

are heated and environmental humidity is lower. The disorder can be controlled but not cured. A study of 134 infants with AD showed that itching, scratching, and sleep disturbance were specific features detracting from quality of life in these young children ([Alanne, Nermes, Soderlund, et al, 2011](#)).

## **Therapeutic Management**

The major goals of management are to hydrate the skin, relieve pruritus, prevent and minimize flare-ups or inflammation, and prevent and control secondary infection. The general measures for managing AD focus on reducing pruritus and other aspects of the disease. Management strategies include avoiding exposure to skin irritants or allergens; avoiding overheating; and administering medications such as antihistamines, topical immunomodulators, topical steroids, and (sometimes) mild sedatives, as indicated.

Enhancing skin hydration and preventing dry, flaky skin are accomplished in a number of ways, depending on the child's skin characteristics and individual needs. A tepid bath with a mild soap (Dove or Neutrogena), no soap, or an emulsifying oil followed immediately by application of an emollient (within 3 minutes) assists in trapping moisture and preventing its loss. Bubble baths and harsh soaps should be avoided. The bath may need to be repeated once or twice daily, depending on the child's status; excessive bathing without emollient application only dries out the skin. Some lotions are not effective, and emollients should be chosen carefully to prevent excessive skin drying. Aquaphor, Cetaphil, and Eucerin are acceptable lotions for skin hydration. A nighttime bath followed by emollient application and dressing in soft cotton pajamas may help alleviate most nighttime pruritus.

Sometimes colloid baths, such as the addition of 2 cups of cornstarch to a tub of warm water, provide temporary relief of itching and may help the child sleep if given before bedtime. Cool wet compresses are soothing to the skin and provide antiseptic protection.

Oral antihistamine drugs (such as, hydroxyzine or diphenhydramine) usually relieve moderate or severe pruritus. Nonsedating antihistamines, such as loratadine (Claritin) or fexofenadine (Allegra), may be preferred for daytime pruritus relief. Occasional flare-ups require the use of topical steroids to diminish