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**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

Guideline

**Atopic eczema in under 12s: diagnosis and
management**

Draft for consultation, March 2023

This is an update to NICE guideline CG57 (published December 2007). We have:

- reviewed the evidence on the use of emollient bath additives as part of standard atopic eczema management in children under 12 years.
- made a new recommendation and updated recommendations 1.5.1.4 and 1.5.1.11 in the existing guideline.

Who is it for?

- Healthcare professionals
- Commissioners and providers
- Children under 12 with suspected or diagnosed atopic eczema and their families or carers

What does it include?

- the new and updated recommendations
- related recommendations that have not been updated but are included here for context (shaded in grey and marked **[2007]** or **[2007, amended 2023]**)
- rationale and impact sections that explain why the committee made the 2023 recommendations and how they might affect practice

- the guideline context.

Information about how the guideline was developed is on the [guideline's webpage](#). This includes the evidence review, the scope, details of the committee and any declarations of interest.

Commenting on this update

We have reviewed the evidence on bath emollients. You are invited to comment on the new recommendations. These are marked as **[2023]**.

We have not reviewed the evidence for the recommendations marked **[2007]** or **[2007, amended 2023]** (shaded in grey) and cannot accept comments on them.

Sections of the guideline that have had no changes at all have been temporarily removed for this consultation and will be re-instated when the final guideline is published. See the [current version of the guideline](#).

See [update information](#) for a full explanation of what is being updated.

Full details of the evidence and the committee's discussion on the 2023 recommendations are in the [evidence review](#). Evidence for the 2007 recommendations is in the [full version](#) of the 2007 guideline.

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1 Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in [NICE's information on making decisions about your care](#).

[Making decisions using NICE guidelines](#) explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

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3 **1.5 Treatment**

4 **Emollients**

5 1.5.1.4 Offer children with atopic eczema a choice of unperfumed
6 emollients to use every day for moisturising and washing. This may
7 be a combination of products or one product for all purposes.
8 Prescribe large quantities of leave-on emollients (250 g to 500 g
9 weekly) that are easily available to use at nursery, pre-school or
10 school. **[2007, amended 2023]**

11 1.5.1.5 Explain to children with atopic eczema and their parents or carers
12 that they should use emollients:

- 13 • in larger amounts and more often than other treatments
- 14 • on their whole body, both when the atopic eczema is clear and
15 while using all other treatments. **[2007]**

16 1.5.1.6 For washing, explain to children with atopic eczema and their
17 parents or carers that:

- 18 • they should use emollients and/or emollient wash products
19 instead of soaps and detergent-based wash products

- 1
- children aged under 12 months should use emollients and/or emollient wash products instead of shampoos
- 2
- older children using shampoo should use a brand that is unperfumed and ideally is labelled as suitable for eczema
- 3
- they should avoid washing their hair in bath water. **[2007]**
- 4
- 5

6 1.5.1.7 Show children with atopic eczema and their parents or carers how to apply emollients, including how to smooth emollients onto the skin rather than rubbing them in. **[2007]**

7

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9 1.5.1.8 If their current emollient causes irritation or is not acceptable, offer a different way to apply it, or offer an alternative emollient. **[2007, amended 2023]**

10

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12 1.5.1.9 Review repeat prescriptions of individual products and combinations of products with children with atopic eczema and their parents or carers at least once a year. **[2007]**

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15 1.5.1.10 When children with atopic eczema are using emollients and other topical products at the same time of day, explain that:

16

- they should apply one product at a time, and wait several minutes before applying the next product
 - they can choose which product to apply first. **[2007, amended 2023]**
- 17
- 18
- 19
- 20

21 1.5.1.11 Do not offer emollient bath additives to children with atopic eczema. **[2023]**

22

23 1.5.1.12 Explain to children with atopic eczema and their parents or carers that:

24

- emollient bath additives do not help with atopic eczema
 - however, they do not make eczema worse, and they can be bought over the counter if the child and their parents or carers want to use them. **[2023]**
- 25
- 26
- 27
- 28

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For a short explanation of why the committee made these recommendations and how they might affect practice, see the [rationale and impact section on emollient bath additives](#).

Full details of the evidence and the committee's discussion are in [evidence review A: adding bath emollients to the standard management of atopic eczema in children under 12 years](#).

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3 **Rationale and impact**

4 These sections briefly explain why the committee made the updated
5 recommendations and how they might affect practice.

6 **Emollient bath additives**

7 Recommendations 1.5.1.4, and 1.5.1.10 to 1.5.1.12

8 **Why the committee made the recommendations**

9 Evidence from the BATHE trial indicated that emollient bath additives are not
10 clinically or cost effective. While evidence suggested that emollient bath
11 additives are not harmful, prescribing an ineffective product places
12 unnecessary burdens on patients and carers, in terms of acquiring and using
13 the product.

14 Based on the evidence, the committee recommended that emollient bath
15 additives should not be offered. However, they agreed that there may be
16 specific subgroups of children who may benefit from emollient bath additives.
17 Some children may also enjoy using bath additives generally. The evidence
18 also suggested that emollient bath additives are unlikely to increase the risk of
19 adverse events (such as slipping in the bath, stinging, redness, and refusal to
20 bathe). The committee agreed that these points should be explained to
21 children and their parents or carers, to help them make an informed decision
22 about buying emollient bath additives over the counter.

1 Some children with sensory processing disorders are unable to tolerate leave-
2 on emollients that are applied directly to the skin. The committee discussed
3 making a different recommendation on emollient bath additives for this group,
4 but decided not to because:

- 5 • there was no evidence to suggest that emollient bath additives are effective
6 for this group
- 7 • leave-on emollients can be diluted in hot water and added to bath water, so
8 there is already an alternative option available.

9 **How the recommendations might affect practice**

10 NHS England advised that emollient bath additives should not be prescribed,
11 in their [2019 guidance on items which should not routinely be prescribed in](#)
12 [primary care](#). Despite this, prescribing of emollient bath additives has
13 continued, and there has been geographical variation in prescribing.

14 The new recommendation supports [NHS England guidance on items which](#)
15 [should not be routinely prescribed in primary care](#), and should further reduce
16 prescribing of emollient bath additives. This would save money for the NHS
17 and reduce geographical variation.

18 [Return to recommendations](#)

19 **Context**

20 Atopic eczema (atopic dermatitis) is a chronic inflammatory itchy skin
21 condition that develops in early childhood in the majority of cases. It is
22 typically an episodic disease of exacerbation (flares, which may occur as
23 frequently as 2 or 3 per month) and remissions. In some cases, it may be
24 continuous. Atopic eczema often has a genetic component that leads to the
25 breakdown of the skin barrier. This makes the skin susceptible to trigger
26 factors, including irritants and allergens, which can make the eczema worse.

27 Many cases of atopic eczema clear or improve during childhood, whereas
28 others persist into adulthood. Some children who have atopic eczema will go
29 on to develop asthma or allergic rhinitis; this sequence of events is sometimes

1 referred to as the ‘atopic march’. Although atopic eczema is not always
2 recognised by healthcare professionals as being a serious medical condition,
3 it can have a significant negative impact on quality of life for children and their
4 parents and carers.

5 This guideline concerns the management of atopic eczema in children from
6 birth up to the age of 12 years. It has been developed with the aim of
7 providing guidance on:

- 8 • diagnosis and assessment of the impact of the condition
- 9 • management during and between flares
- 10 • information and education for children and their parents or carers about the
11 condition.

12 **Finding more information and committee details**

13 To find NICE guidance on related topics, including guidance in development,
14 see the [NICE topic page on eczema](#).

15 For details of the guideline committee see the [committee member list](#).

16 **Update information**

17 **March 2023:** This guideline is an update of NICE guideline CG57 (published
18 December 2007) and will replace it. We have reviewed the evidence on
19 adding bath emollients to the standard management of atopic eczema in
20 children under 12 years.

21 Recommendations are marked **[2023]** if the evidence has been reviewed.

22 In recommendations shaded in grey and ending **[2007, amended 2023]**, we
23 have made changes that could affect the intent without reviewing the
24 evidence. Yellow shading is used to highlight these changes, and reasons for
25 the changes are given in table 1.

26 For all recommendations from the 2007 guideline, we have not reviewed the
27 evidence. In some cases minor changes have been made – for example, to

1 update links, or bring the language and style up to date – without changing the
2 intent of the recommendation. Minor changes are listed in table 2.

3 **Table 1 Amended recommendation wording (change to intent) without**
4 **an evidence review**

Recommendation in current guideline	Recommendation in updated guideline	Reason for change
1.5.1.4	1.5.1.4	Reference to use of emollients for bathing was removed because of the new 'do not offer' recommendation on emollient bath additives.
1.5.1.9	1.5.1.8	Specified that healthcare professionals could also offer a different way to apply the same emollient, because this could address the problems children have with it.
1.5.1.11	1.5.1.10	Reference to bath emollients was removed because of the new 'do not offer' recommendation for emollient bath additives.

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6 **Table 2 Minor changes to recommendation wording (no change to**
7 **intent)**

Recommendation numbers in current guideline	Comment
All recommendations from the 2007 guideline	Recommendations have been edited into the direct style (in line with current NICE style for recommendations in guidelines) where possible.

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9 ISBN: