

A GUIDE FOR TEENAGERS WITH ECZEMA

LIVE
YOUR LIFE





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#Eczema

HOW ECZEMA OFTEN IS

“ IT FEELS LONELY ”

> You are not alone with this – nearly 6 million people in the UK have eczema so the chances are that there are a few others in your year group at school that also have it.

“ NO ONE TALKS ABOUT IT AND I DON'T KNOW WHO THEY ARE AND THEY DON'T SEEM TO BE AS BAD AS ME ANYWAY ”

> Yes, that is true, not enough people talk about it. Do you talk to your friends about it?

“ I HATE MY SKIN, WISHING SO MUCH IT WOULD JUST GO AWAY ”

> Teenagers say they feel isolated with their skin, unable to tell their parents or a close friend how they are feeling.

It's true that most people find fault in their skin, be it acne or darker skin under their eyes, or their eyebrows, or the way hair grows on their face or body. Everyone hates something about the way they look, but we don't tend to share it. We don't share it for many reasons – sometimes we think it is our fault, something we have done, eaten, or not done enough of, so in a way we blame ourselves. Sometimes we don't tell anyone because it feels a bit weird to talk about it and it might be embarrassing. It takes a lot of courage to talk and often we cannot find that courage.

“ I HATE THE FEELING THAT I CAN'T CONTROL IT AND HAVE NO IDEA WHAT IT'S GOING TO BE LIKE NEXT WEEK ”

> It is tricky to control and unpredictable and that can be really annoying and frustrating.

Read on because this booklet aims to explain to you what we currently understand about eczema. We hope it will help you to understand your skin and yourself better and that could lead to improvements for you in all aspects of your life.



#Why

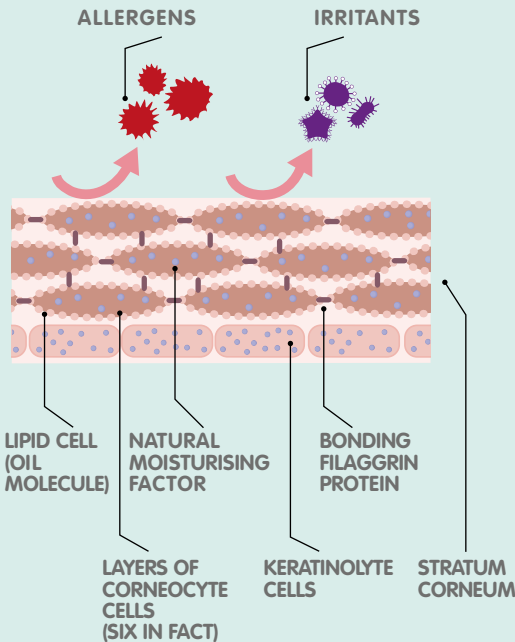
WHY DO I HAVE ECZEMA?

There are various forms of eczema, but the inherited kind is called 'atopic'. The word 'atopic' means 'out of place', and the word 'eczema' comes from Greek and means 'to boil'. Eczema has been around for a long time but nowadays we understand more about skin changes in eczema and how to treat it.

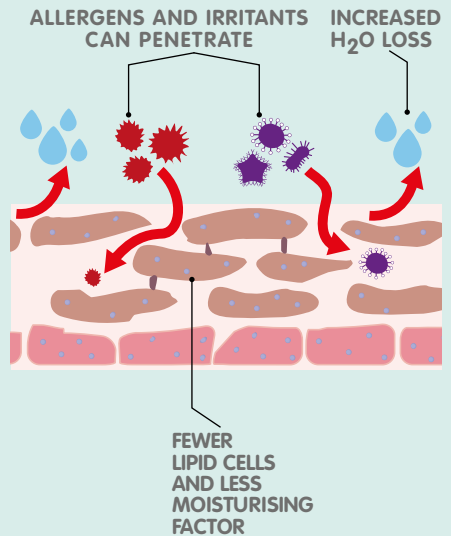
Atopy is where the body's immune system overreacts to things that would not normally harm us (other atopic conditions are hayfever and asthma, and you or someone in your family may have these too). The skin in atopic eczema is affected by genetic changes. Scientists have identified mutations/changes to one of your chromosomes, which results in microscopic changes in the structure of the skin. The changes in the skin's structure are seen in several ways. Filaggrin, a structural protein in the skin, acts to tie skin cells together in the top layer of the skin (the stratum corneum). In people

with eczema there is often less filaggrin in the skin. There also seems to be less oil in the skin and some skin cells (called corneocytes) have an irregular shape. Together, these structural differences result in a less effective skin barrier which causes the skin to be very dry and allows irritants (e.g. soaps, fragrance, detergents) and allergens (e.g. animal skin, house-dust mite droppings and pollens) to enter the skin and trigger an immune reaction which results in the skin becoming inflamed and itchy. Once the immune system is triggered, it overreacts when an allergen enters the skin and this results in

NORMAL SKIN



ECZEMA SKIN



the red, inflamed, itchy areas you see on your skin.

You can't change the structure of your skin – it is in your genetic coding, so your skin cells replicate and replace themselves identically and that is why eczema cannot be cured. What you can do though is try to avoid irritants and allergens and you can add oil in the form of emollients to the skin to help restore its impaired barrier function. This strategy can bring about big improvements in the skin's condition for most people with eczema.

#Triggers

Triggers vary from person to person and not everyone's eczema is triggered by the same allergen or irritant, but it makes sense to read through the list below and think about making some changes at home to give yourself the best chance of minimising a flare-up.

IN MY ROOM AND AROUND THE HOUSE: THE TRIGGER OF HOUSE-DUST MITES

House-dust mites live in bedding, carpets and soft furnishings, so they especially love bedrooms! Although they do not actually cause eczema, house-dust mite droppings can make eczema worse for some people. 80% of people with eczema react on prick tests to house-dust-mite droppings, so that is the chance you have too.

HELPFUL TIPS

- ✓ It is now thought that cleaning will not reduce the numbers of house-dust mite significantly enough to have an effect on your eczema, so only normal cleaning is needed. However, it is a good idea to try to tidy up, regularly damp dust surfaces in your room and vacuum the floor, including under your bed if you can.
- ✓ Washing at 60 °C kills house-dust mites. So it makes sense to bung in the washing machine your bedding and any clothing that is 100% cotton and can withstand that temperature.
- ✓ Special protective bedding covers, duvets and pillows can be used to reduce contact with house-dust mites, but it is unclear at present how effective these are.
- ✓ Freezing also kills house-dust mites. You need to place items in the freezer for about 12 hours to make sure the mites are dead. You could do this with soft toys or items of clothing (if there's room in the freezer!). It's probably simpler to wash clothes, though.

PERFUME

Perfume is a common trigger. It's not just the perfume you wear. Perfume is added to lots of household products: cleaning stuff, washing powders, deodorants, shampoos, candles, incense sticks, plants and flowers. Have a look in your room and try to reduce the amount of fragranced items in the house.

LAUNDRY

It doesn't matter what powder you use to wash your clothes with as any residue – biological or non-biological – in clothing fibres will be an irritant (and the enzymes in biological powder, which are the main problem for people with eczema, are killed when you wash at more than 40°C). That said, many people with eczema do seem to prefer non-biological. Use very little washing powder – try using a third of the amount they say on the packet and put on an extra rinse cycle. Fabric conditioner is a big 'NO' too. It works by binding to the fibres to make them soft and so will remain in clothing and irritate your skin.

HELPFUL TIPS

- ✓ Do your washing at a high temperature (at least 60 °C) to kill off the house-dust mites.
- ✓ Put your wash through an extra rinse cycle to remove detergent residue.
- ✓ As emollient clogs up washing machines, do an empty wash about once a month at a high temperature, using any detergent to cut through the grease.

CLEANING YOUR HOUSE

Cleaning agents such as white vinegar and bicarbonate of soda are really effective for cleaning. You can buy white vinegar in spray bottles in supermarkets, which make it easier to use. Damp dust rather than dry dust, as dry dusting redistributes dust rather than removes it. Steam cleaners may be worth considering if you react badly to cleaning products. You can also protect your hands with gloves (make sure you're not allergic to any of the materials in them), possibly worn with cotton ones underneath.

POLLENS AND MOULDS

There are three main types of pollen that can trigger eczema – grass, rape seed and tree pollen. These release pollen at different times of the year. Reactions occur on areas of the skin exposed to the air such as the face, bare legs/arms etc. Pollen sticks easily to sheets and clothing when they are dried outside so dry yours inside or use a tumble drier. During the summer, pollen grains rise into the higher atmosphere in the early morning and then descend towards evening as the temperature begins to fall. So keep your bedroom window closed during the day. You are likely to benefit from a fan at night in warmer weather in addition to keeping your window open.

Mould spores can be a problem and they love a damp environment such as condensation on windows and bathrooms. A weak bleach solution kills mould, so keep an eye out for mould and clean it away if you see it.

TEMPERATURE AND CLIMATE

Our skin plays an important role in regulating our temperature. If you have atopic eczema, your skin barrier will not be as effective as other people's. Many people with eczema find they have an erratic thermostat, being either too hot or too cold, when others around them are just fine.

Central heating, warm bedding, exercising or playing sport may all aggravate your eczema. Wearing loose, cotton clothing and taking a cool shower after sport may help to reduce discomfort. Changes in climate may also affect your skin – this includes colder weather as well as hotter and more humid conditions. Some people find their eczema improves in colder conditions but others find their skin is worse. People with eczema find a room temperature of 16–18 °C best to avoid itching, so think about getting a wall thermometer for your room so you know how near to that you are.

COSMETICS AND TOILETRIES

People with eczema need to be more careful when choosing toiletries. You are at risk of developing allergies and experiencing irritation to any of the added ingredients in products such as shampoos, shower gels, lotions and makeup. Use your emollients to wash your skin and look for fragrance-free shampoo for your hair. Try to keep shampoo off your skin as much as possible – it's way better to wash your hair over a basin rather than in the bath or shower.

SHAVING AND HAIR REMOVAL

Avoid shaving foam, astringents and after-shave. If you prefer to wet shave, use an emollient as a 'shaving cream' – lotion and cream emollients would work best for this. You can use an emollient for shaving all hairy bits, including the face, bikini line, underarms and legs.

Epilators can make the skin more itchy. This is also true with any hair removal method when hair is growing back. Hair-removal creams may aggravate your skin so try them out on a small area first. Waxing may be fine – again try with some wax strips first – but some people develop folliculitis with waxing. Electrolysis and laser treatment can induce inflammation in the skin after treatment so this could make your eczema worse. We suggest you try it first on a small area to see how you react.

JEWELLERY, PIERCING AND TATTOOS

Jewellery that contains nickel can cause allergic contact dermatitis and this often first appears around the site of piercings. Although nickel is generally associated with cheap jewellery, it is often mixed with more expensive metals such as gold and silver, although 24-carat gold is safe to wear. Stainless steel also contains nickel, but in good-quality stainless steel the nickel is tightly bound and will not be released. Titanium is also commonly used for first piercings as it is less likely to cause allergy than nickel.

Permanent tattoos involve injecting dyes into the skin, and people with eczema are at greater risk of suffering an allergic reaction to these and the skin becoming infected. Heat from the tattoo needle and trauma to the skin may also trigger an eczema flare. Tattoos cannot be applied to skin where there is eczema and you cannot scratch them for up to two weeks afterwards.

Avoid black henna tattoos as black henna can be dangerous if you are allergic to paraphenylenediamine (PPD) – also widely used in hair dyes. The problem is that most people don't know if they are allergic to PPD until they have a tattoo and then it's too late and they can have lasting damage from a reaction.

If you decide to risk a tattoo, have a patch test first, although this is no guarantee that the procedure will be problem-free.

STRESS

Stress – in particular exam stress – does seem to make eczema flare up. The best outcome seems to come with planning in advance. Sometimes eczema is managed with stronger treatments to help students over this tricky time. It would be worth discussing options with your doctor a few months before your exams so you have a plan for a bad eczema flare-up. You may also qualify for 'special consideration' by the exam board. The school applies for this when a student is disadvantaged during an exam due to illness, so it may be worth discussing this with your head of year in the lead-up to the exams. Universities tend to have their own rules around special considerations, so it's a good idea to check these out in advance and speak to your course tutor if necessary.

PARTYING AND LATE NIGHTS

You are going to have to pace yourself! Teens report that their eczema flares when they are over-tired after late nights, so plan your recovery time. Sometimes you just can't do it all and you may need to prioritise gatherings and parties. Alcohol can affect some eczema medications, including antibiotics, antihistamines and Protopic, so it is best not to drink alcohol at all if you're using these treatments. Alcohol should also be avoided if you have been prescribed immunosuppressant drugs – it is important that you take responsibility for this.

Recreational (illegal) drugs and legal highs often make you hotter and this may aggravate your eczema.

HAIR DYEING

Hair dyes contain a lot of chemicals and many could trigger sensitivity reactions. You may have a reaction on the scalp, neck and face. Symptoms of a reaction include itching and soreness of the skin, urticaria (nettle-like rash), generally feeling unwell and rarely anaphylaxis (severe allergic reaction). Vaseline around the hairline can help protect the skin but we would urge you to make sure you test hair dye out on a small area first.

ACNE

Most teenagers develop acne to some degree. The combination of acne and eczema on your face can present problems as many of the acne lotions are drying and can make eczema worse. Topical steroids can also make acne worse. You need to see your GP to get the right treatment.

There are tablets you can take to help with the acne, and creams are going to be better than ointments for a combination of acne and eczema.

#Basics

“ I DON'T SEE THE POINT OF PUTTING ON MY CREAMS – THEY DON'T HELP MUCH ”

➤ They do help, when you use enough.

Now that you know a little bit about the slightly different structure of your skin, you can appreciate that its barrier function is at risk, allowing moisture to leave the skin and irritants, allergens and germs to enter it. Emollients (medical moisturisers) are key to artificially restoring the skin barrier function to your skin. The oil prevents irritants and allergens from entering the skin and kicking off an inflammatory reaction. Emollients do not contain any drugs; they are mainly a mixture of oils and water so you can slap loads on regularly without any worry of side-effects.

BATHING

For most people with eczema showering or bathing for 10 minutes every day is considered best. Don't stay in the bath for longer than 20 minutes as it can make your skin more fragile, which makes it easy to damage when you scratch. Bathe or shower with an emollient – any emollient is fine to use (with the exception of 50/50 white soft paraffin/liquid paraffin, which is too greasy to dissolve in water). You can use it to wash with in the bath or shower (like you would use a liquid soap) or smooth it on before you get in the bath or shower and then rinse it off in the tub or shower.

HOW TO APPLY EMOLLIENTS

Wash your hands before applying your emollient. It's a little thing to do but it makes a big difference to a person's eczema.



No scooping of emollient out of tubs with your fingers! We have all done it, but it risks you adding bacteria to the tubs, which grow and multiply within it. You then spread those microbes on your skin. Use a spoon from your kitchen to scoop it out and then wash the spoon in hot water.





If you use an emollient cream, the best option is to get one in a pump dispenser.



Apply emollient downwards in the direction of hair growth. Do not rub it in. Sit down, wipe your hands on a towel, pick up your phone and catch up with your social media while you wait for the emollient to soak in. Smooth it on in a thin layer, but just thick enough for you to draw a smiley face in it.

You should expect it to take about 10 minutes for all the emollient to soak in.

Have a think about how you can do this at least a couple of times a day. If your eczema is really bad then try to step it up to 3–5 times a day.

HOW TO APPLY STEROIDS

Steroid (aka corticosteroid) creams and ointments don't cure eczema, they just calm down the inflamed areas. So put it just on the inflamed areas.

It is quite common for people to worry about using steroids and not use them because of a fear of side-effects. If you use too much of a steroid, or too potent a steroid over too long a period of time, you may experience skin thinning or stretch marks. Steroids are safe when used as prescribed by your GP or dermatologist. We have a steroids factsheet on our website, which you can download, that has a table with all brands listed so you can check on your potency.

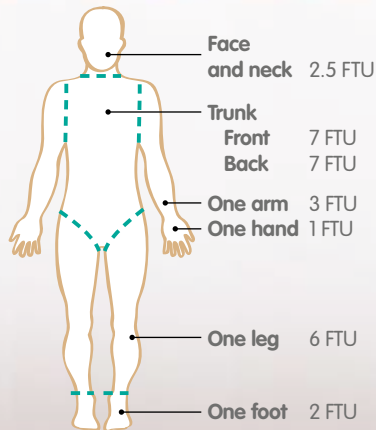
You need only apply steroids once a day. Put them on 30 minutes after your emollient has soaked in. To ensure you are using enough and not too much, check yourself every so often with the fingertip unit measuring method opposite.

MEASURING A FINGERTIP UNIT

Use the adult fingertip unit (FTU) as your guide



TEENAGER TCS AMOUNT TO USE



NOTE If the topical steroids are not helping you after a week, they are either not the right strength (potency) for the degree of flaring or something else is needed, so it's a trip back to see your doctor.

#Bringonthebigguns

There are other treatments to explore.

WET WRAPPING AT NIGHT

This refers to using two layers of viscose eczema clothing to help with reducing damage from scratching at night. One of the layers is wet and this creates a cooling sensation on the skin as the water slowly evaporates. Some people find these wraps really relaxing and soothing. The wraps come as clothing garments, such as a long-sleeved top, leggings, socks and gloves. You start by applying emollient really thickly to your skin, as if you are spreading butter icing on a cake. You then soak a layer of the garment in warm water, wring out the excess so it's not actually dripping and get dressed in it (this is a bit tricky as it's wet, but with practice you will find it easier).



You then put the second layer (dry this time) on top. Don't use wet wraps with topical steroids unless a healthcare professional tells you to, as covering up in this way increases the strength of a steroid cream/ointment. You also need to watch out for signs of infection, as occluding (covering up) an infection in this way will make it worse. We recommend you try sleeping in wraps if you are itchy at night.

Your GP may be able to prescribe the garments, but they can also be bought online. For more information on wraps and suppliers we have a booklet called *Paste Bandages and Wet Wraps*.

HELPFUL TIPS

- ✓ As the wet wrap slowly dries out, you can then become more itchy, so if that happens in the middle of the night, re-wet them using a clean spray gun (like the ones cleaning products come in) but make sure it is absolutely spotlessly cleaned out before you refill it with water.

ANTIHISTAMINES

Antihistamines do not actually treat the itch of eczema. You may be prescribed sedating antihistamines to help you sleep at night. Sedating antihistamines are meant to be used in the short-term, at night only, when the eczema is flaring.

TOPICAL CALCINEURIN INHIBITORS (TCIS)

This type of treatment comes in a tube just like a topical steroid cream. TCIs contain a drug that modulates the immune system locally in the skin. They are not steroids and there are no concerns over skin thinning, but they do have some other side-effects. At the beginning of treatment you may experience a mild burning sensation after applying the ointment version but this tends to settle after a week or so. You also have to be careful in the sun. You must not use a sun bed and you will need a sunscreen to protect your skin in direct sunlight.

As there is no worry of skin thinning, TCIs are being used increasingly for sensitive skin areas such as the face and groin. On our website we have a factsheet on this treatment, which you can download, and we suggest you read this before speaking to your doctor about this treatment. It's always easier to talk to someone when you understand the subject.

SYSTEMIC TREATMENTS

Azathioprine, ciclosporin, methotrexate and mycophenelate mofetil are immunosuppressant drugs that work by helping to control, or suppress, the immune system in order to reduce the symptoms of severe eczema. They are taken by mouth, although methotrexate can also be taken as an injection.

Prednisolone is an oral steroid, taken as a tablet, that can be used in the short-term to treat a severe eczema flare. It has more risks of side-effects than topical steroids.

Biologics and JAK inhibitors are newer treatments that act on a few specific pathways within the immune system. The other systemic treatments mentioned

take a broader approach, acting on lots of different pathways.

The biologic drug dupilumab is taken by injection every two weeks. Someone in your dermatology team would show you how to inject yourself with it. The JAK inhibitors abrocitinib and upadacitinib are taken by mouth as tablets once a day.

Before being considered for a biologic or a JAK inhibitor, your dermatologist might expect you to have tried at least one of the immunosuppressant drugs first: azathioprine, ciclosporin, methotrexate or mycophenelate mofetil. You might also be considered for a biologic or a JAK inhibitor in the rare circumstance that none of the immunosuppressant drugs are suitable for you for medical reasons.

These treatments all come with some risk of side-effects and therefore require the supervision of a specialist doctor – a dermatologist. The immunosuppressant drugs in particular require careful monitoring through blood tests while you are taking them to keep you safe.

PHOTOTHERAPY

Phototherapy is a special type of light therapy available from a specialist clinic or hospital. It is a treatment option for those with moderate to severe eczema. There are three types of UV treatment – broadband UVB, narrowband UVB and PUVA – and sometimes a combination is used. A course of treatment is given 2–3 times a week for an average treatment period of 3 months. This is different from sunbeds and we would not recommend you try a sunbed as the dose of light is not controlled or regulated. For more information see our factsheet on phototherapy, which you can download from our website.

#Bitethebullet

FACT

Most teenagers are slightly daunted about seeing their doctor. You might have thoughts such as: 'Will it be embarrassing if they examine me?' 'Will they ask me awkward questions?' 'Will they help me or dismiss my questions and problem?' The key to overcoming these obstacles and getting a successful doctor's appointment is preparation.

STEPS TO GETTING PREPARED

- 1 Figure out what you want to see the doctor about.
- 2 Think it through and write down your questions.
- 3 Practise saying your questions out loud to the mirror or to your parents.
- 4 You can ask to see a male or female GP, as long as your surgery has both male and female GPs available.
- 5 Remember it's the doctor's job to help you.
- 6 Arrive in plenty of time for the appointment so you can sit for a few minutes beforehand and calm yourself by breathing slowly and focusing on something in the room.

TIPS FOR SPEAKING CONFIDENTLY

- ✓ If the doctor is making you nervous, just tell them – it can really break the tension.
- ✓ Maintain eye contact with the doctor.
- ✓ Speak slowly and clearly – it's fine to read out your questions from a piece of paper.
- ✓ It's ok to tell the doctor if you need more time to think things through and come back on a different occasion.
- ✓ Try this order of sentences, starting with:

I feel...because...

I would like...

What do you think?

Anything you say to your doctor must be kept between the two of you, unless you give permission for someone else to be involved. A doctor can only ever speak to someone else about you without your permission when there is a danger that your safety or someone else's safety might be at risk.

#Can't be bothered

“ WHEN I WAKE UP IN THE MORNING, I TAKE A SHOWER AND THEN SIT WITH MY PHONE FOR 10 MINUTES, BUT I JUST CAN'T BE BOTHERED TO PUT ON MY CREAMS”

➤ Staying motivated to apply creams every day is really hard, and adults and children alike struggle with this.

The next part of this booklet uses Acceptance and Commitment Therapy (ACT), which is an approach to making helpful changes in how we live our lives. Here, ACT is used to help you keep up with your topical treatments (this means your creams/ointments) for reasons that are important to you. You might use it alone or work on it with a friend or parent.

WHY IS IT THAT I PUT ON LESS TOPICAL TREATMENTS THAN MY SKIN NEEDS?

Most people with eczema feel bored or frustrated with putting on their topical treatments. Some say that when their skin isn't so flared they have thoughts like 'There's no point', 'It takes too long', 'Why bother?' and 'I want to do other things'. It is really natural for your mind to come up with reasons to put on less emollient creams in these ways.

Getting too caught up in these thoughts and feelings could mean that you put on less cream/ointment than your skin needs. In the short term you might avoid feeling

frustrated with applying them and forget about your eczema for a while. However, it might start to cost you your skin's health, leading to more eczema flaring. In the long term your eczema might then flare more often, making it even more difficult to start to live life how you want to.

HOW CAN I KEEP UP WITH MY TOPICAL TREATMENTS AND LIVE LIFE?

You might start by clarifying which things are important to you – the things you value most in life. We can call these your values. They might include something to do with the sort of friend you would like to be, the way you want to get along with your parents, or commitment to a hobby or to school.

Example: David wanted to be a more skilful footballer. He wanted to spend longer playing five-a-side with friends. He often skipped applying creams during the day. Eventually his skin became sorer and he had to miss some team training sessions. He made the plan of applying moisturiser at least three times a day and going to more training sessions. He did this and eczema affected his ambitions in football much less.

Like David, if you can connect keeping up with your topical treatments with your values, you might find yourself meeting your goals and living life closer to how you want to.

MORE WAYS TO STAY ON TRACK WITH WHAT I VALUE MOST

You might know what you value but still miss out on applying enough treatment because your thoughts and feelings 'pull you away' from doing them. We have included an ACT for treatment chart with examples to help you develop your own. It can help you keep up with your treatment and stay on track with your values.

Example: Nina was a teenager who felt frustrated that she had eczema that needed topical treatment. She couldn't wear the party top that she wanted. She struggled to motivate herself to apply her creams, often heading off to school without even any moisturiser. However, being sociable and fashionable were very important to her. She used the ACT chart and started putting on more creams. Soon she started to wear more of the clothes that she wanted and she felt more confident at parties with her friends.

> You can download blank ACT charts from our website.

My ACT

MY TOP THREE GOALS ARE:

- * GO TO A MUSIC FESTIVAL
- * WEAR A SHORT SKIRT AT NEXT WEEK'S PARTY
- * START APPLYING MY CREAMS THREE TIMES A DAY WITHOUT MUM TELLING ME TO

THESE GOALS ARE IMPORTANT TO ME BECAUSE I VALUE:

- * BEING ADVENTUROUS
- * EXPRESSING MYSELF AND BEING FASHIONABLE
- * CHOOSING MY OWN WAY OF DOING THINGS

EACH DAY OF THE WEEK MY SKIN CARE PLAN IS:

- * TO MOISTURISE:
FIRST THING AND THEN AGAIN AT LUNCH TIME (AWKWARD BUT I'M GONNA DO IT).

Add information from your GP or dermatologist here.

- * TO APPLY TREATMENT:
E.G. WET WRAP EACH NIGHT.

Add information from your GP or dermatologist here:

You might set phone reminders for certain times of day to help you remember!

Chart

THOUGHTS AND FEELINGS THAT SOMETIMES PULL ME AWAY FROM THIS PLAN INCLUDE:

Thoughts:

- * IT TAKES TOO LONG

Feelings:

- * FRUSTRATION

TO HELP ME STAY ON TRACK:

- * I CAN LET GO OF THESE THOUGHTS BY NOTICING THEM LIKE CARS PASSING DOWN THE STREET AS I STAND BY THE WINDOW. (IMAGINE THE CAR TAKING AWAY YOUR THOUGHTS.)
- * I CAN PRACTISE ACKNOWLEDGING THESE FEELINGS AND LETTING THEM BE WITH ME BEFORE I LET THEM GO.

THINGS THAT SOME YOUNG PEOPLE WITH ECZEMA DO TO BE MORE WILLING TO APPLY THEIR CREAMS INCLUDE:

- * SNAP CHAT SCANNING
- * CATCHING UP ON NETFLIX OR YOUTUBE

What might you do?

#Awkward questions

WILL CONDOMS BE OK WITH MY ECZEMA?

Condoms are most commonly made from latex and some also contain a substance that kills sperm called a spermicide (although these are being phased out). It is possible to be allergic to either the latex or the spermicide. Allergic reactions can occur up to a few hours later. The reaction may range from a mild irritation to blistering and swelling. If you have a reaction, take an antihistamine as soon as possible, which should reduce your symptoms. If you can tolerate other items that contain latex such as rubber gloves or balloons, it is unlikely you will be allergic to latex in condoms. If you do have problems with latex items, then use latex-free condoms. Femidoms are latex-free and made from polyurethane.

IS THE CONTRACEPTIVE PILL OK TO TAKE?

There is no established link between the contraceptive pill and a worsening of eczema. You can use all eczema treatments while taking the contraceptive pill.

WILL DRINKING ALCOHOL MAKE MY ECZEMA WORSE?

There is no established link between alcohol and eczema. However, partying and staying up late can make your skin worse. When you are tired, drunk or hungover, you are less likely to care for your skin, so this could indirectly make the eczema worse. Pace yourself, try not to get overheated when dancing, get plenty of sleep and treat your skin well in between parties. Remember what we said on page 6 – alcohol can sometimes affect treatments (e.g. antibiotics, antihistamines, Protopic and immunosuppressant drugs), so if you are using any of these treatments it's best to avoid alcohol altogether. Recreational (illegal) drugs and legal highs often make you hotter, which can aggravate eczema.

HOW CAN I STOP MY PARENTS CONSTANTLY NAGGING ME ABOUT MY SKIN?

It's hard for parents to let go. Having cared for you during your younger years it is a big adjustment for them to step back and let you be independent. During your teenage years they are learning how to back off just as you are learning how to live as an adult. Be patient with your parents. If you show them they can rely on you to manage your skin, they will stop nagging. Maybe negotiate a point in the week when they can sit down with you for 10 minutes and check with you how your skin is and what it needs for the week ahead, and in return, they try not to say anything to you in-between those meetings.

I CAN'T SEE MYSELF EVER HAVING A RELATIONSHIP.

This is such a common worry – you are really not alone in thinking this. There

are no guarantees in life, but romantic relationships are based on so much more than skin. Many eczema sufferers and their partners will say that their eczema is not an important part of their relationship. People are attracted to each other for many reasons, personality and character being more important. Remember there is so much that goes into making a person. Skin is just a small part of you; why would it bother anyone worth bothering with?

#University

The first weeks of university can be a blur, but it's important to register with a doctor as soon as possible (if you've moved away from home). There will normally be a health centre at the university and it is worth investigating what the process is for an appointment and whether they can prescribe all of your medication.

If you are in England, you might find that buying a prescription pre-payment certificate (PPC) is helpful. This allows you to save money on NHS prescriptions by prepaying for them. As a student, you may be eligible for an HC2 certificate, which exempts you from paying for prescriptions.

Establish a routine for your eczema care and stick to it! Losing medication or running out is not uncommon – keep an emergency supply of your essential eczema treatment in your room just in case.

If you are feeling lonely or struggling to keep your eczema under control, keeping in touch with old friends and family who know you well and understand your condition will help. You can also speak to your GP or contact the university's counselling service.

#Working

Let's face it: working out what you want to do when you leave school or college can be a very difficult decision or you may have your heart set on a particular career. Having eczema shouldn't stop you following whatever career you've set your heart on. But it's worth bearing in mind that doing some jobs – especially those that involve working with chemicals and other allergens and irritants – might trigger your eczema or make it worse.

The shortlist of suspects include: hairdresser, builder, butcher, baker, food processor, horticulturalist, farm-worker, masseur, metal worker, motor mechanic, painter, dentist, nurse and printer.

Unfortunately, the armed services, fire brigade and the police can be difficult about taking candidates with a skin problem. Nursing can sometimes be a problem too, because a nurse needs to be constantly washing his/her hands.

Under the Disability Discrimination Act most employers are prevented from discriminating against you just because you have eczema.

You might need to do a bit more planning and research than most people. Talk to your careers adviser and try to get work experience before you decide on a career, so you'll know if it's practical and if you'll enjoy it. Find out about trade bodies and professional organisations and ask if they know if anyone with eczema is doing the job – they may be able to give you tips about how they cope.

#Knowing more

Websites to look at:

- > Advice on types of eczema, treatments and how you feel about yourself and your skin **www.eczema.org**
- > Advice on bullying **www.kidscape.org.uk**
- > Advice on how you feel about yourself and your skin **www.changingfaces.org.uk**
- > Advice specifically on allergies such as hayfever **www.allergyuk.org**
- > Advice on psychotherapy and ACT **www.skincare.org.uk**

#Parents carers

We expect some parents to read this booklet, even if it's secretly, so here are a few tips for them.

Allow your teenager an equal voice in decision making. During these years your child is transitioning to an adult. They are developing their autonomy to treat their skin as they choose. It is important that they have a voice now and so listening to them is very important.

Ignore attitude, temper and sulks and let go of little incidents. Teenagers can't help many of their emotional reactions – it's all part of this stage of development, so try to ignore these.

Responsibility from your teenager must increase during these years so they feel able to cope independently once they are an adult. This process requires you to lessen your involvement. It's time to let them take over the care of their skin and learn from reflecting on mistakes.



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