Exceeding NOK 6120 per year (2003) – two thirds of six full months' deduction
- \* Expenses must be documented
- \* A medical certificate must be enclosed with the tax returns together with an overview of expenses

## **PUBLIC ASSISTANCE PROGRAMMES**

- \* Home help
- \* Housewife substitute
- \* Relief/Social security office
- \* Health clinic

## **TRIPS FOR TREATMENT**

- \* Four weeks' stay at "Den Norske Skole" (the Norwegian School) on Gran Canaria island.
- \* Deadline for applications: 21 May for trips between August and December and November for trips between February and May
- \* The child does not pay
- \* One companion (own coverage NOK 2800 in 2003). No additional family members allowed
- \* 14 days' training benefits and 14 days' (10 days) attendance benefits
- \* Information can be obtained from Behandlingsreiser Voksentoppen, tel.: +47 22 13 65 00
- \* Parents must submit an application with information entered by a doctor

## USEFUL ADDRESSES

In addition to dermatology departments and dermatology specialists there are institutions with staff specializing in children with atopic eczema, their family situation, instruction and guidance.

### **Voksentoppen Senter for astma, allergi og eksem (Voksentoppen Centre for Asthma, Allergy and Eczema)**

This is a special hospital with national responsibilities, taking in children and young persons with asthma and other pulmonary diseases, allergies/intolerance and eczema. The aim of the centre is to stimulate and help the children and young people to function as well as possible in their home environment. It is situated in Nordmarka in Oslo and has beds for 16 patients and parents, including siblings.

The patient is given an interdisciplinary examination and assessment. The staff includes doctors, registered nurses, assistant nurses, children's nurses, physiotherapists, special educators, clinical nutrition physiologists, social workers and psychologists. The hospital also has a diet kitchen staffed by employees with special competence in the field.

Address: Ullveien 14, N-0394 Oslo. Tel.: +47 22 14 19 90.

## PATIENT ORGANISATIONS

**NAAF (Norges Astma og AllergiForbund – Norwegian Asthma and Allergy Association)**

This is an organization for patients with asthma, allergies or eczema. It owns Geilomo Barnesykehus (Geilomo Children's Hospital) and Det Norske Helsesenter (the Norwegian Health Centre) on Gran Canaria island, and publishes the magazine "Astma Allergi" (Asthma Allergy) for patients, the "Allergi i praksis" (Allergy in practice) journal and a number of brochures and information material. A number of activities are also arranged with and for members.

Office address: Hegdehaugsveien 31, N-0352 Oslo. Tel.: +47 22 93 37 30. Fax: +47 22 93 37 50.

Website: [www.naaf@naaf.no](http://www.naaf@naaf.no)

### **Norsk Psoriasisforbund (Norwegian Psoriasis Association)**

This is a nationwide interest organization for persons with psoriasis, psoriasis arthritis and other skin diseases. PSO is the association's section for young people.

Office address PO 6547 Etterstad, N-0606 Oslo. Tel.: +47 23 37 62 40. Fax: +47 22 72 16 59

Website: [www.psoriasis.no](http://www.psoriasis.no)

**TUBIFAST** is a cotton bandage often used for children with atopic eczema. It can be obtained from a pharmacy but also directly from the ECOMED company.

Tel: +47 67 58 02 40. Faks: +47 67 12 57 40

Website: [www.logistik@ecomед.no](http://www.logistik@ecomед.no)

# RECOMMENDED LITERATURE

**Kirsti Bryne Rykkje:** Atopisk eksem i barnealderen, Forlaget Sykepleien, 1997

**Ole Fyrand:** Atopisk eksem, Gyldendal Norsk Forlag AS. 2002

**Kjell Aas:** Allergiske barn, Cappelen forlag.

HELSE BERGEN  
HEALTH BERGEN – IT'S ALL ABOUT PEOPLE  
Haukeland University Hospital

The Department of Dermatology

[www.helse-bergen.no](http://www.helse-bergen.no)

**Oversatt på oppdrag av St. Olavs Hospital  
Hudavdelingen**