

Dermatitis /Eczema



What is it?

- **Dermatitis**- Frequent patches of red, scaly, blistering, itchy, oozing skin or inflammation of the skin
 - **Atopic Dermatitis**- most often affects people with a family history of asthma or hay fever which usually is red, oozing blistering, crusty skin patches that itch more at night; with age become darker and drier, often brownish grey instead of red
 - **Contact Dermatitis**- itchy, blistering patches of skin that have come into contact with a substance that causes an allergic reaction , such as poison oak, ivy, sumac, chemicals, cosmetics, dyes or detergents
 - **Seborrhea Dermatitis**- dandruff is a mild form; yellow-brownish-pinkish, thickened, greasy, patches of skin usually in the center of the face and on the scalp; the cause is generally unknown and treatment is usually not successful
 - **Nummular Eczema**- red, round, oozing, crusting patches on backs of the forearms and lower legs, shoulders, and buttocks, the cause is unknown but stress and a dry environment can cause this dermatitis/eczema
- **American Academy of Dermatology**- 10% of Infants, 3% of Children and Adults have Atopic Dermatitis in the United States
 - **More Common**- Younger than 25 years of age
 - **Throughout Life**- 60% suffer from Atopic Dermatitis
- **Contact Dermatitis**- Itchy, blistering patches of skin or eczema



Recommendations:

- **Coping with Itchy Skin**- Try not to scratch, reduce stress
- **Aggravates the Skin**- Wool, scratching clothing, strong lotions, soaps or cosmetics

What can I do?

- **See your Health Care Provider**- may want to prescribe a topical cream as corticosteroids or oral antihistamines to speed healing and contract itching, may want to administer antibiotics for the secondary infection or ultraviolet light therapy or systemic steroids

