

Eczema in later life factsheet

Eczema is often thought of as a childhood condition. But that's not accurate. It usually appears for the first time in childhood but eczema can affect people at any age. Around half of people with eczema lack a protein called filaggrin, which is strongly linked to the development of atopic eczema, meaning they have a faulty skin barrier. So even though eczema may improve after childhood, it can return at any stage of life.

Eczema can also suddenly appear for the first time in later life, for reasons that can be difficult to determine. Skin tends to become drier as we get older, which can lead to roughness, scaling and itchiness. This can mean the skin is more prone to eczema. Sometimes the emergence of eczema in later life can be attributed to a particularly stressful event or period such as following a bereavement.

There are certain types of eczema that are more common in later life.

Varicose (gravitational/venous) eczema

You are most likely to develop this type of eczema if you have high blood pressure or varicose veins, or have had deep vein thrombosis, phlebitis or cellulitis in the past. Varicose eczema is more common in women than in men since female hormones and pregnancy increase the risk of developing the condition.

In varicose eczema, the skin becomes very thin and fragile on the lower legs and can easily break down, leading to an ulcer. When severe, varicose eczema can have weeping, crusted areas. If only the surface layers of the skin are affected, emollients and mild-to-moderate topical steroids can be useful treatments. Medicated bandages can also be helpful, although some people may develop an allergy to them.

The cause of varicose eczema is venous insufficiency. It's important to try to improve the circulation of blood in the legs. Elevating the legs whenever you are resting will

help achieve this. If you are sitting on the sofa or in an armchair, raise your legs on a stool, ideally so that your lower legs are at the same height as your hips. You may enjoy using a pedal mobiliser, which will allow you to sit and cycle from your armchair. If you are able to, try to walk outside at least twice during the day for 20 minutes. If you are housebound, regular room circuits every two hours (or as often as you can manage) are recommended.

Your GP will need to make an assessment as to whether compression stockings will help you or not. Compression stockings are elastic garments worn around the leg that help to support the veins by adding pressure to the surface of the legs and aiding blood flow, in a similar way to that of a muscle supporting venous blood flow.

For more detailed information on varicose eczema, please download our 'Varicose Eczema' factsheet here: www.eczema.org/download-factsheets---eczema.

Asteatotic eczema (eczema craquelé)

Asteatotic eczema is another type of eczema that's more common in older people. It usually affects the shins but sometimes affects other areas such as the thighs, arms, tummy and back. If you live in dry, heated accommodation or are exposed to winter weather or excessive bathing or showering, you are more at risk of developing this type of eczema. In asteatotic eczema the skin becomes very dry, rough and scaly, and sometimes resembles crazy paving or a dried-up riverbed. To reduce the risk of developing this type of eczema, we recommend that you:

- Avoid sitting right next to a radiator or fire.
- Don't spend too long in the bath – 10-15 minutes is ideal. It's best to wash in warm rather than hot water, as hot water will dry out the skin and cause itchiness.
- Avoid soap and vigorous towelling. Use plenty of emollient, both as a leave-on moisturiser and as a soap substitute, to keep the skin moisturised.
- Try to keep the air in the home moist. A bowl of water in each room should help.

Treatments for eczema

Emollients for moisturising

Emollients are the main first-line treatment for eczema and are necessary to keep your skin moisturised.

Emollients can be bought over the counter in pharmacies and some supermarkets or supplied on prescription. Your Clinical Commissioning Group or health board will have a list of emollients from which they prescribe.

There is a wide range of emollients, which vary in their levels of greasiness. The dryer the skin, the greasier an emollient is needed. Ointments are the greasiest type of emollient. If you find that a particular emollient doesn't suit your skin, try a different one. Different emollients tend to suit different people.

If you have trouble applying emollient to areas of the body that are difficult to reach, such as the back, try an applicator, such as those available at BackBliss (www.backbliss.com).

Take care when trying new moisturising creams. Apply a small amount to a small area of skin and reapply to this area for three consecutive days, as it can take up to three days for a delayed allergic reaction to occur. Products containing perfume or lanolin are best avoided, as people with eczema are more likely to experience adverse reactions to them.

Emollients for washing, and bath/shower equipment

Soaps, shower gels and bubble baths can dry out the skin. It's best to use an emollient soap substitute or a cream-based leave-on emollient as a soap substitute.

Your GP may refer you to the Community Occupational Therapy Service if you need special bath/shower equipment for safety or if you have difficulty getting in or out of the bath/shower. They can fit a bath seat, grab-rails, a seat in the shower or an alarm if you get into difficulties.

Bath emollients make the shower tray and bath more slippery. Use non-slip bath mats to help reduce the risk of slipping. Support bars fixed to the wall in the shower or by the bath will provide extra safety when showering/bathing. Pour bath emollient into the bath after you get in rather than before. As an extra precaution it's a good idea to empty out bath water before getting out of the bath. Be careful not to knock your legs, as this could lead to ulcers. Use a bandage or pad under support stockings for extra protection.

For more detailed information on emollients for moisturising and washing, please download our 'Emollients' factsheet here:

[www.eczema.org/download-eczemafactsheets
---treatment](http://www.eczema.org/download-eczemafactsheets---treatment).

Topical steroids

Topical steroids are the most common treatment for inflammation in eczema. They should be used according to the instructions of your GP. If you experience no improvement after having used topical steroids for the length of time stipulated by your GP, go back to your GP for further advice. You may need a stronger topical steroid or to be assessed for infection.

For more detailed information on topical steroids, please download our 'Topical steroids' factsheet here:

www.eczema.org/download-eczemafactsheets---treatment.

Dealing with severe eczema and stress

If your eczema is widespread and severe you will need to be under the care of a Consultant dermatologist, who will be able to assess your suitability for stronger treatments such as phototherapy or systemic immunosuppressants.

If your eczema could be attributed to stress, you might benefit from seeking out additional sources of emotional support. Your GP will be able to signpost you to local counselling services. You might also consider joining a local club or interest group to avoid becoming isolated.

Tips for dealing with allergens and irritants

- Avoid handling detergents, sand, chalk or gardening chemicals, as they can damage the skin. Wear cotton-lined rubber gloves when washing up.
- Avoid extreme changes of temperature. 100% cotton clothing will help to keep the skin cool, and will be less irritating than wool or synthetic materials.

Tips for healthy eating

- As we get older, we often have smaller appetites, so tend to eat less. It's important to maintain a balanced diet, which will help to support tissue healing, particularly when the skin is broken.
- Fats, protein and zinc found in dairy foods all help healing. Vitamin C in fruit and vegetables helps combat infection.
- It's important to drink plenty of fluids, as dehydration can reduce the flow of oxygen and nutrients essential for healing.
- A balanced intake of vitamins will help to boost the immune system.

DISCLAIMER

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