

EDF and EADV guidelines for basic treatment of atopic eczema

Prof. Dr. Johannes Ring et.al; Atopic Eczema subcommittee of the European Dermatology Forum; 2012

Summary*

In 2012, Ring et al published guidelines in the JEADV about treating atopic eczema (AE). Basic treatment with emollients is naturally a vital element.

In addition to skin treatment itself, however, another key factor here is **avoidance strategies to prevent eczema flares**. Identifying individual provocation factors is crucial in the management of AE, and their avoidance facilitates longer phases of remission or total clearance of symptoms. In terms of prevention recommendations, a distinction must be made between primary, secondary and tertiary prevention measures.

Among provocation factors, a distinction must be made between specific and non-specific elicitors. In a rather high percentage of patients with AE (30-50 %), the atopy patch test (APT) is positive (30-50%) (Darsow et al. 1999).

The most common airborne allergens eliciting eczema are derived from house dust mites of the species *Dermatophagoides pteronyssinus* and *D. farinae*.

To survive, house dust mites need relatively high air humidity, temperature and the presence of organic material (human skin particles).

They are found everywhere and are most commonly present in dust from mattresses or bedrooms in general. Normal cleaning measures help only little in decreasing the house dust mite allergen present in a room. **Encasings of mattresses and beddings protect humans from contact with mites**. There are some studies showing a clear-cut benefit from house dust mite avoidance strategies in the improvement of AE (Tan et al. 1996).

Rehabilitation programs in mite-free environments – like in an alpine climate – have shown to lead to significant and long-lasting improvement of AE (Vocks 1994, Engst 2000, Eberlein 2009).