

CORE TUTORIALS IN DERMATOLOGY FOR PRIMARY CARE

PDP SELF-TEST QUESTIONNAIRE

THE ECZEMAS

'OLD FAITHFUL' GEYSER OF
NAPA VALLEY, CALIFORNIA



UPDATED PDP SELF-TEST QUESTIONNAIRE
2018

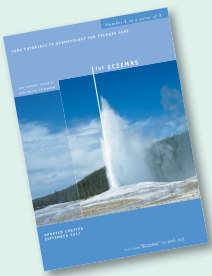
From Greek: 'Eczema' to boil out

CORE TUTORIALS IN DERMATOLOGY FOR PRIMARY CARE

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PDP SELF TEST QUESTIONNAIRE

INTRODUCTION



This 'self-test questionnaire' has been written by Dr Brian Malcolm, based on the revised (2017) Chapter 1 "The Eczemas" of the Core Tutorials in Dermatology for Primary Care. This updated Chapter has been sent out to healthcare professionals with the compliments of Dermal Laboratories. If you have not received a copy of this updated Chapter, you can order a copy from Dermal at the address below. Alternatively, the Chapter is available to download from the Dermal website www.dermal.co.uk within the Healthcare Professional Resources section.

RESOURCES FOR MANAGING ECZEMA AVAILABLE FROM DERMAL

TRIAL PACKS – Topical treatments are literally worn on the skin of the patient. What feels good for one patient may not be acceptable to another, especially when it comes to emollients, which tend to be used for long periods and involve large areas. To assist with patient compliance, trial packs are available on request to healthcare professionals.



EDUCATIONAL RESOURCES – Dermal offers educational materials and resources on managing dry skin conditions for both healthcare professionals and patients – please visit our websites below for further information. In addition, we have a non-promotional child friendly app called EmolliZoo, to help educate parents and children about eczema and emollients.

Doublebase.com
AdexGel.com



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QUESTIONS

1. The fundamental pathogenesis of eczema is thought to be due to a malfunction of which protein?

2. What is 'reverse pattern' eczema and what is its significance?



3. What is 'tachyphylaxis'?

4. What is the prevalence of hand eczema in the population?

1% 2% 5% 10%

5. Is breast feeding protective in the prevention of atopic eczema?

QUESTIONS

6. Why should we 'beware the unilateral eczema'?

7. According to the BNF, what amount of emollient cream/ointment should optimally be applied to the trunk of an adult with significant eczema in a single week?

200g 300g 400g 500g



8. Which age group does pompholyx eczema most commonly affect?

9. Are silk garments of benefit in the management of atopic eczema?

10. Is patch testing of use in the investigation and management of pruritus ani and pruritus vulvae?

11. What did I find useful about the learning module on 'The Eczemas'?

12. Having reflected on this module, how might my practice change in managing eczema?



ANSWERS (PLEASE TURN UPSIDE DOWN)

QUESTION 6. Answer: 'Unilateral' eczema may be fungally mediated. *Ref page 4* "Beware also the presentation of 'unilateral' eczema, as this may be fungally mediated. Diagnosis can be further complicated by the misapplication of topical steroids altering the morphology, so called 'tinea incognito'."

Ref page 19 Teaching points "1) Beware unilateral eczema. Eczema is characteristically a symmetrical disease – you may be dealing with fungal infection. If in doubt, **scrape!**"

EMOLLIENT WEEKLY USAGE GUIDELINES	
CREAM/OINTMENT	LOTION
15-30g	100ml
25-50g	200ml
50-100g	200ml
100-200g	200ml
400g	500ml
15-25g	100ml
	GROINS/GENITALIA
	TRUNK
	BOTH ARMS OR BOTH LEGS
	SCALP
	BOTH HANDS
	FACE

*Ref. NMF 59
March 2010
Based on adult
twice daily
application for 1
week. NB These
recommendations
do not apply
to topical
corticosteroids.

QUESTION 7. Answer: 400g. *Ref page 7* "...too often topical treatments are provided in 'homeopathic' quantities. For whole body application, adults require approximately 500ml and children 250ml weekly. For adults 'whole body' cover requires 30g of ointment or 20g of cream for a single application."
"We do not expect our patients to troop back to the surgery every week or so for maintenance drugs for blood pressure or diabetes, and nor should they have to for their topical medications. Suboptimal prescribing leads to embarrassment and disillusionment, resulting in suboptimal clinical outcomes."

QUESTION 8. Answer: Young adults. *Ref page 14* "Pompholyx – a distinctive pattern of eczema selectively affecting the thicker skin of the palms of the hands (cheiro-pompholyx) and/or the soles of the feet (podo-pompholyx). There is often no background of atopy. This can occur at any age but most especially young adults; there is no sexual predominance."

QUESTION 9. Answer: The recent 'CLOTHERS Trial' reported no benefit from the use of such garments. *Ref page 10* ("5) **WET WRAP BANDAGING** – this is a technique going through a renaissance – a sort of 'imposed' behaviour modification! It can be very useful in selected cases especially if limb eczema predominates, although whole body wrapping can also be carried out. It requires a high level of commitment from the parents and the expertise is all too often not readily available.

More recently a range of "dry wrap" garments have also become available. Recently the results of the "CLOTHERS Trial" were published and these unequivocally showed that there was no benefit from the use of silk garments in the management of atopic eczema despite a current cost of over £2 million to the NHS."⁸

QUESTION 10. Answer: Yes, there are high pick up rates of relevant allergens in standard battery testing and referral for such tests should be considered if there is a failure to respond to standard management. *Ref page 18* "TOP TIP 3: Patch testing has high pick up rates with the clinical presentations of both pruritus ani and pruritus vulvae and should be considered when such patients are not responding to standard managements."

QUESTION 1. Answer: Filaggrin.

Ref page 3 "The aetiology of eczema, however, remains unclear but is generally considered to be a complex interplay between immunological, genetic and environmental factors. However a key factor appears to be a deranged epidermal barrier function due to malfunction of the protein, filaggrin. This protein acts in analogous building terms to the mortar that holds the bricks together; if it is deficient, the result is the equivalent of a dry stone wall with cracks and imperfections allowing the ingress of exogenous agents such as allergens and micro-organisms triggering a pathological immune cascade. This "building bricks" analogy can often be helpful in explanation of the vital role of emollients as supplementary "mortar" gluing the epidermal "bricks" together!"

QUESTION 2. Answer: In 'reverse pattern' eczema involvement of the extensor rather than flexor surfaces predominates and is said to be associated with a poorer prognosis. *Ref page 2* "Be aware also that in dark skinned ethnic groups, eczema can most commonly affect extensor surfaces or present in a discoid or follicular pattern. Post inflammatory pigmentary disturbance is also a much greater issue."

Ref page 3 "There are a few broadly predictive factors. The previous family history may give some insight into the suspected severity. Early onset (under 3 months of age) and the presence of 'reverse pattern' eczema where the involvement of extensor rather than flexor surfaces predominate, are both said to be associated with a poorer prognosis. The principle of management should be "acceptable" quality of life until remission."

QUESTION 3. Answer: The clinical observation that a topical steroid is more active at the beginning of treatment than later on.

Ref page 10 "Tachyphylaxis – patients often observe "my skin seems to have got used to my steroid cream." This can be partially explained by the concept of tachyphylaxis; the clinical observation that a topical steroid is more active at the beginning of treatment than later on. To achieve the same effect, the patient may need to apply the steroid after ever shortening intervals. Alternatively, switching to another steroid preparation of similar potency for a short period can be a useful manoeuvre, resisting the temptation to use even more potent topical preparations. This, however, is not evidence based!"

QUESTION 4. Answer: 2%.

Ref page 15 "Allergic/irritant dermatitis/eczema – these conditions most commonly affect the hands and cannot be easily differentiated; indeed, they may often co-exist. There is an equal incidence in men and women. Hand eczema affects 2% of the population at some time."

Ref page 16 "Patients with chronic hand eczema can be very challenging. The condition can result in long term disability. Historically there has been a poor response to available treatments even with more potent "second line" treatments such as PUVA and oral immunosuppression. A retinoid, alitretinoin, has been licensed and received NICE approval specifically for this group of patients allowing more hope for the future."

QUESTION 5. Answer: There is no current evidence supporting a benefit of breast feeding over bottle feeding and additionally no evidence to support any advantages of prolonged weaning.

Ref page 10 "(6) FEEDING – there is no current evidence to support any advantage of breast feeding over bottle feeding in terms of severity of atopic eczema and that also the timing of weaning makes no difference either. As regards milk substitutes, there has been benefit demonstrated for high risk infants with the introduction of milk hydrolysate formulae" but no such benefit demonstrated for soya milk. However, research has also demonstrated that if hydrolysates are substituted for milk feeds, that the extent of hydrolysis of the preparations makes no difference, although fully hydrolysed products are significantly more expensive."