

9-1-2017

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Recommended Citation

Ring, Kaitlyn, "Eczema: The What, the Who, and the How" (2017). *Student Publications*. 110.
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Eczema: The What, the Who, and the How

Kaitlyn Ring

Bug bites. They are annoying, and ceaselessly itchy. Just a couple of those can drive a person nutty. Picture this: a boy whose body is covered with these bites. The undeniable course of action is to scratch them. Now in addition to those intensely itching bites, imagine that his skin is very dry. Dry skin is also itchy. His body itches so badly that he just has to scratch it, and because he scratched it, it is now very sore and raw. Anything that touches it causes pain, yet it still itches. So he scratches. It is an endless cycle. That is what living with eczema is like. Eczema is an autoimmune disease of the skin, and it affects people of all ages; fortunately, there are a multiple treatment options.

Eczema, also known as atopic dermatitis, encompasses several different types of symptoms revolving around skin inflammation. Symptoms vary from person to person, but dry, sensitive skin primarily characterizes eczema (“Eczema”), as well as itchy red or brownish-gray patches, small raised bumps in the affected area, seeping, and possibly “thickened, cracked...scaly skin [or] raw, sensitive, swollen skin from scratching” (Mayo Clinic). Experts scale eczema severity in three levels: mild, moderate, and severe. It also can be either localized in one area, or widespread across the body (Lawton “Managing Difficult and Severe Eczema in Children” 26). Any combination of these symptoms presents varying degrees of severity, although it is unknown if any play a part in the origin of the disease. The exact cause of eczema is unknown, but there are many contributing factors, including environmental and food allergens, as well as Filaggrin proteins. According to Ballardini, genetic Filaggrin (FLG) mutations are possibly major contributors to eczema, though it needs further investigation (588). Filaggrin is a group of proteins that are vital for the skin to work properly (De). It is also becoming more prevalent today, as if one parent has eczema, then their children are fifty percent more likely to manifest

the disease (Robert & Wallach). Many people who suffer from eczema may also suffer from asthma, or allergies, also known as hay fever, as these autoimmune diseases are commonly linked together. “Doctors think eczema causes are linked to allergic diseases, such as hay fever or asthma...[they] call this the atopic triad;” up to eighty percent of children with eczema are likely to develop hay fever as well as asthma, if they are not already coping with them (“Eczema”). All these symptoms intensify the degree of severity. The severity of eczema comes and goes in cycles. There are times when symptoms are less severe and more manageable because the skin is less inflamed, thus the person feels better and more normal. Flares are the other side of the cycle. They constitute the skin inflaming and are red, itchy, and painful. As with all symptoms of eczema, it is very individual. Some people are far more uncomfortable than others during flares. Patients with moderate eczema go through about eight flares a year, and each flare lasts for about two weeks; hence “patients spend around a third of the year (113 days) suffering eczema exacerbations” (Greener 438). Sensitivities to allergens most often trigger eczema and flares. According to the National Eczema Association’s article, “Eczema”, these include anything from mold, pollen, pets, soaps and detergents; to food, especially dairy, eggs, nuts, soy, and wheat; in addition to contact with disinfectants or juices from food, especially meats, fruits, and veggies. Krämer and colleagues, as cited by Greener, “examined seasonal changes in 39 children with eczema. Just over half (54%) experienced symptoms predominately during the winter,” and the remainder suffered more in the summer, especially on days with higher counts of grass pollen (438). This evidence reveals that half of people suffering from eczema in this study were more sensitive to indoor allergens, like pets and detergents, while seasonal allergens affected the other half more, such as pollen and mold. Food sensitivities could equally affect both sides of the study.

Eczema symptoms affect people of all ages, but they most often pertain to children. Eczema affects twenty percent of all school age children (Lawton “Managing Difficult and Severe Eczema in Children” 26). While it is most common in children, it affects many adults as well. “One fifth of the population [will deal with eczema] at some point in their life...it affects both sexes and all races (Watkins 322). Hence, the statistics of one exhibiting symptoms of

eczema are quite high. While eczema is physically draining, as the body is constantly reacting to and processing allergens, it also significantly impacts emotional health. As children grow up, they become more conscious of their bodies. Children with eczema are even more painfully aware of theirs. Classmates, and even strangers, are likely to ask why their skin looks like that, or what is wrong with them. This innocent lack of understanding by others can lead to a negative self-image (Lawton “Childhood Atopic Eczema: Adherence to Treatment” 230-231). According to Greener’s article, “Eczema: What Lies Beneath?”, “eczema patients showed worse mental health scores than people with diabetes or hypertension...[as well as] poorer social function scores” (438). This is due to coping with the physicality of eczema, along with the emotional stress of wondering whether something really is wrong with them, which in turn affects their caretakers or parents who have to care for both their children’s physical and emotional needs. Eczema not only affects the patient, but also affects their caretakers. Caring for someone with eczema is “time consuming and exhausting both for...children and their families...conflict over eczema treatments also [may have] a negative effect on family relationships and drained...physical and emotional resources” of the caretakers (Lawton “Childhood Atopic Eczema: Adherence to Treatment” 228). It is vitally important that parents have the support of doctors and specialists to help them walk through this difficult journey (Lawton, “Atopic Eczema: The Current State of Clinical Research” 1062). Parents caring for these children alone with no support can make family life a rough and high-stress environment. Proper treatment can help alleviate some of this stress. There are multiple routes to treating eczema. Lawton claims, “Treatment is multifaceted and requires a comprehensive assessment of the severity and implementation of a management plan;” assessment includes physical and psychological, and the management plan must be tailored to the individual person (“Atopic Eczema: The Current State of Clinical Research” 1064). Emollients, such as moisturizing lotion or Vaseline, are the baseline of treatment. They provide some sort of protection; since eczema is the result of a weakened or damaged skin barrier. “Once the skin barrier is compromised...allergens can enter the body and cause an inflammatory reaction that...stimulates skin cells to grow rapidly, further diminishing the protective function of the skin” (Sutton

16). Experts stress the importance of creating an artificial barrier to prevent the intake of toxins, in addition to all the other functions the skin performs.

While moisturizers are the foundation of eczema treatment, often times it is not enough. Emollients usually must be supplemented with topical steroids, hydrocortisone for example. Doctors prescribe small doses of steroids to begin with, depending on the severity of the symptoms, and then gauge the reaction to treatment. If the starting dose does not improve the symptoms, then a higher dose will be prescribed. Parents often have health concerns of immune suppression and growth failure in relation to topical steroids (Lawton "Childhood Atopic" Eczema 229). While side effects are generally uncommon, topical steroids have a negative connotation that is compounded by reading prescription information on labels (Lawton "Childhood Atopic Eczema" 229). Prescription packaging lists all kinds of side effects, such as mood swings and personality shifts, even if they are not common, and when parents are giving this medication to their children, it can be especially frightening. This fear makes natural remedies much more appealing. Another treatment option is homeopathic remedies. These treatments may include daily baths with vinegar, oil, and salt added to the water, the use of essential oils, targeting healing of the digestive system as a root cause for eczema, avoiding allergen triggers in environment and food, and washing dishes and laundry with non-detergent soaps. Medical doctors advise that patients explore these options cautiously, from a safety standpoint. Many people are willing to take the risk despite this, as they consider homeopathic treatment safer and more natural (Lawton "Childhood Atopic Eczema: Adherence to Treatment" 229). While it may be seen as more ideal, doctors have not yet developed a guaranteed treatment. The root cause of eczema has yet to be discovered, so doctors can only treat what symptoms they understand. This is unfortunate because it leads to the obvious conclusion that there is no cure for eczema. Thankfully, "60-70% of children who have eczema in the first few years of their lives" will grow out of it by the time they turn 11, and those that don't usually improve with age (Lawton, "Childhood Atopic Eczema: Adherence to Treatment" 228). While eczema may not be curable, there is a very high chance that it will improve in most individuals. Eczema is a widespread autoimmune disease of the skin that affects people of all

ages, but is especially prevalent in children. While it is not curable as of yet, treatment options are readily available to ease symptoms, and aid in making life more enjoyable for both patients and caretakers. Hopefully researchers will soon discover the root cause of eczema. That way patients can stop applying itch cream to the bite, and just prevent the bug from biting them in the first place.

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