PRIMARY CARE DERMATOLOGY SOCIETY

*Promoting Confident Dermatology Since 1994*

# What is hand (and foot) eczema?

Hand eczema (hand dermatitis) is a common form of eczema that can start in childhood as part of an in-built (genetic) tendency to eczema but is commonest in teenagers and adults.

It can occur on its own, associated with foot eczema, or with eczema elsewhere on the body.

Hand eczema may be ~~a~~ short-lived, however, in some people it lasts for years and can have a profound impact on daily life. Patients with jobs involving frequent handling of irritants are at a considerable risk of hand eczema.

# What does hand eczema look and feel like?

The skin is **itchy and sometimes painful**. The appearance varies significantly, partly depending on the cause:

- often **pink-red (erythematous)**. In skin of colour the redness may be harder to see and/or the affected skin may be a darker colour than the surrounding skin;
- **dry**, rough, and scaly with cracks in the skin (fissures);
- **thick scale** – this is sometimes called **hyperkeratotic eczema**;
- or **wet and weepy** sometimes with many intensely itchy, small blisters (vesicles), or larger blisters (bullae) – this is sometimes call **pompholyx** (dyshidrotic eczema)

# What causes hand eczema?

In some people the cause is **unknown**, in others it can arise as a result of one or more of the following:

- **Contact irritant dermatitis** – caused by direct damage to the skin from irritants (especially soap, detergent, and repeated contact with water), and by harsh chemicals. This can happen to anyone who may not protect their hands enough from such irritants
- **Allergic contact dermatitis** – caused by contact with allergens such as perfumes, metals, rubber, or leather. This will only affect those people who develop an allergic reaction to these substances
- **Atopic eczema** – patients with a history of atopic eczema are more likely to develop hand/foot eczema

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# Which occupations often cause hand eczema?

Occupations with a high chance of hand eczema include cleaners, carers, people who look after young children, chefs, hairdressers, mechanics, doctors, dentists, nurses, florists, machine operators, aromatherapists, beauticians, and construction workers. Any job which involves repeated contact with water or hand washing more than 10 times a day ('wet work') carries an increased chance of causing hand eczema.

# Things you can do to help yourself

- **Minimise contact** with irritants and allergens, considering the use of protective gloves if necessary
- **Help protect and repair the skin barrier with emollient moisturisers** – these come in the form of creams, gels, and ointments. Creams and gels are better tolerated; ointments are more effective if the skin is very dry. The most important aspects of treatment are – use the one that **suits you** most, applying repeatedly throughout the day and whenever the skin feels dry
- Use a **soap substitute** - avoid soaps or anything else that makes a lather, washing instead with an emollient that contains an antimicrobial agent, which reduces the risk of infection. One example is Dermol ® wash. Dry your hands carefully after washing and then apply your moisturiser
- Keep **nails short** and clean to minimise damage to the skin from scratching
- **See your pharmacist** for advice on the use of emollients, and ask about a pre-payment certificate if you pay for prescriptions. Your pharmacist can also recommend mild steroid creams to use if the skin is inflamed that can be purchased without a prescription
- Refer to the section at the bottom of this leaflet ***Good Hand Care*** for detailed advice

# Make an appointment at your GP surgery

If your eczema is not responding to the measures described above, then make an appointment to see a health professional.

For information on specific treatments refer to the ***Best Practice Concise Guidelines*** on the homepage of www.pcds.org.uk.

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**General notes on treatment**:

- **Emollients** – as discussed above. You must **continue** using these even if the eczema is settled, otherwise your eczema is likely to flare-up more often
- **Steroid creams (or ointments)** – are used to reduce inflammation and relieve symptoms. Stronger (potent) steroids are usually needed as mild steroids (eg 1% hydrocortisone) do not work on thick skin. They need to be applied **thinly, once a day when needed**, and **NOT** at the same time as a moisturiser – leave a minimum of 20 minutes between the two applications
- **Antihistamines** – in most people, non-sedating antihistamines (which do not make you feel tired) do **NOT help eczema**. Sedating antihistamines (which make you feel tired) may help at night if the eczema is flaring and affecting your sleep. You need to be mindful that sedating antihistamines may affect your driving / ability to work the next morning
- **Large blisters** are best aspirated (burst) with a sterile needle. Permitabs, prescribed by your health professional, can help dry the blisters. For information on how to use Permitabs refer to the homepage of www.bad.org.uk and click on the tile that reads ***Search for Patient Information Leaflets and Guidelines***

# Your mental health

Hand eczema can have a profound psychological impact. If the hand eczema is affecting your mental health, you should discuss this with a heath professional.

# Referral to a specialist

The following groups of people may need to be referred to a specialist, usually a dermatologist:

- If the diagnosis is unclear
- **Moderate-severe eczema** not responding to treatments provided by a health professional
- Possible cases of **contact allergic dermatitis** – this is where the person is allergic to something they are coming into contact with and is more likely in cases of persistent eczema affecting the face, hands, or feet. It is also possible to be allergic to a cream that you have been prescribed

# What will happen when you are referred?

People suspected of having a **contact allergic dermatitis** may require **patch testing** - substances are applied to the back in special, small circular containers and left on for a few days to identify any chemicals that you may be allergic to.

For those **not suspected** of having contact allergic dermatitis then the appointment may be face-to-face (the person attends the clinic), or a video call (teledermatology).

**Treatment options** can include alternative topical treatments (creams, ointments, gels), a course of light treatment (phototherapy), oral medications (tablets) such as retinoids and occasionally other tablets that lessen the immune reaction in your skin (immunosuppressive drugs).

**Please take to your appointment a list of the treatments** that you are currently using (and have used) for your eczema, as the specialist may not otherwise know.

# Can hand eczema be cured?

In most cases, treatment controls the condition but does not cure it. Early identification and treatment may avoid long standing issues related to hand eczema. In people with allergic contact dermatitis, avoiding the allergen(s) may help or even clear the hand eczema.

# Other helpful resources for eczema

- The National Eczema Association at https://nationaleczema.org/

# GOOD HAND CARE

The following information advises on how best to care for your hands.

### Avoid irritants and allergens

Avoid direct skin contact with soaps, detergents, cleaning chemicals and laundry detergents. Foods such as potatoes, tomatoes, citrus fruits, garlic, and chillies can also irritate the skin.

Use washing machines and dishwashers when possible. Ask other family members for help with housework and gardening if possible.

## Wear gloves

Gloved should be worn when in contact with any of the chemicals described above, when you wash (or treat) you or your children's hair, for messy domestic tasks including gardening, and exposure to chemicals (including those used for decorating), oils, and grease. Also be aware that fibreglass, plasterboard, and cement are highly irritant.

Wear gloves for as short a time as possible, ideally not more than 20 minutes, because sweating can make eczema worse. Use PVC or disposable nitrile gloves if possible as these are less likely to cause allergies. If sweating is an issue, cotton-lined gloves or separate cotton inner gloves may help. Look after multi-use gloves by turning them inside out and rinsing with warm water and allowing to dry properly before using again. Check for holes and replace if worn.

## Emollient moisturisers

You should apply your moisturiser whenever the skin feels dry and after every hand wash. This usually means keeping a supply at your work or school. They can be bought in small tubes to take to work as well as larger pots for use at home.

You may prefer to use a cream during the day as these are less greasy, but overnight an ointment will be more effective.

If your moisturiser is in a tub rather than a pump dispenser, it is best to remove the ointment with a clean spoon or similar (rather than fingers), to prevent introducing infection into the tub.

Cotton gloves can be worn at night after applying the moisturiser to stop the bedclothes getting greasy.

## Topical steroids

Topical steroids are usually applied either 20 minutes before moisturisers, or 20 minutes afterwards. As with moisturisers, creams are better tolerated but ointments are more effective. Steroids must not be used to moisturise dry skin. To limit the damage caused by skin thinning with topical steroids, they should only be used on active areas of your eczema, for example areas that are red and itchy.

## How to wash hands

For general hand washing use a soap substitute such as Dermol, however, if your hands are dirty, use a non-perfumed soap applied sparingly then rinse thoroughly. Remove rings if possible before washing your hands to avoid getting soap and moisture trapped underneath. After washing, dry your hands carefully, especially

between the fingers, then apply your moisturiser. Do not use harsh cleaners or wire wool to clean your skin.

Employers of healthcare workers (and others using alcohol-based hand gel) should provide their employees with a suitable alternative (as above).

**CAUTION:** this leaflet mentions 'emollients' (moisturisers). Pure petroleum emollients are **flammable** and should never be used near a naked flame. Non-paraffin-based emollients may also act as accelerants if they have a high oil content, so caution is advised with all topical treatments.

Your hands may be slippery after applying a greasy moisturiser, so allow time for them to soak in before driving or operating machinery.

# Helping with other skin conditions

If you, a family member, or friend have an undiagnosed skin condition; or you want to learn more about how to treat skin conditions, please visit www.pcds.org.uk – if you click the purple tile near the top of the homepage that reads ***Take a Tour*** you can learn how best to use this website.