

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/dermconsult/break-itch-scratch-cycle-pediatric-ad/67067/>

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Breaking the Itch-Scratch Cycle in Pediatric Atopic Dermatitis

Announcer:

Welcome to *DermConsult* on ReachMD. On this episode, we'll hear from Dr. Mariam Iqneibi, a pediatric dermatologist at Cincinnati Children's Hospital and an Assistant Professor of Dermatology at the University of Cincinnati College of Medicine. She'll be sharing how she disrupts the itch-scratch cycle in children with atopic dermatitis. Here's Dr. Iqneibi now.

Dr. Iqneibi:

So what it really means to interrupt the itch-scratch cycle, and how I try to explain this to families, is my goal is to always make the patients happy and reach a point where they are comfortable and no longer feeling like their atopic dermatitis is impacting their quality of life. Interrupting the cycle means reducing the itch enough to allow the skin to heal and to also maintain that improvement. We do that many different ways. One is through consistent moisturization, gentle skincare, and avoiding any irritating substances to the skin, and effective management of that inflammation.

I always give families a clear plan for flares. When a child has a flare, what does the flare look like? It looks like red, itchy skin. And sometimes even if the skin isn't red but they're having persistent itch in an area, that's still active eczema. That still needs treatment. And giving them a plan for maintenance therapy, like, for example, if they're noticing that in certain areas of the skin, they're always developing a re-flare of eczema in those specific areas, let's suppress the immune system in those specific areas. So let's apply a steroid ointment to those areas twice a day, or two days a week, even if they have nothing on the skin. But just to prevent that flare, if we know that they are predisposed to developing flares in those specific areas. And trying as well to just improve their quality of life and sleep to make sure that they sleep well.

And I always explain the goal to families this way: "If your child's skin is sending a strong itch signal, our job is to calm that signal and help the skin to repair itself. And as the itch improves, the urge to scratch should also become easier to manage."

And we also should also try to make the plan as practical as possible. It's easy for me to say, "Okay, put the steroid ointments on twice a day, put the moisturizers on six or seven times a day, use wet wrap therapies, et cetera." But not every parent has the time or the resources. So I always try to understand what is feasible for families and what is not. And, for example, some parents or families don't like the use of ointments. They find ointment too greasy and sticky, and it gets all over clothing. So then I try to tailor it to a cream version of a moisturizer. I try to tailor the plan and tailor the treatment in a way that parents aren't overly exhausted, and the child is happy and doing better.

I really try to make sure that the child is getting enough sleep. So things I usually recommend are cotton pajamas, wet pajama therapy, and wet wrap dressings if feasible. Sometimes I do give a sedating antihistamine, not because this is a histamine-mediated itch—there is no histamine released by the unmyelinated C nerve fibers—but because it helps the child sleep.

Again, each plan is different according to what families can realistically do and what the child can tolerate.

Announcer:

You just heard Dr. Mariam Iqneibi explaining how we can disrupt the itch-scratch cycle in children with atopic dermatitis. To access this and other episodes in this series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!