Child Death Overview Process
Leicester, Leicestershire & Rutland

7 Minute Briefing

1. Background

Eczema is a common childhood condition. Topical steroids are often used to treat mild or moderate eczema in primary care. Families may obtain creams and remedies which are manufactured overseas or not regulated, which may also contain potentially potent steroids. Prolonged use of steroids, even in topical form, can lead to side effects including suppression of the HPA axis and adrenal insufficiency, and sudden cessation of treatment can precipitate an adrenal crisis.

2. Why it matters: Atopic eczema

Atopic eczema is a very common chronic inflammatory skin condition, affecting between 11-20% of children in the UK. The majority of management is undertaken in primary care, with management strategies targeting protection of the skin barrier (emollients, bandages) and reduction of inflammation (topical steroids, topical calcineurin inhibitors & systemic therapies).

3. Why it matters: non-regulated & herbal treatments

Families may obtain and use creams that are produced overseas or are unregulated (e.g. Abido, Wau Wa). If creams are deemed by families to be very effective for eczema treatment, they are highly likely to contain steroids.

A study carried out in 2003 by Birmingham Childrens Hospital who reported benefits from 'herbal creams' were asked to submit their creams for analysis. Of the 24 creams analysed, 7 contained clobetasol propionate (those labelled 'Wau Wa' and 'Muijiza') and 13 other unnamed creams contained corticosteroids. If used alongside prescribed topical steroids, this can significantly increase the risk of side effects.

It is important to establish whether families are using other creams or ointments alongside prescribed treatment, and to advise and counsel them on the risks of this.

4. Why it matters: NICE Guidance

Medical management of atopic eczema in children should be in line with NICE Guidance (CG57). If mild-moderate potency topical corticosteroids have not controlled the atopic eczema within 7-14 days:

- Exclude secondary bacterial or viral infection.
- For children aged 12 months and over, use potent topical steroids for as short a time as possible (no more than 14 days, and not on the face or neck).
- If still not controlled, review the diagnosis and refer for specialist dermatology advice.

5. Why it matters: Steroid warning card

It is the responsibility of the prescriber to issue an appropriate steroid card when prescribing a corticosteroid that may increase the risk of adrenal suppression. This includes all patients receiving large quantities of potent/very potent topical steroids for 4 weeks or more, and those receiving potent/very potent topical steroids with additional risk factors (including young age, site of use, concomitant use of other steroids).

Guidance about when to issue steroid warning cards in the context of topical potent/very potent steroid use is available from the NPPG here.

6. Support resources

NICE guidance: Atopic eczema in under 12's: diagnosis & management (https://www.nice.org.uk/guidance/cg57)

Neonatal & Paediatric Prescribing Group Steroid Warning Card guidance https://nppg.org.uk/wp-content/uploads/2021/12/Position-Statement-Steroid-Cards-V1.pdf

7. Questions to consider

1. Do I routinely ask about use of non-prescription creams in treating atopic eczema?
2. Am I aware of the NICE guidance for treatment escalation in children?
3. Do I routinely consider the use of steroid warning cards for children when prescribing topical corticosteroids?