**Tower Bridge Hospital London**

**Tower Bridge Hospital London**
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · DERMATOLOGY

# Eczema
## *using the treatments properly, which most people do not*

Eczema is dry, itchy, inflamed skin caused by a defective skin barrier. Both mainstays of treatment are routinely under-used: people apply nothing like enough moisturiser, and they use steroid creams too sparingly and for too short a time because they are afraid of them.

### Seek same-day assessment if

- eczema becomes **weeping, crusted, blistered or rapidly worse**, with yellow crusting
- there are **clusters of small painful blisters or punched-out sores**, particularly on the face — this can be a herpes infection of eczema and needs urgent antiviral treatment
- there is **fever, feeling unwell, or spreading redness** with the rash
- eczema is **near or around the eye** and the eye is red or painful
- a baby's eczema is **widespread and they are unwell or not feeding**

Eczema herpeticum — herpes virus infecting eczematous skin — spreads fast and needs treating within hours, not days. Monomorphic punched-out lesions in someone with eczema who feels unwell should always be assessed urgently. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

## Emollients: the amounts that actually work

**500g**
a week for an adult with widespread eczema

**250g**
a week for a child

**3–4×**
a day, every day, flare or no flare

- Apply **in the direction of hair growth**, smoothing on rather than rubbing in. Rubbing can block hair follicles and cause spots.
- Continue even when the skin looks completely normal — this is what prevents the next flare.
- Apply immediately after bathing, on damp skin.
- Use an emollient **instead of soap**, shower gel and bubble bath. Ordinary soap strips the barrier and is a common reason eczema will not settle.

- If a product stings or feels unpleasant, try a different one. The best emollient is the one you will actually use several times a day.
- **Use pump dispensers or a clean spoon** to get product out of tubs, to avoid contaminating them.

### Fire risk from emollients

Emollients, including paraffin-free ones, soak into fabric and make clothing, bedding and bandages far more flammable. There have been deaths. Do not smoke, use naked flames, or sit close to a heater or gas hob while wearing emollient-soaked clothing, and wash bedding and nightwear frequently on a hot wash.

## Steroid creams

Topical steroids are the treatment for a flare, and fear of them is the commonest reason eczema stays out of control. Used correctly they are safe.

- Use a **strength appropriate to the site and severity** — a weak preparation on badly inflamed skin simply prolongs the flare.
- Apply **once or twice daily until the skin is smooth and the itch has gone**, then stop. Treating for two days and stopping is why flares recur.
- Use the **fingertip unit** as your guide: the amount squeezed from the tip of an adult finger to the first crease treats an area the size of two adult palms.
- Apply steroid and emollient at **different times**, around 20 to 30 minutes apart, so neither dilutes the other.
- Skin thinning is a risk with prolonged, unsupervised use of strong steroids on delicate sites — not with appropriate courses on the body.

## Reducing flares

### Helps

- Short, lukewarm baths or showers, then emollient within minutes
- Cotton clothing; washing new clothes before wearing
- Keeping nails short; cotton mittens for babies at night
- Keeping bedrooms cool — overheating drives itch
- Non-biological detergent, and a second rinse cycle

### Common triggers

- Soap, bubble bath, shower gel and wipes
- Heat, sweating and sudden temperature change
- Wool and synthetic fabrics next to skin
- House dust mite, pet dander and pollen in some people
- Stress, and in some children certain foods

### Food and eczema

Food allergy is a driver in a minority of children with moderate to severe eczema, particularly babies under one whose eczema is not responding to good skin treatment. It is much less commonly relevant in adults. Do not remove major food groups from a child's diet without assessment — unnecessary exclusion risks nutritional harm and can actually increase the chance of developing a true allergy.

**Book an appointment if** eczema is not controlled despite regular emollients and appropriate steroid use, it is infected, it is disturbing sleep or school, or you would like allergy testing or a dermatology opinion. We can prescribe, test and refer, and our dermatology team sees patients without a wait.

## Dermatology and allergy testing

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

**Book an appointment**

or call 020 7916 0029

### Where to get help

**Tower Bridge Hospital London**
97–99 Whitechapel Road, London E1 1DT

**020 7916 0029**

WhatsApp **07903 284 189**
**info@mhwclinic.co.uk**
Open 7 days, 9am–7pm

**In an emergency**
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

**When we are closed and it is not an emergency**
Call NHS 111 or visit 111.nhs.uk.

Related: **Dermatology** · **Allergy testing** · **Paediatrics** · **All patient leaflets**

**Written and reviewed by Dr H Bolat, GP & Clinical Director** **Review date: 26 July 2026** **Next review due: July 2028**

**Ref: TBH-PIL-056**

This leaflet is based on current NHS and NICE guidance on atopic eczema in adults and children. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.