

Dry skin conditions

Our skin is our body's largest and fastest growing organ. It acts as a barrier to the outside world, protecting us from infection and injury, helps regulate our body temperature, and allows us to sense touch, heat, and cold.

Dermatitis is a general term that refers to skin inflammation. It is common, and there are many different types of dermatitis. Symptoms vary depending on the cause but generally include red, itchy, skin that may develop crusts or become swollen or blistered. Dermatitis may also be called eczema.

Common types of dermatitis

Dermatitis is usually grouped according to its known or suspected cause or typical features.

Atopic dermatitis (AD)

This is a recurring form of dermatitis that tends to run in families and most commonly starts in childhood, although it can occur at any age.

AD tends to come and go with periods of activity (called flares) and periods of relative skin normality in between, although most people with AD are prone to dry skin. Flares typically occur after exposure to certain allergens such as pollen or grasses, dust, or pets. Stress, hot conditions, soaps, perfumes, and scratchy clothing may also trigger flares.

Affected areas of skin become red, dry, and incredibly itchy, and commonly include the skin flexures, such as the elbows or behind the knees. Scratching is a problem – it can interfere with sleep and lead to further itchiness, skin infections and changes in skin pigmentation (colour).

It is not known why some people develop AD and others do not but people with AD are more likely to suffer from hay fever, food allergies, or asthma. A defect in a protein that helps maintain the skin barrier seems to be common in people with AD, and other factors, such as irregularities with the immune or digestive system may also play a role.

Although there is no cure for AD, the condition can be controlled with appropriate advice and treatment. Most children with AD grow out of it, although it may recur, particularly if the skin is exposed to irritants later in life.

Irritant contact dermatitis

This is the most common form of dermatitis and generally occurs after regular exposure to irritating substances such



as chemicals, detergents, disinfectants, fragrances, solvents, and soaps. People who work in occupations that expose them regularly to these substances, such as builders, cleaners, hairdressers, motor mechanics, and nurses are most at risk.

Irritant dermatitis most commonly affects the hands and the skin takes on a glazed or scalded appearance. It heals quickly once contact with the offending substance ceases and barrier creams/gloves can help prevent future contact.

Allergic contact dermatitis

This is the least common form of contact dermatitis. It affects people who become sensitised (allergic) to contact – even very occasional – with certain everyday substances such as nickel in jewellery, latex in rubber gloves or plasters, or dyes in clothing. This is unlike irritant dermatitis where regular contact with a range of irritants is the problem.

A rash featuring red, raised, bumps at the point of contact is the most common symptom, although it may spread making it difficult to pinpoint the exact cause. Allergy tests may help identify the offending substance.

Possible causes of dermatitis

- Dry skin
- Genetic factors – family members with dermatitis/eczema, asthma or hay fever
- Intolerance/allergy to certain foods (eg, dairy, gluten)
- Irritants – eg, chemicals, detergents, solvents, soaps
- Skin infection or injury
- Substances causing allergy – eg, nickel, latex, plants

Treating dermatitis

Identifying and eliminating (if possible) any contributing factors to the dermatitis is an important part of treatment and your doctor can help do this and diagnose the most likely type of dermatitis. Sometimes products used to self-treat dermatitis may, in fact, aggravate it even more.

Your doctor may recommend you have a skin test for allergies or have skin or nail scrapings taken to test for other (secondary) infections (such as fungal infections). Treatment for dermatitis usually involves:

- protecting your skin from further irritants by avoiding contact, using barrier creams, or wearing gloves
- appropriate bathing – taking a short shower rather than a bath in lukewarm, not hot water, using a soap-free cleanser, and patting yourself dry rather than rubbing
- applying moisturisers liberally and frequently
- applying medicated creams (such as corticosteroid creams or other types such as pimecrolimus) as directed
- taking medications, such as antibiotics if an infection is also present or antihistamines to reduce itching.

Corticosteroid creams

Corticosteroid creams calm down redness and inflammation and are usually used short-term. There are many different types and they vary in strength, so if you are given more than one type, make sure you understand where and how to use it. Always apply according to your doctor or pharmacist's advice.

- Apply only where recommended.
- Apply only the amount recommended by your doctor. Do not overuse.
- Use carefully in children or when applying to the face.

Tip: If you have atopic dermatitis (AD), ask your doctor to write down a plan for when your AD flares up, including instructions on using topical steroid(s): which one, where, when, how often, and for how long?

Living with atopic dermatitis

Atopic dermatitis is often a long-term problem. Keeping your skin well moisturised helps to reduce flare-ups by maintaining the skin's protective barrier function (keeping moisture in and irritants out).

During a flare-up, continue using your moisturiser and start the corticosteroid or non-steroid cream or ointment prescribed by your doctor. If the rash does not improve

within two weeks, see your doctor. It is also important to see your doctor if your rash looks infected (weepy, crusted, pustules), does not improve with treatment, or you feel unwell.

Diluted bleach (sodium hypochlorite) baths twice a week can also help improve AD and prevent skin infections. Advice on the proper way to prepare a diluted bleach bath can be found at www.allergy.org.nz.

Tip: Minimise the risk of skin infections by using a clean spoon to scoop out moisturiser onto a clean paper towel before using or transfer moisturiser into a clean pump bottle. Do not share towels and keep nails short and clean.

When going outside, protect yourself from the sun by using UV protective clothing, a hat and sunglasses, and staying in the shade. Sunscreens for sensitive skin may be less likely to aggravate AD. Apply an SPF 30+ sunscreen to exposed areas of skin at least 20 minutes before going outside.

Applying a moisturiser or barrier cream before swimming may help reduce the drying effect of chlorinated swimming pools but it is best to avoid them and swim in clean, nonchlorinated water instead.

Safety alert: Some shower/bath products for AD can make the area or the person very slippery. Always use a bath mat, and take care when exiting the bath or shower. Constantly supervise babies and young children and lift them out of a bath with a towel.

Further information

Allergy New Zealand

www.allergy.org.nz, Freephone 0800 34 0800

DermNet NZ

www.dermnetnz.org

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