

Dry skin

There are many causes of dry skin. Among the most common causes include conditions like dermatitis, eczema, psoriasis and seborrheic dermatitis.

Dermatitis

The simple definition of dermatitis is inflammation of the skin. Different types of dermatitis include contact dermatitis, seborrheic dermatitis (dandruff) and atopic dermatitis (eczema). Symptoms include swollen, reddened and itchy skin. 80% of dermatitis cases are “contact dermatitis”, caused by an allergic response to a substance your skin has been in contact. This can include latex, detergents or jewelry such as nickel. Symptoms are often mild. Treatment involves avoiding contact with the offending substance. Skin hydration with an emollient is important. A topical steroid such as hydrocortisone 1% cream available in pharmacy may be required.

Eczema

Eczema is a type of dermatitis called atopic dermatitis. It is a chronic inflammatory skin condition that involves a complex interaction between environmental and genetic factors. It generally starts in childhood with many people growing out of it. Eczema affects over 30 per cent of children before they reach school age and 1-3 per cent of adults in the UK. It is likely that its frequency in Ireland is similar to the UK. It is very often inherited. There is very often a link with asthma and hay fever. Eczema has become more common in recent years, the cause of this is uncertain. Skin hydration can control eczema and in more severe cases, steroid creams may be temporarily required.

Psoriasis

Psoriasis is a common condition which affect between 1 and 100 to 3 in 100 of the population. It is caused by inflammation of the skin. It typically develops as patches of red, scaly skin. Plaque psoriasis is the most common type of psoriasis (about 80% of cases). Its symptoms are dry, red skin lesions, known as plaques that are covered in silver scales. They normally appear on elbows, knees, scalp and lower back but can appear anywhere on the body. The plaques are normally itchy, sore, or both. In severe cases the skin around your joints may crack and bleed. Appropriate treatment will keep psoriasis under control but there is no out and out cure. Skin hydration is important; other treatment options for more severe psoriasis include topical steroids, vitamin D analogues (eg. Dovonex[®] cream) and coal tar preparations.

Seborrheic dermatitis

Seborrheic dermatitis is characterised by red, scaly patches that develop on the scalp, face, and upper trunk. It is more likely to affect men than women. It is commonly aggravated by changes in humidity, changes in seasons, trauma (eg, scratching), or emotional stress. The usual onset occurs with puberty. It peaks at age 40 years and is less severe in older people. Approximately 1 to 3 percent of adults suffer from seborrheic dermatitis. Dandruff is a mild form of seborrheic dermatitis and is estimated to affect 15 to 20 percent of the population. The cause of seborrheic dermatitis is unknown. There is evidence that a type of fungus called malassezia has an influence. Seborrheic dermatitis most commonly affects the sides of the nose and the nasolabial folds (skin folds that run from each side of nose to corner of mouth), eyebrows, glabella (space between eyebrows and above the nose) and scalp. There are many treatment options for seborrheic dermatitis. Shampoos containing the antifungal agents ketoconazole or ciclopirox appear to be the most effective in the control of scalp seborrheic dermatitis including dandruff. Brands of ketoconazole shampoo available to buy in Whelehans include Nizoral[®] shampoo. Whelehans stock Ketozol[®] shampoo, a less expensive but equally effective generic form of ketoconazole shampoo.

Diet

In adults, food allergies do not appear to be a factor in dry skin conditions such as eczema and psoriasis so avoiding foods is not any benefit. In infants, avoidance of certain foods can be helpful. Common food triggers include eggs, nuts, peanut butter, chocolate, milk, seafood and soya.

Maintaining adequate skin hydration

Evaporation of water on the skin leads to dry skin, especially in people suffering from dry skin conditions such as dermatitis, eczema or psoriasis; skin hydration is a key component of their overall management. Thick creams (eg. Whelehans Intensive Moisturising Cream, Diprobase[®]) which have a low water content, or ointments (eg. petroleum jelly, Emulsifying Ointment), which have zero water content will better protect against dry skin than lotions. Hydration is best applied immediately after bathing when skin is hydrated. Improve hydration by soaking in a bath containing a bath additive such as Oilatum[®] for 10 to 20 minutes.

Urea

Urea is a hydrating agent naturally found in our skin and contained in emollients including Calmurid[®], Eucerin[®] and Whelehans Intensive Moisturising Cream. There are markedly reduced amounts of urea in dry skin conditions. Urea is strongly hygroscopic (water-loving) and draws and retains water within skin cells. Urea softens the skin. Urea is beneficial in dry skin conditions where scaling and flaking occur and can be useful in elderly patients. Whelehans Intensive Moisturising Cream was developed by our pharmacist because brands such as Calmurid[®] Cream, while effective, are very expensive. Our cream contains 10% urea and is over half the price of brands such as Calmurid[®] Cream.

Use of steroids

Topical corticosteroid such as hydrocortisone 1% cream may be prescribed by a GP for many dry skin conditions. The face and skin folds are areas that are at high risk of thinning and marking with corticosteroids so care and moderation is important. The GP may prescribe more potent corticosteroid creams such as Eumovate[®], Betnovate[®] or Dermovate[®] for short periods during bad flare ups. A person may need to be referred to a skin specialist in more severe cases.

When using a corticosteroid and a moisturiser, it is good practice to use the corticosteroid first and to put on the moisturiser after half an hour to allow the skin time to absorb the corticosteroid. In more severe cases treatment may include tacrolimus (Protopic[®] Ointment) for eczema or UVB phototherapy and Psoralean plus ultraviolet A (PUVA) therapy for psoriasis.

Therapies with no evidence base

Supplementation with essential fatty acids, pyridoxine, vitamin E, multivitamins and zinc salts has no proven value. Reactions to washing powders are rare and avoidance of biological washing powders is of no benefit.

Disclaimer: Please ensure you consult with your healthcare professional before making any changes recommended

View more detailed information on eczema and psoriasis and seborrhoeic dermatitis at www.whelehans.ie or call into Whelehans pharmacy, 38 Pearse St, Mullingar. Tel. 04493 34591