

Hand Eczema

Q&A



1. Are there any soap options or OTC creams you recommend?

- Both Dove and Vanicream make a good line of hand soaps for sensitive skin. In general, you want to find a soap that is fragrance-free and dye-free. In terms of moisturizers, we recommend an ointment over a cream- brands such as Vanicream or Cerave are typically recommended. Using Vaseline or Petroleum Jelly is also very effective to keep the hands moist and it also acts as a great barrier to prevent irritation and infection from occurring.

2. If a patient has been on the Aron Regimen for a few years, is the probability of tapering off AR treatment very low?

- Given that eczema is a chronic condition, some people are not able to fully taper off topical treatments. However, eczema can improve over time and many patients can reduce the frequency of applications of the Aron Regimen compound. I do find that many of my patients are able to completely come off the therapy once we stabilize the eczema with our therapy. Hand eczema is especially difficult to control, so it may take longer to taper applications in patients with severe hand eczema.

3. What is the best way to manage extreme dryness in the hands? Especially for children with frequent hand washing and playing in water.

- Avoid excessive water use/exposure when the eczema is flared. In addition, we typically recommend avoiding hand washing for at least 1 hour after applying the Aron Regimen compound or topical steroids to allow the medications enough time to be properly absorbed. After hand washing, it is usually helpful to apply an uncompounded moisturizer (ointments may be better for extremely dry hands) immediately after washing to prevent the hands from getting too dry as long as it is not within 1 hour of applying any topical medications. If you anticipate prolonged exposure to water, I recommend that you wear protective/waterproof or non-latex/nitrile gloves to prevent prolonged water exposure of the hands.



- 4. Is it okay to bathe every day? Will it make my skin dry?**
 - Yes, it is okay to bathe daily. We typically recommend bathing anywhere from every other day to no more than 2 times a day. If your skin becomes dry after bathing, apply a moisturizer immediately after bathing to moisturize the skin.
- 5. Do you have any tips or advice for getting my child to want to apply the AR cream compound?**
 - I would suggest you start small and attempt to possibly just focus on getting one small area clear if your child is fearful of applying a new compound to his or her skin, especially if previous therapies were harmful or induced stinging/burning. The hands can be very sensitive so advancing slowly is my best suggestion with the aim of showing her/him that our treatment will not hurt or sting. If the application of any compound is difficult because of burning or stinging, we sometimes recommend pre-application with OTC Calamine lotion USP, let dry, then apply the Aron compound. The Calamine lotion can lessen the sting that sometimes comes with the application of medicated ointments/creams.
- 6. How can we heal the deep cracks on my child's hands? Water always seems to hurt, my child hates baths and hand washing.**
 - No, water does not always have to be bothersome for your child. Getting the deep cracks healed as soon as possible is the first priority in these situations. It may require treatment with a single agent topical steroid to induce quick healing of the skin. Once the skin is healed, water should be less likely to induce pain.
- 7. For toddlers, is it okay to cover their hands with socks at night while they sleep to prevent nighttime scratching?**
 - Yes, you may cover your toddler's hands with socks or mittens to prevent scratching if your toddler allows this. There are pajamas that have mittens already stitched into the suit - these are helpful and cute as well!
- 8. What is the best way to treat eczema that has gone into your fingernail?**
 - Nail changes due to eczema are typically caused by eczema in the nail beds or fingertips close to the nails. Controlling the eczema on your fingertips and the areas surrounding the nail beds will allow the nail to begin growing more normally again. Unfortunately, once the nail itself has been affected it will take time for the nail to grow before it appears more normal again - this could take several months.
- 9. Do patients ever grow out of hand eczema? Why does the body have such a strange condition?**
 - Yes, most patients with hand eczema do improve, and/or the condition does spontaneously resolve over time. It can rebound later in life, especially under times of stress, changes in health status, development of new allergies, smoking, exposure to UV radiation, development of chemical allergies, exposure to irritative chemicals, pregnancy, heat, infection, change in environment, change in weather, and/or moving to a colder/less humid environment.



10. Is treatment the same for patients living in a four-season state or do they require different care?

- Seasonal changes and certain weather conditions can be a trigger for eczema flares. Typically, the warmer weather in the summer months and the colder/drier weather in the winter months are the most common weather-related eczema triggers. However, each patient is different and has different triggers - seasonal allergies can also trigger eczema flares. The Aron Regimen treatment is effective for patients living in all states no matter the weather. Adjustments are made to each patient's individual treatment plan based on their specific triggers, including seasonal triggers, if needed.

11. Are hand sanitizers bad for hand eczema?

- Hand sanitizers can be extremely drying for the hands, especially hand sanitizers that contain alcohol. If you can find an alcohol-free hand sanitizer, these are usually better tolerated in people with hand eczema. However, my recommendation is typically to avoid hand sanitizers and instead, use warm water and a gentle hand soap for cleaning the hands.

12. How important is it to keep your hands clean? Both when applying the Aron Regimen cream as well as throughout the day.

- There is a fine balance between keeping the hands clean and overwashing, which can cause the hands to become more dry. It is important to wash your hands prior to applying any medications/creams to prevent contaminating the medications/creams with bacteria. Avoid washing hands for at least 1 hour after applying the medications/creams to allow the medications time to be properly absorbed.

13. How do I treat palm eczema with the Aron Regimen?

- Treating eczema on the palms is not much different compared to treating eczema on other areas of the body with the Aron Regimen compound. Each treatment plan is individualized based on the severity of eczema - an appropriate Aron Regimen compound will be prescribed based on each patient's condition. Since hand eczema can be more difficult to control, we often do not use a base moisturizer in the initial Aron Regimen compound for severe hand eczema and sometimes undiluted topical steroids are needed in conjunction with the Aron Regimen compound for more severe cases. We have available some new FDA-approved topical medications that can now also be used if the use of the Aron Regimen and/or single agent topical steroids are not helpful. Sometimes the use of an occlusive therapy applied over the last application of the night and left on overnight can be helpful if used for 7-14 days to induce a more rapid improvement in the hand eczema, if tolerated.

14. I have a four-year-old with chronic eczema and nothing seems to help long-term. Will it ever go away?



- It is important to understand that eczema is a chronic condition and unfortunately there is no cure for it. The Aron Regimen compound and other treatment options we recommend are not cures, but rather a better way to manage the eczema. We typically find that patients that have failed using traditional methods of treatment from their pediatrician or dermatologist do remarkably better with our methods of treatment and the close follow-up we provide in the management of their eczema. With that being said, many children do outgrow their eczema as they get older. In addition, the majority of my patients are able to maintain control of their eczema with the Aron Regimen compound when applied appropriately. Typically, when you abruptly stop applying a topical steroid it is common for the eczema to rebound over time. With the Aron Regimen compound, we use a slow taper once the eczema is controlled, which helps prevent the rebound flare.

15. What are the effects of chlorine on eczema? My son is a swimmer and gets blisters that start below the skin and break open.

- Although some people with eczema will improve when exposed to chlorine (because it can help kill the bacteria on the skin), chlorine is actually a common trigger for eczema flares because it is an irritant. I recommend avoiding swimming while the eczema is actively flared. However, when the skin is stable, I am okay with swimming. I recommend you apply an emollient (moisturizer) prior to swimming in order to provide an extra barrier to the skin while in the pool. In addition, I recommend washing the pool water off the skin in the shower or bath immediately after swimming and then applying either the Aron Regimen compound or an uncompounded moisturizer to prevent the skin from getting too dry.

16. Do you treat African American patients with whole-body severe eczema and hyperpigmentation?

- Yes, we are experts in whole body eczema regardless of severity- mild, moderate to severe.

17. How do you treat eczema on the face and underarms?

- Although this will not be addressed in the current webinar (this webinar is on the topic of hand and foot eczema), the topical steroid in the Aron Regimen compound is typically diluted over 10-fold, which makes it relatively safe to apply even to sensitive areas such as the face and underarms compared to undiluted topical steroids. We are very particular about requiring close follow-up so we can monitor for any potential side effects with any therapy and will be able to guide you to alternative treatments if side effects show up. Our close follow-up process is one of the best parts of using our services- it allows a customized approach to the management of your eczema because not all patients respond the same to a given therapy and adjustments are necessary along the way.

18. What is the difference between pompholyx and dyshidrotic eczema? What other types of hand eczema are there?



- Pompholyx and dyshidrotic eczema are the same thing. There are no other types of "hand eczema", but there are 7 different types of eczema, all of which can affect your hands:
 - Atopic dermatitis
 - Contact dermatitis
 - Dyshidrotic eczema
 - Neurodermatitis
 - Nummular eczema
 - Seborrheic dermatitis
 - Stasis dermatitis

19. How often should I bathe? Does getting wet make the eczema worse?

- Hygiene is important to skin health and preventing the spread and growth of bacteria (staph). Daily to every other day bathing is sufficient. Sometimes in severe cases, we may adjust those recommendations.

20. What are your recommendations for cracks and splits on the hands that are painful and difficult to heal?

- For tough hand eczema cases, we typically recommend the use of occlusive therapy where the medications or moisturizer can be more fully absorbed leading to better outcomes and skin healing.

21. Why is hand eczema something that will not go away?

- Sometimes additional testing can be helpful and may be important to rule out a fungal infection, a chemical allergy, a metal allergy, an irritant exposure, and/or other conditions that can masquerade like hand eczema. In some situations, a biopsy of the skin may be helpful to confirm the diagnosis. Sometimes using an alternative treatment may induce a better response as well. We would be glad to review your case and make specific recommendations, if possible.

22. What makes your treatment worth seeking compared to other physician's treatments?

- Treating eczema is all we do and focus on. We are experts in the diagnosis and treatment of eczema for both children and adults. Our results speak for themselves. We typically see dramatic improvements for patients with mild, moderate, and even those with severe forms of eczema. We use a method of treatment that is different than what other contemporary providers utilize. The recognition that most patients with atopic dermatitis have an underlying infection on the skin that is promoting the course of the disease is a critical understanding. Thus, our treatment not only addresses the longstanding inflammation but also the underlying infection of the skin when deciding the treatment medications we use. Plus, our close follow-up model allows a customization of care that other providers can not easily duplicate given their already busy schedules. Our online model allows us the opportunity to provide you with needed and required follow-ups in a recurrent and timely fashion. Once control is achieved, those follow-ups are spaced out accordingly.

23. Are sealed bandages okay to use for toddlers on the top of the hands?



- I do not typically suggest the use of occlusive therapy for toddlers for fear that suffocation may occur if it becomes dislodged. This age group does not typically tolerate this process in the first place. Wearing gloves or protective mittens is a better solution for this age group.

24. Which treatments are available for pregnant nursing patients with hand eczema?

- Our treatment is safe, even for pregnant women. The amount of systemic absorption that would take place is minimal to none, especially if we are only applying medicated treatment to the hands only.

25. Is it normal for the Aron Regimen compound itself to cause itching?

- It is not normal for the Aron Regimen to cause itching but I have had patients report this. Typically with repeated applications, this sensation dissipates as the medication works to calm the inflammation behind the eczema. If the application of any compound is difficult because of burning or stinging, we sometimes recommend pre-application with OTC Calamine lotion USP, let dry, then apply the Aron compound. The Calamine lotion can lessen the sting that sometimes comes with the application of medicated ointments/creams.

26. My 12-month-old has mild hand eczema. Dr. Van Wagoner suggested steroid use and AR. However, my child sucks his hands so I have yet to put the steroid or the compound on him. How do I treat going forward?

- I would suggest we have the toddler wear some mittens after the application of the medicated treatments to allow proper absorption and to prevent getting the compound into his mouth. After one hour, I would think that enough time is passed to safely remove the mittens and allow the child to suck his hands. If some of the compound does get placed into the mouth at that time, it would be so small and negligible to make a difference and/or be harmful.