

1 **NATIONAL INSTITUTE FOR HEALTH AND CARE**
2 **EXCELLENCE**

3 **Scope for guideline update (starting 2023)**

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

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6 NICE is updating its guideline on [Atopic eczema in under 12s](#). The guideline was
7 originally published in December 2007 and last updated in March 2021. The previous
8 update was to withdraw recommendations 1.5.1.40 to 1.5.1.44 on managing
9 bacterial infections, because they have been replaced by the [NICE guideline on](#)
10 [secondary bacterial infection of eczema and other common skin conditions](#). The
11 guideline was developed as set out in the [2006 scope](#).

12 New evidence on bath emollients suggests that the recommendations on emollients
13 may need updating. Full details are set out in the February [2019 surveillance review](#)
14 [decision](#).

15 The update will be developed using the methods and processes in [developing NICE](#)
16 [guidelines: the manual](#).

17 This guideline may also be used to update the [NICE quality standard for atopic](#)
18 [eczema](#).

19 In 2023, we will start developing a new atopic eczema guideline, covering diagnosis
20 and management for people of all ages. The current guideline for under 12s will be
21 incorporated into this new guideline when it publishes.

22 **1 Who the guideline update covers**

23 The current guideline covers children under 12. The groups covered by the guideline
24 will remain unchanged.

25 ***Equality considerations***

26 [The equality and health inequalities impact assessment for the guideline update](#) lists
27 equality issues identified and how they have been addressed.

1 The surveillance process highlighted issues related to geographical area variation in
2 prescribing of bath emollients, as prescriptions have reduced in some areas.

3 This update will look at equality and health inequality issues relating to:

- 4 • protected characteristics (age, disability, gender reassignment, pregnancy and
5 maternity, race, religion or belief, sex, sexual orientation, and marriage and civil
6 partnerships)
- 7 • socioeconomic status and deprivation
- 8 • geographical area variation
- 9 • vulnerable groups (for example homeless people and people who have been
10 subject to abuse).

11 **2 Activities, services or aspects of care covered by** 12 **the guideline update**

13 We will look at the evidence and consider making new recommendations or updating
14 existing recommendations on:

- 15 • Treatment: section 1.5
 - 16 – Stepped approach to management: recommendation 1.5.1.1 (we will only look
17 at the parts of the recommendation that cover emollients)
 - 18 – Emollients: recommendations 1.5.1.4 to 1.5.1.11

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20 For all other areas of the guideline:

- 21 • There will be no evidence review.
- 22 • We will retain the existing recommendations, but we may revise them to ensure
23 consistency. In some cases, minor changes may be made – for example, to
24 update links or bring the language and style up to date – without changing the
25 intent of the recommendation.

26 **3 Draft review questions**

27 We have identified the following draft review question:

- 1 What is the clinical and cost effectiveness of adding bath emollients (bath additives)
- 2 to the standard management of atopic eczema in children and young people?

3 ***Draft PICO table for review question***

Population	<p>Inclusion criteria Children under 12 with active atopic eczema</p> <p>Exclusion criteria Children with well-controlled eczema for the last 12 months</p> <p>Well-controlled eczema is defined as:</p> <ul style="list-style-type: none"> • a history of eczema but no current evidence of inflammatory skin disease • less than 1 week of flare a month, or below 5 on the Nottingham Eczema Scale, or not needing any active treatment in the last month.
Intervention	<p>Eczema care in combination with regular use of bath emollients.</p> <p>We will also look at frequency of use (based on number of baths per week), bath duration, severity of eczema and strength of emollient.</p> <p>Excluded emollients</p> <ul style="list-style-type: none"> • Emollient creams and ointments (such as leave-on emollients that are applied to the skin and left to soak in) • Emollient soap substitutes (such as emollients that are used instead of soap) <p>Bath emollients are defined as oils or emulsifiers (or both) that are added to bath water.</p>
Comparison	Eczema care without bath emollients
Outcomes	<p>Data will be collected for all primary and secondary outcomes at the following time points:</p> <ul style="list-style-type: none"> • Short term: up to 6 months • Medium term: between 6 to 12 months • Long term: 12 months and above <p>Primary outcomes</p> <ul style="list-style-type: none"> • Difference in eczema severity, based on validated measures such as POEM index (Patient Oriented Eczema Measure), Eczema Area and Severity Index (EASI), Itch Severity Scale, NRS-11 (11-point

	<p>Numerical Rating Scale) for peak itch over the past 24 hours, or SCORAD index (SCORing Atopic Dermatitis)</p> <ul style="list-style-type: none"> • Number of eczema exacerbations • Overall measure of eczema control, based on validated measures such as Recap of atopic eczema (RECAP) and the Atopic dermatitis control tool (ADCT) • Disease-specific quality of life for children (such as the Children’s Dermatology Life Quality Index [CDLQI] and the Infants’ Dermatitis Quality of Life Index [IDQOL]) • Disease-specific quality of life for parents and carers (such as the Dermatitis Family Impact [DFI]) • Generic measures of quality of life for children (such as the Child Health Utility Instrument [CHU9D] and the EQ-5D-Y) • Generic quality of life for parents and carers (such as the EQ-5D or SF-36) • Adverse events • Resource use and cost <p>Secondary outcomes</p> <ul style="list-style-type: none"> • Treatment adherence • Patient satisfaction • Parent and carer satisfaction
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2 These criteria will be refined further during discussions with the guideline committee.

3 Note that guideline recommendations for medicines will normally fall within licensed
4 indications; exceptionally, and only if clearly supported by evidence, use outside a
5 licensed indication may be recommended. The guideline will assume that prescribers
6 will use a medicine’s summary of product characteristics to inform decisions made
7 with individual patients.

8 **4 Economic aspects**

9 We will take economic aspects into account when making recommendations. We will
10 review the economic evidence and carry out economic analyses, using an NHS and
11 personal social services perspective, as appropriate. We will also consider the
12 impact of recommendations that lead to costs for children and their parents and
13 carers.

1 **5 NICE guidance and quality standards that may be**
2 **affected by this guideline update**

- 3 • [Atopic eczema in under 12s](#) (2013) NICE quality standard QS44

4 **6 Further information**

5 NICE guidelines cover health and care in England. Decisions on how they apply in
6 other UK countries are made by ministers in the [Welsh Government](#), [Scottish](#)
7 [Government](#) and [Northern Ireland Executive](#).

The guideline update is expected to be published in June 2023.

To follow the progress of the update, see the [guideline in development page](#).

Our website has information about [how NICE guidelines are developed](#).

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