

Common skin conditions

MICHELLE MCDONAGH

When it comes to common chronic skin disorders there is a wealth of practical, up-to-date advice on the daily management of such conditions which can be given to patients.

Skin conditions like psoriasis and eczema are the fourth most common reason for GP visits in Ireland with between 25% and 33% of the Irish population suffering from a dermatological condition at any one time¹.

As well as being at times physically disabling, painful and intensely irritating, conditions such as psoriasis, eczema, acne and rosacea often result in lack of self-esteem, depression and disturbed body image. While these conditions are not fatal, chronic skin disorders significantly impact on the quality of life of many sufferers. This is one area where you can make a real difference to the lives of patients by providing practical, up-to-date advice on the daily management of their skin condition. As well as advising on the many over-the-counter preparations now available to treat common skin conditions and dealing with queries regarding prescription medicines, patients need to be educated about self-care measures to reduce itching, discomfort and pain and to improve the appearance of their skin.

Eczema

Atopic dermatitis, more commonly known as eczema, is an itchy inflammation of the skin most often seen in infants and children, but it may continue into adulthood. This chronic condition may be accompanied by asthma or hayfever and although it can affect any area of the body, it classically appears on the arms and behind the knees.

Eczema is now 30% more common than it was in the 1980s, affecting one in five children under the age of seven and one in 12 adults in Ireland.¹ With this inflammatory disease, the skin barrier is disrupted and the skin becomes dry and prone to infection. The causes of atopic eczema are still not fully understood but it is thought that it may be the result of a malfunction in the immune system. It is hereditary but research into the genetic causes is still in its infancy.

Signs and symptoms of eczema include itching, which may be severe, especially at night; small, raised bumps, which may leak fluid and crust over when scratched; thickened, cracked or scaly skin and raw, sensitive skin from scratching.

Although it cannot be cured, there are many ways of controlling eczema and most children improve as they get older. It is vital that patients are given good advice on self-care measures, such as avoiding soaps or other irritants and applying creams or ointments correctly.

Treatments for eczema aim to reduce inflammation, relieve itching and prevent future flare-ups. These include corticosteroid creams or ointments, which help to ease scaling and relieve itching. Patients should be warned of the side effects of long-term or repeated use of these creams which can include skin irritation and thinning.

Antibiotics may be needed in the case of a bacterial skin infection or an open sore or fissure caused by scratching. Oral antihistamines can be prescribed for severe itching and for more severe cases, a short-course of oral corticosteroids, such as prednisone, may be required to reduce inflammation and to control symptoms. Light therapy can help to control eczema, but patients should be warned about the risks of overexposure to ultraviolet light.

Many parents need support and advice in helping to manage their child's eczema symptoms. They may need advice on the correct types of moisturisers, soaps and washing powders to use and on how to protect their child against triggers that can cause flare-ups such as fragranced body washes and soaps, hot baths and clothing and bedding made from rough or synthetic fabrics and bedding. Moisturisers help keep skin soft and flexible. They prevent skin cracks and further flare-ups. Avoid moisturisers with fragrances (perfume) and a lot of extra ingredients. One of the most effective moisturisers on the market is Lipikar.

Parents should be informed about the most commonly known foods that trigger eczema flare-ups which include eggs, dairy, wheat, gluten, nuts, citrus fruits, tomatoes and chocolate. In addition, inflammatory foods such as caffeine, sugar, spicy foods, and alcohol have also been found to contribute to flare-ups.

New research has shown that Aveeno Baby Eczema Therapy Moisturising Cream improved symptoms and reduced itching in infants with mild to moderate atopic dermatitis.² And another study has found that mothers who drank milk with a probiotic supplement during and after pregnancy were able to cut the incidence of eczema in their children by almost half³.

Psoriasis

Psoriasis is a very common skin condition with a strong genetic basis that causes skin redness and irritation. The disorder may affect people of any age, but it most commonly begins between ages 15 and 35. The exact cause of psoriasis is unknown although it is thought to be due to abnormally fast

growing and shedding skin cells. Though not contagious, the condition is hereditary. Psoriasis is often recurrent and occurs in varying severities. The main symptoms are thick, red irritated patches of flaky silver-white scales most often seen on the elbows, knees, and trunk, but which can appear anywhere on the body. Up to 30% of people with psoriasis may also have a painful condition known as psoriatic arthritis which can result in significant joint pain, stiffness and deformity. Individuals with psoriasis appear to have an increased risk of depression, anxiety and suicidality.⁴

Factors that may trigger psoriasis include infections such as strep throat or thrush; injury to the skin, such as a cut or scrape, bug bite, or a severe sunburn; stress; cold weather; smoking; heavy alcohol consumption and certain medications – including lithium, beta blockers, antimalarial drugs and iodides.

There is no cure for psoriasis, but there are effective cream and lotion treatments to control the symptoms of mild psoriasis. For mild-to-moderate psoriasis, topical treatments are often effective. Options include corticosteroids or retinoids to reduce inflammation; vitamin D analogs to slow skin growth and tar, to reduce scaling, itching and inflammation. Calcineurin inhibitors (tacrolimus and pimecrolimus) can help reduce inflammation and skin cell build-up.

In addition, ultraviolet light slows the rapid growth of skin cells and UV light therapy may be used alone or in combination with other treatments. Several systemic medications are used for severe forms of psoriasis, though these options pose the risk of serious side effects.

Patients should be advised on self help and homecare measures to help prevent or manage symptoms. A daily bath removes scales and calms inflamed skin and adding bath oil, colloidal oatmeal, Epsom salts or Dead Sea salts can offer additional relief. After bathing, applying a thick moisturising cream or ointment, such as petroleum jelly, can be helpful. During cold, dry weather, it's beneficial to apply moisturiser several times a day. Short sessions in sunlight three or more times a week can improve psoriasis, as can avoiding known triggers such as smoking and alcohol.

Patients should be advised to avoid harsh products that can irritate skin even more, such as lotions containing alcohol, deodorant soaps, and even some washing powders. Scratchy, rough clothes can also aggravate the skin, so they should be advised to try switching to softer, less irritating cotton-based clothing. And of course, difficult as it can be, they should try to stop scratching their skin as this can make the condition even worse. Studies have found that people with chronic psoriasis who consumed 150g of oily fish a day were able to reduce the use of steroidal creams without experiencing a decline in their condition.⁵

Acne

Another very common skin condition, acne is a disorder of the hair follicles and sebaceous glands. With acne, the sebaceous glands are clogged, which leads to pimples and cysts. It usually affects people aged between 12 and 25, but some older and younger people are affected. Acne usually affects the face but may also affect the back, neck, and chest and it can range from mild to severe.

Causes of acne include rising hormone levels during puberty, hormonal level changes during the menstrual cycle in women and certain drugs (such as corticosteroids, lithium, and barbiturates). Acne can be aggravated by squeezing the pimples or by scrubbing the skin too hard.

There is currently no treatment that can completely cure acne. The goal of existing acne treatments is to minimise

scarring and improve appearance. Treatment for acne will include topical or systemic drug therapy. Depending upon the severity of acne, topical or systemic medications may be prescribed and in some cases, a combination of both. Over-the-counter topical lotions are generally mild and contain benzoyl peroxide, sulfur, resorcinol, salicylic acid or lactic acid as their active ingredient. These products can be helpful for very mild acne. For acne that does not respond to OTC medication, a stronger prescription treatment such as Tetralsal (Lymecycline) may be required. A once daily capsule, Tetralsal is marketed as a 'teen friendly acne antibiotic'.

Systemic antibiotics are often prescribed to treat moderate to severe acne, and may include doxycycline, erythromycin and tetracycline. Isotretinoin (Roaccutane) may be prescribed for individuals with severe, cystic, or inflammatory acne that cannot be effectively treated by other methods to prevent extensive scarring. This medicine is reserved for the most severe forms of acne due to the possibility of severe side effects. Oral contraceptives can improve acne in women.

Research suggests that OTC gels containing 5 percent tea tree oil may be an effective treatment option for mild to moderate acne. Other studies suggest that taking the supplements zinc, guggul or Brewer's yeast may help treat acne.

Patients should be advised that with most prescription acne treatments, they may not see results for four to eight weeks, and their skin may get worse before it gets better. Younger patients in particular should be advised on good basic skin care routines to try to avoid and control acne.

Rosacea

Rosacea is a chronic, inflammatory skin condition that usually only affects the face and eyes. Characterised by redness, pimples, and broken blood vessels, rosacea tends to begin after middle age (between the ages of 30 and 60) and is more common in fair-skinned people. Its cause is unknown. Rosacea often begins with easy blushing and flushing of the facial skin.

Eventually, redness will persist around the nose area, extending to the rest of the face. Left untreated, rosacea tends to be progressive, however, in most people the condition is cyclic. Besides acne, rosacea can be mistaken for other skin problems, such as skin allergy or eczema.

Though the exact causes of rosacea are unknown, a number of factors can aggravate rosacea or make it worse by increasing blood flow to the surface of the skin. These include hot or spicy foods and beverages, alcohol, temperature extremes, sunlight, stress or embarrassment, strenuous exercise, hot baths, corticosteroids and drugs that dilate blood.

Again although there is no cure for rosacea, many options exist for the treatment of rosacea, including topical and systemic therapies, laser and light-based therapies, and surgical procedures. Treatment may include diet modifications, topical and oral antibiotics, glycolic acid peels, cortisone cream, laser therapy and dermabrasion.

Patients should be counselled on the triggers of rosacea, proper skin care, photoprotection, and camouflaging cosmetic options. Topical therapy is usually first line, but in moderate-to-severe cases, or those with ocular involvement, systemic therapy may be required. Laser or light-based treatments and surgical procedures can offer added benefit. Many topical agents are available for the treatment of rosacea, and the erythematotelangiectatic and papulopustular variants usually respond most favourably.

References on request.