NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Management of atopic eczema in children from birth up to the age of 12 years

1.1 Short title

Atopic eczema in children

2 Background

(a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Women's and Children's Health to develop a clinical guideline on management of atopic eczema in children for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.

(b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

(c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, where appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

a) Eczema (dermatitis) is an inflammatory skin condition characterised by intense itching. There are many different types recognised.

b) The commonest form of eczema is atopic eczema, which tends to run a chronic relapsing course associated with acute flare ups (worsening of the condition) and remissions and is frequently associated with a dry skin. It is associated with inherited allergic conditions (such as asthma and hay fever) and as yet poorly defined environmental factors, as well as possible exacerbation by psychological stressors.

c) Atopic eczema is estimated to affect 1 in 5 school children in the UK. It is a common cause for consultation in general practice and accounts for at least 15–20% of paediatric dermatological consultations.

d) The first signs, which generally appear within the first 2 years of life, are usually dry skin and inflammation (redness and swelling), which in infants frequently starts on the face and often involves the extensor (outer) surfaces of the limbs. The more typical flexural pattern (on the creases, particularly of the elbows and knees) often appears later. However, there may be differences in presentation, particularly in children from minority ethnic groups. The cardinal symptom of atopic eczema is itching, which frequently causes sleep loss and tiredness, but in chronic atopic eczema pain from fissures, particularly on the hands, may also be a problem.

e) Conventional management of atopic eczema involves advice on the avoidance of irritants and allergens, the use of emollients to cleanse and moisturise the skin, and the use of topical corticosteroids (corticosteroids applied to the skin) to reduce irritation and inflammation. Corticosteroids may be used in combination with antiseptic agents or antibiotics if the skin is infected.

f) Other management options include application of various bandages and wet wraps (damp bandages impregnated with therapeutic

substances or applied over topical preparations, usually emollients), the use of antihistamines to aid sleep and reduce itching, allergen avoidance including alterations to diet, behavioural therapy to prevent habitual scratching, and the use of complementary therapies. The use of the topical immunosuppressants pimecrolimus and tacrolimus has been examined under the NICE Technology Appraisal Programme. Phototherapy can be used for severe eczema unresponsive to topical therapy. Third-line therapy with systemic agents such as ciclosporin or azathioprine is occasionally necessary.

g) Atopic eczema may have a profound psychological/psychosocial impact on the lives of children and their families and carers, affecting their quality of life in various ways. For example, highly visible symptoms can affect a child’s self-esteem and self-confidence, and sleep disturbance due to itchy skin can disrupt the whole family’s sleep patterns. Concerns about potential side effects of pharmaceutical therapies can also be an issue. Lack of knowledge and/or information about treatments may lead to treatment failure and is a major reason for non-adherence to therapy. Psychological and psychosocial support and education can, therefore, play an important role in the management of atopic eczema in children.

h) There is a need for guidance on the most clinically and cost effective forms of management for atopic eczema in children.

i) The main objective of the guideline will be to provide guidance on the routine management of atopic eczema in primary care for children from birth up to 12 years of age.

4 The guideline

a) The guideline development process is described in detail in two publications that are available from the NICE website (see ‘Further information’). ‘The guideline development process: an overview for stakeholders, the public and the NHS’ describes how organisations can

become involved in the development of a guideline. 'Guideline development methods: information for National Collaborating Centres and guideline developers' provides advice on the technical aspects of guideline development.

b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health (see appendix).

c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

Children from birth up to the age of 12 years presenting with atopic eczema.

4.1.2 Groups that will not be covered

Children with infantile seborrhoeic eczema, juvenile plantar dermatosis, primary irritant and allergic contact dermatitis, napkin dermatitis, pompholyx, and photosensitive eczemas, except when these conditions occur in association with atopic eczema.

4.2 Healthcare setting

a) Primary, secondary and community care.

b) This is an NHS guideline; although it will also be relevant to practice in schools, nurseries and childcare establishments, it will not make recommendations exclusive to these sectors.

4.3 Clinical management

a) What criteria should be used to diagnose atopic eczema in children?

b) How should the severity of atopic eczema be classified? This will include consideration of the fact that atopic eczema tends to be of a chronic relapsing nature with acute flare ups.

c) How should atopic eczema be managed during and between flare ups? This should take account of the frequency and location of flare ups, how widespread they are, and the age of the child. The clinical and cost effectiveness of pharmacological and non-pharmacological interventions used alone or in combination with each other should be assessed. This will include consideration of the use of emollients, topical corticosteroids, antihistamines and other antipruritic (anti-itching) agents, topical and systemic immunosuppressants and phototherapy. The role of antimicrobial agents and the issue of antibiotic resistance will also be considered.

d) What is the place of complementary therapies in the treatment of atopic eczema? This will include consideration of homeopathy, and Chinese and Western herbal medicine.

e) How should medical complications of atopic eczema be identified and managed, with particular reference to infected eczema?

f) How should psychological and psychosocial effects of atopic eczema be identified and managed; for example, habitual scratching and loss of sleep, and the impact of atopic eczema on self-esteem and self-confidence? This will include the clinical and cost effectiveness of behavioural therapy to assist in the management of atopic eczema.

g) What are the clinical indications for referral for specialist dermatological advice?

h) What information and education should be offered to children with atopic eczema and their families and carers? This should include the

use of treatment plans, and identification and avoidance of potential triggering factors such as skin irritants, extremes of temperature and humidity, diet, inhaled allergens, and stress.

Note that guideline recommendations that relate to pharmacological interventions will normally fall within licensed indications; exceptionally, and only where clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use the summary of product characteristics to inform their decisions for individual patients.

4.4 Clinical management that will not be covered

The guideline will not cover primary prevention of atopic eczema or the training of healthcare professionals.

4.5 Status

4.5.1 Scope

This is the final scope.

This guideline will not update the following NICE guidance but will cross-refer to the existing guidance.

- Frequency of application of topical corticosteroids for atopic eczema. *NICE technology appraisal* no. 81 (2004). Available from www.nice.org.uk/TA081
- Tacrolimus and pimecrolimus for atopic eczema. *NICE technology appraisal* no. 82 (2004). Available from www.nice.org.uk/TA082

4.5.2 Guideline

The development of the guideline recommendations will begin in January 2006.

5 Further information

Information on the guideline development process is provided in:

- ‘The guideline development process: an overview for stakeholders, the public and the NHS’
- ‘Guideline development methods: information for National Collaborating Centres and guideline developers’.

These booklets are available as PDF files from the NICE website (www.nice.org.uk/guidelinesprocess). Information on the progress of the guideline will also be available from the website.

Appendix – Referral from the Department of Health

The Department of Health asked the Institute:

‘To prepare a clinical guideline on the management of eczema in children.’