

Eczema book

Why ?

- Simplified pathophysiological explanations of atopic eczema for patients and their caregivers.

Who ?

- All patients in group therapeutic education sessions or during a consultation with educational management
- Suitable for explaining to teenagers and adults with images.

How ?

Oral presentation based on pictures and diagrams

- **What is eczema?**
 - Chronic skin disease \neq allergic disease
 - Atopic environment and genetic predisposition
- **Why do I have eczema?**

Atopic skin = brick wall without cement

 - water loss and allergen penetration
 - dry, inflamed skin
- **What does it look like?**

Dry skin, red itchy plaques, plaques that may ooze or bleed
- **How is it treated?**
 - **Topical corticosteroids or topical calcineurin inhibitors = firefighter putting out a fire** (= inflammation).
 - Daily application until the plaque disappears
 - Fingertip Unit Rule (see Tool Card "The fingertip unit"):*
one fingertip of cream = quantity necessary for 2 palms
 - **Emollient = mason** who applies cement to restore the skin barrier
 - Daily application, all over the body, on wet skin, after showering.

Link to the tool

https://www.pierrefabreeczemafoundation.org/sites/default/files/2020-08/Chevalet_UK_def.pdf

Firefighter or Mason Labels

Why ?

- To help patients recognize the different types of creams: emollients vs. topical treatments: topical corticosteroid or topical calcineurin inhibitor
- To involve patients and their families (e.g.: grandparents) and help them distinguish between the different creams
- To empower children to be independent

Who ?

- All children between consultations with educational management or group therapeutic education sessions

How ?

- Self-adhesive label sheets can be ordered from the Eczema Foundation
- **Blue** labels: **the mason (= emollient)** or **red: the firefighter (= topical corticosteroids and topical calcineurin inhibitors)** to give to the patient
- During the consultation, stick a label on each of the patient's tubes or on the prescription given to facilitate care.
- Ask the patient to bring their tubes back to check the labels at the next visit



[Link to the tool](#)

<https://www.pierrefabreeczemafoundation.org/sites/default/files/2020-06/planche-etiquettes-pompier-macon.pdf>

Personalized Active Response (PAR) Sheet



Why ?

- To help patients understand the local treatment prescription and to fully understand the prescription written by their doctors, by understanding where, when and which product to apply.
- To help distinguish between **THE MAINTENANCE TREATMENT** and **THE FLARE-UP TREATMENT**

Who ?

- All children and adolescents outside of educational consultations

How ?

- Booklet (2 sheets of A4 paper folded in 2) to be ordered from the Eczema Foundation or printed
- Possible to combine with the "Firefighter or Mason labels" tool
- To be given with the prescription as a guide to at-home treatment.
- When handing patients their prescriptions, explain:
 - **OBSERVE** your skin
 - **ACT** by applying a "topical corticosteroid or an emollient"

Link to the tool

<https://www.pierrefabreeczemaFOUNDATION.org/sites/default/files/2021-02/D%C3%A9pliant-A5-ferm%C3%A9-CAP-FE.pdf>

The "Fingertip Rule" Booklet



Why ?

- To explain the correct amount of topical corticosteroids to be applied to achieve effective local treatment.

Who ?

- All patients in consultation with educational management or in group therapeutic education sessions
- Possible to order the card *in Braille* for the visually impaired

How ?

- Printable card or order from the Eczema Foundation
- **Fingertip unit rule:**
“one fingertip of cream = amount needed for 2 palms”
- Show the patient the amount of topical treatment to be applied:
Put a fingertip unit of cream on your index finger and apply it to one of the patient's inflammatory lesions

Link to the tool

<https://www.pierrefabreeczemafoundation.org/sites/default/files/2021-02/CARTELETTE-DOUBLE-UNITE-PHALANGETTE-210x74mm-ouvert.pdf>

True – False

Why ?

- To allow you to evaluate and respond to common misconceptions about atopic dermatitis.
- To address false fears about topical corticosteroids.

Who ?

- All patients in consultation with educational management or in group therapeutic education sessions
- For patients who are reluctant to use topical corticosteroids.

How ?

15 questions and answers to print or order from the Eczema Foundation:

- 1) Is atopic dermatitis (AD) always hereditary?
- 2) Does food often trigger AD?
- 3) Does the use of topical corticosteroids (TCSs) to treat AD maintain the child's quality of life?
- 4) Is AD still curable in adulthood?
- 5) Is it necessary to use a cortisone cream to treat AD?
- 6) Is it important to fight daily against skin dryness?
- 7) In the event of a new AD flare-up, should TCS treatment be resumed as soon as possible, even if the flare-up is limited?
- 8) Can TCSs be used in infants under 6 months of age?
- 9) Are emollients creams that repair the skin barrier?
- 10) Can TCSs have a negative effect on growth?
- 11) Are there any precautions to take when applying a TCS?
- 12) Do TCSs promote infections?
- 13) Is dependence always observed with TCSs?
- 14) Do TCSs cause asthma?
- 15) Is there a risk of an eczema flare-up when I stop using TCSs?

Link to the tool

https://www.pierrefabreeczemafoundation.org/sites/default/files/2021-03/INFO-INTOX-FE-70x185mm_0.pdf

Anti-Scratching Tips

Why ?

- To help patients at home with tips to reduce skin lesions due to scratching.

Who ?

- All patients between consultations with educational management
- Easy exercise in a group therapeutic education session.

How ?

- Bring items to show the patient: anti-itch spray, thermal spring water, ice pack, cold stone, cold emollient cream...
- Help build a **personal anti-scratching tips kit**

Tips:

- **Moisturize** to prevent and soothe itching
- **Spray** with thermal spring water or anti-itching spray (previously kept in the refrigerator)
- **Apply cold**: apply a cold stone, spoon, tube of moisturizer, small tub of ice and/or frozen peas with a cotton cloth to avoid burns.
- **Scratch substitute** such as a Velcro strip placed on a piece of clothing or a stuffed animal for the little ones
- **Cut nails short**
- **Use alternative objects**: cotton mittens, a feather, a manual or electric fan or **anti-stress objects**: a stress ball, a massage roller

Cream Scale

Why ?

- To explain the different textures/forms of emollients: ointment, balm, cream, gel, lotion (from the thickest to the most watery)
- To involve patients in their **choice of emollient to allow better compliance**
- To allow the patient to test out the different textures
- To encourage patients to diversify their moisturizing techniques according to the season, their flare-ups, their age...

Who ?

- All patients in group therapeutic education sessions

How ?

- Box containing emollients with different textures
- Place a hazelnut-sized drop on a sheet of paper or a surgical drape
- Let the patient test out the different textures on the back of their hands if they wish
- At the same time, explain the **nourishing power of each emollient**

Very dry skin

Not very dry skin



Ointment

Cold Cream

Balm

Cream

Emulsion

Gel

Lotion

The best emollient is one that your patient applies regularly !

"Skin Firefighter" Diploma

Why ?

- To encourage young patients to learn and manage their chronic disease

Who ?

- All children in group therapeutic education sessions

How ?

- Personalized sheet to be delivered at the end of the therapeutic education cycle
- Hand-delivered to the child



"Healthy Skin / Atopic Skin" Block

Why ?

- To explain the difference between atopic skin and healthy skin
- To explain how systemic treatments work

Who ?

- All patients in individual consultations with educational management
- Not suitable for children

How ?

- **Poster representing a healthy skin:**
 - No water loss
 - Effective microbial/physical/chemical barrier against environmental factors
 - Absence of inflammatory infiltrate in the dermis
- **Poster representing skin with eczema:**
 - Water loss
 - Deterioration of the skin barrier = penetration of allergens/irritants or toxins
 - Th2 inflammatory response and IL-4 and IL-13 production

"PO-SCORAD" Application

Why ?

- To enable patients to self-assess signs of disease activity
- To follow their progression and evaluate the efficacy of treatments between consultations
- Digital Eczema Severity Self-Rating Tool

Who ?

- All patients during an educational consultation
- All patients at home between appointments

How ?

- *Downloadable phone application available in 24 languages*
- *Digital version of the SCORAD tool*
- Perform the first assessment in consultation by showing the patient the different steps
- Ask the patient to do a regular assessment of the signs of the disease.
- Review their history at the next visit to assess the efficacy of the treatments implemented.

Link to the tool

https://www.pierrefabreeczemafoundation.org/sites/default/files/2021-01/2020_PO-SCORAD_EN.pdf