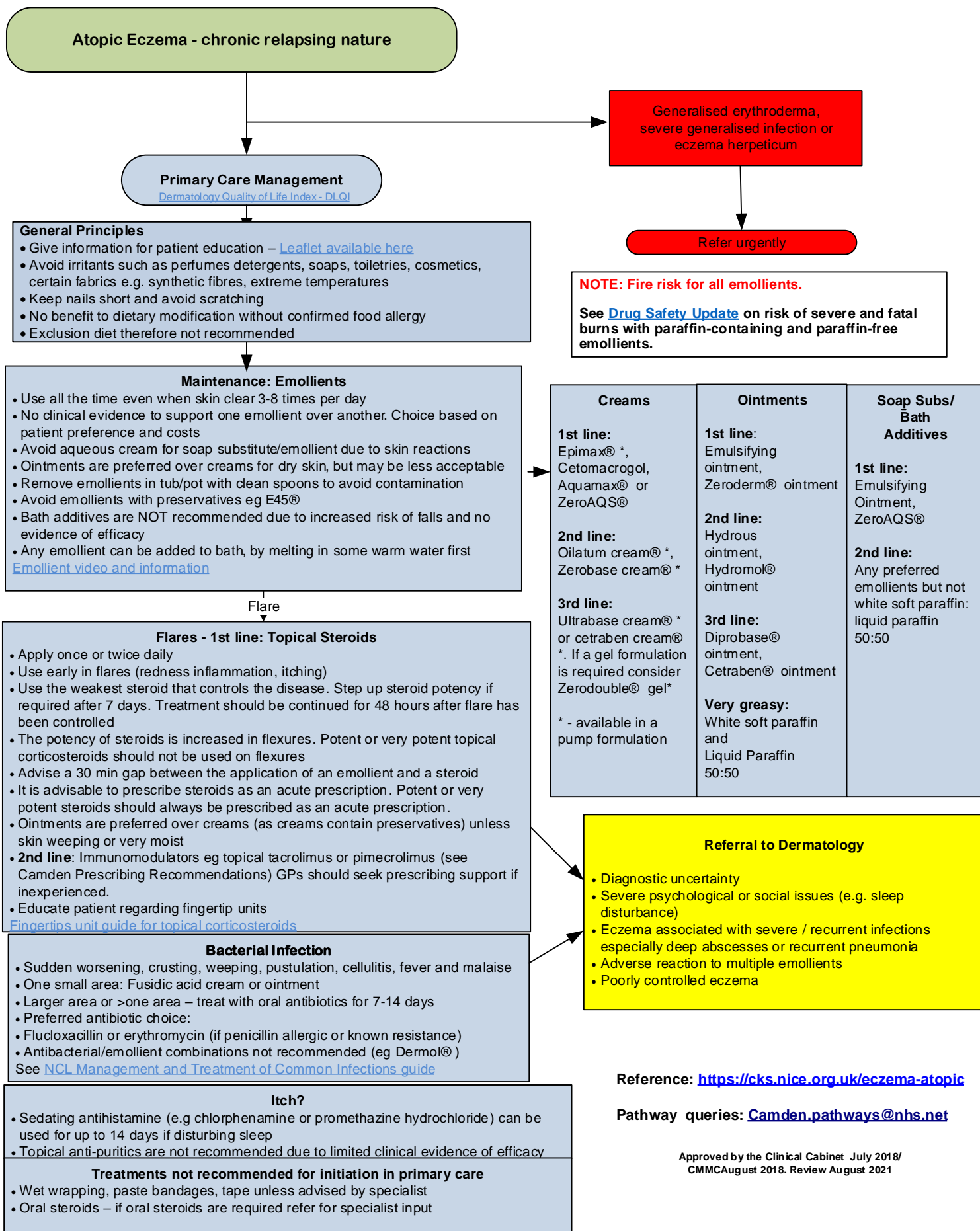


Camden Adults Eczema



Please refer also to [Camden Adult Eczema Guideline](#), and the Summary Product Characteristic (SPC) of any drugs considered. This pathway has been developed from published guidance in collaboration with local dermatologists. This guidance is to assist GPs in decision making and is not intended to replace clinical judgement.

Adult Eczema

Preferred Camden prescribing guidance

STERIODS- cream/ointment	Mild	Hydrocortisone 1% (cream/ointment)	Any area up to twice a day
	Moderate	Clobetasone butyrate (Eumovate®) 0.05% (cream/ointment)	All areas up to twice a day Maximum of 5 days duration for moderate or severe flares on the face, genitals, or axillae
		Betamethasone valerate 0.025% (cream/ointment)	All areas max twice a day Maximum of 5 days duration for moderate or severe flares on the face, genitals, or axillae
	Potent*	Betamethasone valerate 0.1% (cream/ointment)	Body, limbs, feet and hands up to twice a day for a maximum of 7-14 days.
		Mometasone furoate (Elocon®) 0.1% (cream/ointment)	Body, limbs, feet and hands once daily for a maximum of 7-14 days.
Very Potent*	Clobetasol propionate 0.05% (cream/ointment)	Very potent steroids should not be used on the face. Only for those unresponsive to potent steroids for a short course especially on hands or feet	

Key prescribing messages for steroids:
 Ointments are preferred over creams if cosmetically acceptable
 Creams contain more water and therefore may contain more preservatives-but they maybe more cosmetically acceptable
 *There should be a **four week gap between courses of potent/very potent steroid treatments**
 See [fingertip unit guide](#) for further information

Treatment for Infections (See [NCL Management and Treatment of Common Infections Guide](#))

Infection	Treatment
Bacterial Symptoms and signs: weeping pustules, crusts, rapidly worsening atopic eczema, fever and malaise	
Widespread infection (S.aureus or streptococcal)	Oral antibiotics: 1 st line – Flucloxacillin or Erythromycin – in the case of allergy to flucloxacillin or flucloxacillin resistance 2 nd line - Clarithromycin – in the case of allergy to flucloxacillin or flucloxacillin resistance and if erythromycin is not well tolerated Prescribe as indicated for 7-14 days according to clinical response Please also refer to the North Central London common infections guide
Localised infection	Topical antibiotics. Prescribe as indicated and use no longer than 14 days
Localised herpes simplex infection	Initiate treatment with oral aciclovir (see BNF for dosing)