



bee eczema educated!

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ATOPIIC ECZEMA

YEAR 8 - YEAR 12



An Activity Pack For Schools



Atopic Eczema

An Activity Pack for Schools

Understanding the impact of atopic eczema on a young person is vital. This pack presents a variety of guidelines, articles and exercises designed to engage children of all ages and illustrate that what might appear to be 'just dry skin' is, in fact, a debilitating condition that needs continual treatment.

Young people with atopic eczema can suffer from tiredness, loss of concentration and an inability to join in regular school activities. They may also find themselves ostracised by other children, even bullied. It is therefore vital that everyone understands this condition, particularly as it now affects as many as one in five students of school age.

For additional copies of this pack please call **1300 300 182**
or download from our website www.eczema.org.au.



Atopic Eczema

Activity Pack for Teachers

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**Claire Sweeney had eczema for around six years.
Here is her account of how she feels about it:**

"I get eczema on my face, just along the creases from my nose to my mouth. It gets quite red and pimply when it's inflamed.

I do get conscious of it when I'm working although I am lucky because it doesn't affect my work and even the heavy make up doesn't seem to affect it.

I don't mind talking about my eczema because I know lots of people who have similar skin problems."



ECZEMA ASSOCIATION OF AUSTRALASIA INC

Teacher Guidelines

Notes for Teachers outlining common issues for students with atopic eczema. Further information can be found on the Eczema Association's website www.eczema.org.au.

These notes are intended to help provide a basic framework for teachers to use either in assembly or in a lesson.





WHAT IS ECZEMA?

Eczema is a skin condition which comes in many forms and varies from person to person. For some it is a relatively mild condition. For others it is truly debilitating and impacts significantly on their quality of life.

Atopic eczema is the most common form. We still do not know exactly why atopic eczema develops in some people. Research shows a combination of factors play a part including genetics (hereditary) and the environment. Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy between flare ups. The skin is dry and reddened and may be very itchy, scaly and cracked. The itchiness of eczema can be unbearable, leading to sleep loss, frustration, poor concentration, stress and depression.

There is currently no cure for eczema but the condition can be managed successfully.

Most pupils will be aware of eczema. However, there are a number of MISCONCEPTIONS that persist.

- It is NOT just a bit of itchy dry skin that babies get
- Eczema is NOT caused by bad personal hygiene. People with eczema are NOT dirty.
- It is NOT contagious. You can't catch eczema by touching someone who has it.

It is essential that these misconceptions are dispelled.

WHAT DOES ECZEMA FEEL LIKE?

It can be difficult to imagine how eczema can be so awful. It is characterised by an intense itching, often accompanied by red, hot, broken and even bleeding skin. You can compare it to:

- A mosquito bite
- Itching powder
- Nettle rash
- Chicken pox
- Any other itching experience pupils may be familiar with: Was it sore? Did it itch? Could they sleep?

The other thing to emphasise is that this itching DOESN'T STOP. Day or night, every day, every night, that itching is there. Just imagine....

Above all else, there is an INTENSE NEED TO SCRATCH.



The irony is, of course, that scratching for relief invariably makes the condition worse and so the need to scratch intensifies. This is called the **ITCH/SCRATCH CYCLE**: you itch so you scratch which causes more itching which means more scratching.

SO WHAT'S WRONG WITH SCRATCHING

Scratching feels good, that's why you do it, but it can cause bleeding, which can leave the skin open to infection.

Adults, in particular, tend to tell children with eczema to stop scratching when they actually feel great relief from doing so. Adults make smart 'adult type comments' like "you will make it bleed," when it is probably already bleeding. The pupils will relate to this! A better approach is to try to divert the student's attention.

ECZEMA IS NOT CONTAGIOUS

The other vital element is to emphasise that **ECZEMA IS NOT CONTAGIOUS**

How to get this point over? You could start by discussing skin conditions which are infectious such as chickenpox or measles. Then explain that although eczema might look a bit similar, it is in fact completely different. Eczema is not a disease you catch but something you are prone to, either because you inherit it and/or because you react in this way to something in the environment.

You might like to ask the class if they have other conditions which other people don't catch, such as asthma or things to which they are allergic. For younger children, show that holding hands with a child with eczema holds no worries.

WHO GETS ECZEMA?

It is hereditary: you will either have it or you won't and there is nothing you can do about your predisposition to the condition.

Children with brothers and sisters, parents or grandparents with eczema, asthma or hay fever are most likely to have the condition.

Up to one in five children will suffer from eczema. This means that in a class of thirty, on average, there will be six students with the condition.



COMMON PROBLEMS

In fact, children with eczema need special friends, as they have lots of horrid things to put up with. The following are just some examples of the problems experienced by children with eczema:

- Dealing with allergies and irritants eg pets, dust, pollen, certain soaps and washing powders
- Food allergies can create problems with school lunches and the school tuckshop having to monitor carefully what the child eats
- Needing to use a special cleaner rather than the school soap, they may also need to use cotton towels as paper towels can cause problems
- Changes in temperature can exacerbate the condition, getting too hot (sitting by a sunny window) or too cold (during PE in the playground)
- Wearing woolly jumpers, school uniforms (especially if it is not cotton) and sport uniforms can all exacerbate eczema
- Applying creams at school, a need for extra time and privacy
- Needing to wear bandages or cotton gloves to protect their skin
- If the eczema cracks they may not be able to hold a pen
- Eczema may become so bad that the child is in pain or need to miss school, due to a lack of sleep, pain or hospital visits
- Sleep problems are very common. A nice warm cosy bed can lead to itching and therefore lack of sleep. Grumpiness and lack of concentration can result due to tiredness.

WHAT CAN STUDENTS DO?

Most importantly, **UNDERSTAND**

Eczema is not funny

it's not catching,

it's not self-inflicted.

They should try and help because people who have eczema need friends to help them manage their condition.



**ACTIVITY TITLE - GROUP DISCUSSION
DEAR DOCTOR**

Group discussion

Pupils should read the following 'Dear Doctor' scenario, then discuss the problem in groups, formulate their own advice, then see how it compares with that provided by the Doctor.

Dear Doctor

I love going out to parties with friends and shopping for new clothes and make-up like anybody else. My problem is that I have eczema, which constantly makes my skin feel itchy and means I often have a blotchy red face and patches of dry, flaky skin on my body. Wearing crop tops can be embarrassing for me so I tend to avoid buying the latest fashions which makes me feel down in the dumps and very self-conscious. I also have terrible problems sleeping at night because my skin gets so itchy and hot. Can you help?

Jenny Bates

Dear Doctor

When I sit in class, the other children don't like sitting next to me. The teacher makes them, but I can tell they're not happy. I know it's because of my eczema, which looks red and horrible and can get very itchy, but it's on me not them. I'm unhappy and don't look forward to school any more. Sometimes all I can think about is the itching and I don't pay attention to the lessons, so I'm falling behind. Mum thinks I'm being bullied, but I'm not. I'm just lonely. Even in the playground, the other kids stay away from me. What can I do?

Andrew Clark



ANSWERS

Dear Jenny

Thank you for your letter

One of the most important aspects of managing eczema is to have a good skin care routine using emollients, which are moisturisers. These will help put the moisture back, soothe your skin, and help prevent irritation. Emollients come in the form of creams, lotions and ointments, soap substitutes and bath oils. The more emollients you use, the better the skin will look, and you can apply them as many times a day as you wish. There are plenty to choose from and it's a case of trial and error finding the right ones that will suit your skin. Creams and lotions are less greasy and absorb into the skin quicker, and you could put them in a trendy pot to take to school to apply and wash your hands with. It is best to avoid soaps in all forms as they can dry out the skin and make the eczema worse.

Most people with eczema avoid materials that could aggravate the skin such as wool and some synthetics. Cotton and silk are fine to wear as they allow the skin to breathe and will keep you cooler.

At night, keep the bedroom as cool as possible. This may mean having a window open or turning down the heating as people with eczema tend to be hotter. Keep a tub of your favourite emollient by your bedside, so if you wake up in the night scratching you can apply it. Have lots of thin cotton sheets rather than a thick duvet, as these can be pulled back in the night if you become too hot.

If you like wearing make-up you could try a small amount on your skin first and leave it for a few hours to make sure it won't trigger the eczema.



ANSWERS

Dear Andrew

There are many young people who have eczema and you are not alone. Ask your mum to talk to the teachers about eczema and how it affects your life, especially at school.

Perhaps your teacher could talk about skin conditions to the rest of the class, explaining that eczema is not catching. You may find that other children also have a skin condition that you are unaware of.

Explain to your teachers that you need to avoid sitting next to the window or heater, as this could make you hotter, which in turn will make you itch and affect your concentration.

It is important to establish a good skin care routine, using emollients as often as you can. These will help prevent the itching, and help to put the moisture back. You could put your emollient in a small pot to take to school to apply when needed and to wash your hands with. Your mum should talk to the school about allowing you leave the classroom for a short time when you need to apply your emollient.

For more information

To find out more about eczema and how it can be dealt with at school read:

- 'Managing Eczema at Secondary School', written by Jane Morgan, Regional Manager for the National Eczema Society.



**ACTIVITY TITLE - GROUP DISCUSSION
PRESS COVERAGE**

In the Press

The coverage of atopic eczema in the press is growing as the scale and impact of the condition becomes more apparent. Collected here is a selection of Information Sheets.

You could also refer to the ECZEMA ASSOCIATION OF AUSTRALASIA INC'S website, www.eczema.org.au for additional information.

When pupils have read them, encourage a group discussion covering the following points.

- 1) What treatments are recommended?
- 2) What percentage of children have eczema?
- 3) Why do you think this is?
- 4) What is eczema linked to?
- 5) How do you think this affects the whole family?
- 6) What are the social and psychological aspects of eczema?
- 7) How can you make a difference?

For more information

Please read:

- Imagine You Have An Itch.
- Managing Eczema at Secondary School.
- Working With Eczema

(These articles have been reprinted from NES Exchange magazines and Information Sheets)

MANAGING ECZEMA AT SECONDARY SCHOOL

Parents, school staff and youngsters will be helped by this practical guidance from Jane Morgan

The transition from primary to secondary school is a daunting prospect. Young people move from the relative comfort of a year group of 30 (or maybe up to 45) children - taught for the majority of the day by their class teacher, who has probably known them since they started the school - to a large sprawling high school with year groups of 100s of pupils. Not only a new form teacher but also a different teacher for each subject, and in a different classroom every lesson as well! Difficult enough when you don't have a 'hard to explain' skin condition. How on earth are we to be sure that **everyone** the pupil comes into contact with understands their individual needs? The teenage years are ordinarily a time of upheaval, both mentally and physically. Add to this the fact that puberty may actually cause eczema to become worse and we have a possible minefield of emotions. At this time the psychological effects of having lived with the condition throughout their lives, combined with the joy of puberty, can lead to extremely challenging behaviour. An added complication could be that the child who appears to have 'grown out of it' finds that their eczema reappears.

For young people with eczema, coping with the school day is problem enough. In more extreme cases, those with severe or infected eczema may miss school or be hospitalized frequently as part of their treatment.

Eczema can affect a child's performance across the whole of the curriculum. The 'itch' doesn't distinguish between the core subjects and the foundation subjects or appreciate attainment targets! However, flexibility within school practices can make a huge difference.

Practical guidelines to make a difference!

Certain factors in school environment can make the eczema worse. Alternatively, situations can be created that may make the youngster feel more comfortable. These factors will differ for each individual pupil and it is very useful if they or their parents are able to give the teachers details of situations to avoid and also of methods that are effective in helping the pupil to calm down and stop scratching. Many of these factors will have been tackled in primary school and if possible should still be considered.

Classroom

A pupil may break into a frenzied itch-scratch bout at any time, this will break their own - and their classmates' - concentration. Arranging permission to quietly leave the classroom to calm down will cause as little disruption as possible for the teacher and the rest of the class. Some emollient cream, a glass of water, and a cool damp face washer may help. As a parent, be specific about your child's needs and make sure all staff are aware of what works for the individual. If someone can sit and talk to the pupil, this and any other distraction can have a calming effect.

Itching increases with overheating - this can be avoided by seating away from sunny windows and heaters. A cotton pillowcase or towel to sit on minimizes contact and possible irritation from plastic seats.

Key tip: Break the itch-scratch-itch cycle.

Irritants

The list of possible irritants for young people with eczema is far too long to include here. The following list is not inclusive but will highlight areas that need extra vigilance:

- Woollen clothing, soap, detergents, washing-up liquids, paint, laundry powders, chemicals, metals;
- Pollen, dust and dusty conditions, certain foods (most common being dairy produce, egg and citrus fruits), colourings and preservatives, pet (animal fur);
- Worry, over family problems, schoolwork, physical discomfort of eczema and its effects on lifestyle and appearance; and
- Cold weather, heat and sweating.

Subject guidelines

Consideration should be given so that youngsters with eczema can either participate fully, or be allowed to choose another activity if suitable provision cannot be made. Some examples are:

- Art and pottery - paint, glue, clay and water may irritate eczema on the hands. Gloves may be worn for art but they may have to miss out on pottery
- Craft design & technology - metals, chemicals, plastics and oils can cause problems. Gloves may be needed and an emollient applied before and after the lesson.
- Food technology - pupils with food allergies will need to avoid contact with the food in question, and those who find some foods an irritant (eg citrus fruits, onions) should avoid contact)
- School trips, work and residential experiences - extra care may need to be taken in all these circumstances. However, no youngster should be excluded, and the school can be expected to make all reasonable provision to include them.

Key tip: Suggest that the pupil brings their own special soap or emollient washing cream and plastic gloves - if they're not allergic to them!

Sporting activities

These should always be encouraged, but it must be taken into account that stiff, sore or infected eczema may prevent or restrict taking part. Teenagers are self-conscious to start with and pupils with eczema have the added embarrassment of exposing affected skin, which they may normally manage to hide at school. Cotton joggers or cotton-lined tracksuits can alleviate this. Pupils may need additional help to overcome this embarrassment or to deal with comments from classmates.

Key tip: Allow additional time to apply emollients prior to swimming and additional time to shower after sporting activities and to reapply emollients.

Contact with food and school meals

If diet and exacerbation by certain foods is an



important factor in the management of the individual in question, this area needs to be covered. Some pupils may find that certain foods tend to make their skin worse and a small number of pupils may also have severe anaphylactic reactions to foods.

Flexibility across the curriculum is important in these cases. For example, the cracking of eggs or even being in the same room as an egg may trigger a reaction, and everyone concerned needs to be aware of this.

If the pupil is using the school canteen the catering staff may need to be aware of the pupil's individual needs.

Uniform

People with eczema are most comfortable with cotton clothing, particularly next to skin. Where possible - and without the pupil feeling isolated or different - a flexibility with uniform is preferable, however, often they do not want to be different from their peers. Wearing a cotton t-shirt under a formal polyester school shirt, if one is unable to source 100% cotton, is one option. The same may apply to non-cotton PE uniform.

Important information for staff

Eczema is not in any way contagious but the pupil with eczema is more likely to catch other people's infections. It is absolutely vital to avoid contact with:

- Cold sores (herpes simples) as this can lead to a very serious viral illness - eczema herpeticum
- Impetigo (a contagious pustular skin disease) as this can lead to development of infected eczema, which would need antibiotics to clear it.

The problems of teenage eczema are very real. We need to help by encouraging them to work hard, develop hobbies, have a social life, keep fit and eat a healthy balanced diet. By doing this we can help them to achieve their full potential and not make eczema the focus of their lives. Points to be aware of include:

- The pupil may need professional counselling;
- The better informed the teenager and their peers are about eczema, the better he or she can cope with the difficulties and teasing that undoubtedly do exist;
- Watch out for bullying and take necessary action;
- Parents may feel they are fussing, as they have probably spent the whole of the child's life explaining the situations that having an atopic child can cause and how to prevent it. As a member of staff, encourage them to take as much time as they need to cover all salient points.

At this stage of education it is still wise for parents to make a special appointment with the relevant teachers, taking written notes of medical and dietary needs. There is no legal or contractual duty on staff to administer medication, and most teenagers are by now responsible for their own medications, but these are areas that should be explained. It is useful to include:

- The use of emollients and topical steroids (what exactly topical steroids are - clear up the fact they are not the banned substances that athletes take)
- Bandaging
- Antihistamines (the fact that the child may be drowsy through taking them)
- Night sedation (many staff may not be aware that this can be a necessary treatment)

- Antibiotics
- Any other treatments and medication they may have for other atopic-related conditions - inhalers etc

Key tips: Possible additional areas to discuss between staff and parents include parent partner ships, inclusive schooling and codes of practice.

Assessments, exams and options

Teenagers always need gentle pressure to keep up with their schoolwork! However, if a pupil has been absent frequently through their condition, teachers can help to ensure they don't get behind with their work.

Unfortunately the crucial times during the school year fall during the hot summer months when eczema is already exacerbated. Most testing takes place at this time of year causing additional stress, which may aggravate the eczema. There is also the additional irritation from heightened pollen levels for those who also have asthma and/or hay fever.

Some ways to ease the situation at exam time are:

- Allow the pupil to sit in a cool room
- Always sit away from hot windows
- Suggest using a cotton seat-cover for plastic chairs
- Apply to the appropriate examination boards for dispensation which may include
 - Extra time for pupils with writing difficulties due to eczema on their hands
 - Permission for the pupil to record answers on tape
 - Provision of an amanuensis (someone to write down answers under the pupil's instruction)
 - Re-location to the special needs classroom
 - Re-location to a hospital ward.

If there is a sudden flare-up of eczema at the time of the exam and performance may have been affected by pain or lack of sleep, a doctor's note can be submitted to the School.

Key tips: Allow plenty of time before exams to discuss if it is necessary for arrangements to be made by schools to the appropriate examination board.

When selecting options in Year 10, or considering work experience, it is important that the teenager gets early guidance on areas of work that may cause problems for someone who currently has (or has had in the past) severe eczema, especially on their hands. We need a balance - work experience is extremely beneficial, and putting obstacles up is not helpful to anyone. However they may do well to avoid careers where there is frequent hand washing, exposure to detergents or possible contact with irritant substances or chemicals.

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recommend or endorse any product or treatment. It is
part of the role of the Association to provide information
on a wide range of products and treatments to keep
those involved with eczema as fully informed as possible
as to all options available.*



IMAGINE YOU HAVE AN ITCH

ECZEMA - the experience

By Susanne Johns

The next time you have an itch - anywhere on your body - just try not to scratch.

Leave it for as long as you possibly can and when you finally give in, notice the feeling of sheer relief.

Imagine a similar sensation, but this time it's all over your body. You can't pinpoint an area that doesn't itch. But the itching is far more intense now and actually feels like a million tiny creatures running around just under the surface of your skin.

Now try not to scratch!

Eczema affects approximately one in 12 adults.

Every day, like me, they experience the torment of being torn between scratching the skin to get rid of the terrible, deep rooted itch and the resulting pain, inflammation and bleeding from the damage of your own nails.

At 24, I am now experiencing the full-blown emotional and physical effects of eczema. It started at the age of 14 and apart from the odd few months of relief here and there, it has got progressively worse.

After 10 years, I am also fully aware of the side effects and dangers of steroid creams - repeatedly prescribed for me by doctors who seem to take very little interest in my condition. Unfortunately their side effects make me feel like I'm doing more damage in the long run.

Usually within a few hours of using steroid cream my skin will begin to calm down. Only slightly but enough to take the edge off my panic. It seems like the only form of relief and yet people tell me not to use it.

"You must try not to use those chemical creams - all they do is push the eczema back under the surface". "They'll make it worse in the long run. Imagine having skin like an old woman by the time you're 40". "I've seen people whose skin has torn like paper after years of using steroid creams".

In my case, a severe flare-up may be caused by worry, stress, contact with animals or sometimes just for the sheer hell of it. It starts in the more common places - behind the knees, elbows, creases in the arms.

Then it starts to spread. Ankles, calves, thighs, buttocks, trunk, chest, neck, face, forehead, hair-line and ears.

And the times I've been told not to scratch. "Don't do that, it looks terrible". "Stop it, you're making me itch". "Can't you just leave it - sit on your hands". "Scratch around it - try to relax". Relax? When your body's on fire. When your skin is actually weeping because you've scratched away so many layers. The extremes of temperature usually make me shake and shiver because I'm losing so much body heat through the inflammation.

Can you imagine relaxing?

It's as if my body is tormenting itself. How can it continue to itch when it's so sore? "Go on, make it worse, just one little scratch and it'll feel much better" it seems to say.

Trouble is, one little scratch usually materialises into a frenzied clawing which spreads across my entire body until I'm exhausted, sore and feel a complete failure for giving in.

I get scared during flare-ups because I realise I'm losing control. I can't stop myself from scratching and all of a sudden I realise that with my own bare hands, I am actually mutilating myself. Imagine the horror of scratching the back of your knees, feeling it getting wet beneath your fingers as you draw blood but you just can't stop...

Clawing as deep as possible into your chest to find you've gouged away chunks of skin leaving holes and trails where your nails have torn through the once delicate skin...

Standing up after sitting down only to find you can't straighten your legs because the skin has dried up and will split if you force it. Living with the lingering smell as your body weeps from the sores. Realising you can't possibly look attractive to your partner and feeling guilty because the physical side of your relationship is just too painful or uncomfortable to cope with.

Of course the relentless itching doesn't stop at night

Sometimes it is even worse as the warmth of my body is contained in the sheets. Even the weight of the bedding can irritate as it rests on my skin. The nights of constant scratching, leaning out to smear moisturising cream to ease the skin that after just 15 minutes has dried out again takes its toll on everyday life leaving me tired, irritable and even less able to fight the resulting depression. If I am particularly stressed or having a severe flare up, I am plagued by fitful



dreams that appear designed to make me scratch.

I remember dreaming once that my body was a map of the world and each part of me a different country. By scratching certain areas like my legs, I felt I was actually helping the poor people of that country. Somehow my mind was making me scratch subconsciously through my sleep.

I once overheard someone say I was feeling sorry for myself and wasn't being positive enough to overcome the problem, and sometimes I feel family and friends must get bored when they ask how my skin is, only to be met with the same old story of sleepless nights, bad dreams and 'sore bits'.

I've even been told I'm lucky to have arms and legs - there are plenty of people who don't have the use of their limbs.

I know, and it makes me feel terrible to be moaning, but it doesn't stop the itch, the pain or the distress.

Some mornings I actually don't want to get out of bed because I'm so sore and I know moving is going to hurt, so I'd rather stay tucked up, lying still and cocooned in my quilt rather than have to face a day-long routine of bathing, putting on cream and facing the world and the stares of people who wonder what's wrong.

Parts of my skin are now toughening up after years of 'nail abuse'. There are areas on my arms and legs which don't tan in the summer because of the scar tissue, and I'm left with two-tone blotches like a patchwork quilt.

The skin around my wrists and ankles has become wizened and thin after years of using steroid creams and the skin around my chest looks like cellophane when pressed.

I know I must sound full of self pity - but I have at last found a way of expressing my feelings in one go with nobody talking back to me.

People must understand the reality of eczema, but because it's not life threatening it's something many people turn a blind eye to. We need more support from the Commonwealth Health Services, from our GP's and other medical professionals. People in the medical profession need educating to improve their understanding of the condition.

A couple of years ago my skin was inflamed, cracked and weeping and a doctor told me to make it look worse by scratching it harder to justify getting me a hospital bed.

Hard to believe, isn't it?

So what should a parent, partner or friend say or do for someone who's suffering.

People are different, but personally I just want to be held - providing it's not too painful. That's usually the time when my mum knows best because she holds me, strokes my head and never tires of rocking and cradling me in her arms.

A supportive partner is a big help too. At times I've felt like 'The Fly' during metamorphosis, but my husband still tells me he loves me no matter how bad my skin looks or feels. I don't always believe him and occasionally break into self-destruct mode where nothing anybody says makes any difference.

I know I'm one of the lucky ones who has a supportive family, but there are many who don't. That's why support from organisations like the Eczema Association of Australasia Inc are so important to stop people feeling isolated and alone.

I am now trying homeopathic treatment after experimenting with faith healing, spiritual healing, yeast, dairy, and additive-free diets, internal and external use of Evening Primrose capsules, drinking soot mixed milk (for 'beneficial' sulphur content) and conventional drugs including hospital stays.

I know it's going to be hard - it already is as I'm currently trying to cut down my use of steroid cream which I've been told will counteract the treatment.

The big crunch will be when the homeopathic remedy becomes a case of treating like with like, which apparently will make my eczema worse before it gets better. If I can endure the agony I may be rid of it forever and it might reduce the risk of passing the condition on to my children - a situation I simply can't bear to think about.

When it's really bad I sometimes feel like I'd rather not have children than put them through this kind of suffering. So trying homeopathic remedies is my only remaining hope. If I want to avoid a lifetime of this, do I have any option?

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possible as to all options available.*



WORKING WITH ECZEMA

What is the difference between eczema and dermatitis?

The term eczema was originally used to describe inflammation of the skin caused by changes inside the body whilst that caused by contact with substances outside the body was called dermatitis. Skin conditions that are the result of contact with substances at work may be seen to fall into the category of dermatitis. However, the situation is rarely as easy to define since it is possible to have a combination of both types of reaction.

In consequence, both terms are now used interchangeably to describe a number of skin conditions which cause the skin to become inflamed and uncomfortable and these all have different causes.

What is contact dermatitis?

Contact dermatitis or contact eczema is used to describe types of eczema that develop as a result of contact with irritants or allergens within the environment. This group is sub-divided into irritant contact dermatitis and allergic contact dermatitis. Irritant contact dermatitis usually develops after prolonged contact with substances that degrease and irritate the skin. These include detergents, engine oils, hair dyes and bleaches. Allergic contact dermatitis results from a specific sensitivity to a material such as rubber or nickel.

I am in the building trade and have recently experienced a lot of problems with my skin. The doctor has said that I may be allergic to the chromate in cement and has sent me to the hospital for patch tests. Can you tell me what this means?

Patch tests are used to detect allergies to substances which come into direct contact with the skin ie allergic contact dermatitis. It is not always easy to differentiate between allergic contact dermatitis and irritant contact dermatitis simply by appearance particularly where the eczema affects the hands, but certain factors such as a person's profession may make a doctor suspicious. An allergic contact with cement would be suspect as builders are at a known risk of developing a reaction to the chromate it contains.

In practical terms a patch test involves having dilute forms of potential allergens placed in small aluminium cups which are fixed to the skin using hypoallergenic adhesive tape. The tests are left on the skin for 48 hours to allow sufficient penetration of allergen to provoke a reaction in a sensitised person. The results are then looked at and graded according to the severity of the reaction. You will usually be given a group or battery of tests, not just one individual cup and these will include other common potentially allergenic substances.

Your dermatologist will let you know the results of your test and the severity of the reaction you have. It is important to realise that a severe reaction to chromate may necessitate a change of career away from regular contact with the substance. The dermatologist will be able to advise you on this and also other possible sources of contact with chromate if your tests prove to be positive.

What is atopic eczema?

Atopic eczema is one of a family of atopic conditions which include eczema, asthma and hay fever. An individual inherits the tendency to develop these conditions rather than the condition itself. A trigger of some sort is required to bring out the symptoms.

People with atopic eczema have a generally sensitive skin which is easily irritated and can react to a number of different everyday substances within the environment that do not cause problems for people without the condition. Common symptoms include incredibly dry, usually itchy skin which can become inflamed and then crack and split.

What sort of problems could a person with atopic eczema encounter within the work environment and how can these be overcome?

People with atopic eczema will encounter varying problems within the work environment according to the severity of the condition as well as the type of work involved. There are certain professions that should be avoided by people with a history of eczema and these are detailed later. However, within an office environment there are certain practical measures that can help to make the environment more "skin friendly" for all employees, as well as those more specifically of benefit to a person with eczema.

It cannot be over emphasised how important it is that someone with eczema continues to maintain their everyday skincare routine whilst at work. This can involve regular application of moisturisers. The time taken in these procedures will be limited but it is vital that the individual concerned does not restrict the care they give to their skin during their day at work. Soaps and detergents can dry anyone's skin, and simple soapless products could form part of a common skincare policy. In jobs where there is a lot of hand washing or contact with irritants, emollients should also be available to staff.

An individual with eczema will normally find that they are adversely affected by extremes of temperature. It is important that they are not seated next to a direct source of heat such as a heater or next to a window which gets a lot of sunlight. You will often find that heat affects someone with eczema particularly badly but for some people the cold air blown out by air conditioning systems can be a problem.

In an office with a lot of VDU screens there may be a problem of dust circulation and a fairly dry atmosphere. Some people find that a saucer of water on the desk can help to reduce the problem of dryness.

A dusty environment within the office is a potential problem for anyone with a skin condition. If at all possible it is important to ensure that paperwork is filed as soon as possible and not allowed to sit and



gather dust – a worthwhile aim for anyone in the office environment! If a person with eczema needs to perform a task involving a lot of dust, wearing a pair of cotton gloves may help.

Finally, anyone with atopic eczema is likely to find that cigarette smoke irritates their skin, and where there is also a tendency to asthma this problem is further exaggerated so a smokeless workplace is vital.

I work in an office but since starting there I have found that the eczema on my hands has got worse. I think it may be something to do with the soap in the washrooms but even simply rinsing them has not led to any great improvement.

This flare up of your eczema could be due to a variety of causes including the work environment, how you travel there, and the stress caused by starting a new job. Other factors un-related to work may also be playing a part and should not be overlooked.

However, since the eczema is concentrated on the hands there are some practical precautions to consider which could make your eczema easier to manage whilst at work.

The soap provided by your employers may be aggravating your eczema. Soaps containing perfumes and colours can be both drying and potentially irritating. However water on its own can also seem to have a drying affect. A soap substitute or cleansing bar can help to counteract this affect. There are a number of suitable products on the market; your pharmacist will be able to advise you further. Alternatively your own emollient may double as a soap substitute – a good example of this is aqueous/sorbolene cream.

It is also worth looking at how you dry your hands. For some people, paper towels can irritate the skin whilst hot air dryers may lead to excessive dryness. Try using alternative methods such as taking in your own hand towel. After each washing of the hands it is important to ensure that you re-apply your emollient.

My daughter is currently considering career options. She had eczema as a young child but it has now disappeared completely apart from the occasional flare up during exam times or other periods of stress.

The problem for anyone with a history of eczema is that although eczema will usually disappear as they are older, as adults they are often left with a “sensitive skin”. This fact tends to make the skin of someone with a history of eczema more susceptible to breaking down through regular contact with de-greasing agents and potentially irritating substances. Someone embarking on a career of this kind would have to ensure that it would be possible to protect the skin continuously. Your daughter really needs to seek the general advice of a career’s officer but more detailed guidance should be sought from the family doctor or skin specialist to help decide whether certain options are realistic.

Generally, it is possible to say that certain areas of work should really be avoided as there is a fair degree of certainty that your daughter’s eczema may flare up.

These are:

- Hairdressing - frequent immersion of the hands in hot soapy water and handling of hair colourants, bleaches, perming solutions etc.
- Kitchen work - contact with juices of raw fruit and vegetables together with the need for frequent hand washing.
- Engineering or motor vehicle repair - contact with oils and coolants
- Patient care of any kind - frequent hand washing, complications of infections
- Animal handling - animal dander, hand washing
- Building work - contact with cement can cause irritation and in some cases an allergy to chromate may result
- Work with adhesives containing cyanoacrylates and epoxy resins, both of which can cause allergic contact eczema.

Anyone with a history of eczema will usually be subjected to medical examination on application to the Armed Forces or the Police Force.

Obviously the extent to which a person is affected will differ between individuals but anyone considering work in any of the areas listed above should discuss the possible pitfalls with their doctor.

I have recently had to give up my job as the work environment was making my eczema worse. I feel that I need professional guidance to help me decide how to proceed in looking for a new field of work.

Contact with your nearest Job Centre to arrange a meeting with a counsellor. He or she may then (with your consent) contact your family doctor for relevant information to help in your search for suitable employment.

Always take advice before leaving a job solely because of your eczema. Talk to the person in charge of personnel - they may be able to arrange a move within the company to an area of work less likely to cause you problems with your skin.

*It is not the policy of the
ECZEMA ASSOCIATION OF AUSTRALASIA INC to
recommend or endorse any product or treatment. It is
part of the role of the Association to provide information
on a wide range of products and treatments to keep
those involved with eczema as fully informed as possible
as to all options available.*



**ACTIVITY TITLE - AGONY AUNT
OFFERING ANSWERS**

OFFERING ANSWERS

Once pupils are aware of the problems involved with atopic eczema, both for the sufferer and their immediate family, their friends and their fellow pupils, encourage them to tackle the problem in one of the following formats:

WRITE AS AN AGONY AUNT

As an Agony aunt explaining to a teenager with eczema that:

- They're not alone
- The condition can be controlled and how
- It needn't ruin their life
- What they should do for themselves
- What doctors can do for them
- Who they should talk to
- What their school can do to help.

DESIGN A NEWSPAPER ARTICLE

- They're not alone
- The condition can be controlled and how
- It needn't ruin their life
- What they should do for themselves
- What doctors can do for them
- Who they should talk to
- What their school can do to help

DESIGN A LEAFLET TO HELP PEOPLE WITH ECZEMA

- They're not alone
- The condition can be controlled and how
- It needn't ruin their life
- What they should do for themselves
- What doctors can do for them
- Who they should talk to
- What their school can do to help



**ACTIVITY TITLE - WORDSEARCH
FIND THE WORDS**

Word square

In this square there are a number of words that are about eczema. These words can run up and down and diagonally. Look carefully at the list of words you can find and tick them off every time you find one.

- | | | | |
|-----------------------------------|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> ALLERGY | <input type="checkbox"/> ATOPIC | <input type="checkbox"/> BATH | <input type="checkbox"/> SKIN |
| <input type="checkbox"/> COLD | <input type="checkbox"/> COTTON | <input type="checkbox"/> CREAMS | <input type="checkbox"/> IRRITANT |
| <input type="checkbox"/> ITCHES | <input type="checkbox"/> SEBORRHOEIC | <input type="checkbox"/> EMOLLIENT | <input type="checkbox"/> OIL |
| <input type="checkbox"/> STEROIDS | <input type="checkbox"/> DIET | <input type="checkbox"/> BANDAGES | |
| <input type="checkbox"/> ITCHY | <input type="checkbox"/> HIVES | <input type="checkbox"/> ECZEMA | |

S	E	B	O	R	R	H	O	E	I	C
T	C	A	I	C	B	I	C	F	T	Z
E	Z	T	L	Z	R	V	D	E	C	H
R	E	H	Y	H	G	E	D	E	H	J
O	M	X	C	A	T	S	A	F	Y	G
I	A	T	O	P	I	C	C	M	Y	A
D	W	I	L	B	T	K	S	I	S	X
S	J	V	D	A	C	O	T	T	O	N
S	B	U	K	Y	H	L	B	W	Q	I
M	K	A	L	L	E	R	G	Y	R	R
S	L	I	N	P	S	M	N	L	U	R
N	O	T	N	D	J	K	A	V	M	I
W	X	P	M	P	A	B	S	B	D	T
R	P	S	O	H	I	G	C	I	D	A
Q	E	M	O	L	L	I	E	N	T	N
O	Q	R	P	N	G	T	F	S	E	T



**ACTIVITY TITLE - WRITE A POEM
DRAW A PICTURE**

Choose from one of the following

WRITE A POEM

Here's a poem written by a 14-year-old girl who has bad atopic eczema.
Write one that would show others how it must be like to have eczema.

Why are people so cruel,
Is it an unspoken rule?
They call me names
As if I'm to blame
Don't they understand
It really isn't planned
You can't catch it
Not even a bit

It makes me scratch
Even a small patch
It's really sore
And very, very raw
Why can't people leave me alone
I wish I was at home
Don't they know it makes me cry
Why do they call me names? Oh why?

DRAW A PICTURE

Here's a drawing by a 13-year-old boy of how he feels when his eczema is bad.



Now you try to draw how eczema must feel like. don't draw what sore skin looks like but how you would feel.



TEACHERS PACK FEEDBACK SHEETS

At the ECZEMA ASSOCIATION OF AUSTRALASIA INC we are always looking for ways to improve this Education Pack and as a teacher who has used the pack we would greatly appreciate your comments.

Hopefully this will only take you a few moments, but should you wish to discuss it further please do not hesitate to contact the Eczema Association on 1300 300 182.

1. Please indicate below what was your previous understanding of eczema:

- a) It's a bit of dry itchy skin - What's the problem?
- b) I have eczema
- c) I have a family member with eczema
- d) It's a debilitating condition, which affects many children
- e) I have taught **some** students whose eczema has affected their education/school life
- f) I have taught **many** students whose eczema has affected their education/school life.
- g) I have never taught **any** students with eczema

FEEDBACK ON TEACHERS GUIDELINES

Tick the appropriate box

2. I found that the content was:

- a) Too detailed
- b) Just the right amount of detail
- c) Not enough detail

3. When talking to the students about eczema I found the guidelines:

- a) Extremely useful
- b) Useful
- c) Not very useful

ACTIVITY SHEETS (Puzzles, Draw a picture)

4. I used the activity sheets with:

- a) Year 8
- b) Year 9
- c) Year 10
- d) Year 11
- e) Year 12

5. In my opinion the students found the activities

- a) Too easy
- b) Just right
- c) Too hard

6. In my opinion, by doing the activities the students:

- a) Increased their understanding of eczema
- b) Did not increase their understanding of eczema

