

PROFESSIONAL

Justine Rawlins
National Eczema Society

Counting the cost of eczema in the workplace

The detrimental impact of eczema in the workplace is the focus of a major awareness campaign among nurses by the National Eczema Society

Six million people in the UK suffer from eczema, which can be a huge cause of economic loss to employers and employees. It is one of the most common occupational skin diseases and 80% of newly diagnosed work-related skin problems are eczema caused by exposure to irritant substances.^{1,2}

Around 1,000 nurses develop work-related contact eczema each year – a rate that is nearly seven times higher than the average for all professions.³ Contact with cleaning products, ‘wet work’ or frequent contact with water and contact with latex gloves are common causes. Increasingly, the frequent use of alcohol gels to prevent transmission of hospital-acquired infections is associated with hand [eczema](#) among hospital staff.

Themed ‘6 million reasons to support’, the National [Eczema Society](#)’s campaign aims to raise awareness among sufferers and employers of the issues surrounding [eczema](#) at work. The campaign will offer advice for both employers and employees about best practice in the workplace, as well as tips on how to manage eczema at work.

Margaret Cox, Chairman of the National Eczema Society, said: “People often overlook the huge impact eczema has in the workplace. Sadly, this can be extremely detrimental to sufferers, with some even being forced to give up work because of their condition. It’s vital that employers are aware of these challenges faced by their staff, so they can ensure best practice in the workplace for [eczema](#) sufferers.”

WHAT IS CONTACT DERMATITIS?

Contact dermatitis (also known as contact [eczema](#) or hand [eczema](#)) is the name given to those types of [eczema](#) that occur as a result of contact with irritants or allergens. There are two main types:

- Irritant contact dermatitis where the [eczema](#) develops as a result of contact with substances that directly damage or irritate the skin.
- Allergic contact dermatitis which develops when an individual becomes sensitised or allergic to something in the environment. If ACD is thought to be a possibility then you are likely to be referred to a dermatologist for possible patch-testing.

IS IT POSSIBLE TO PREVENT CONTACT DERMATITIS?

Most irritant and allergic contact dermatitis is preventable, and the following advice should be used in the work environment.

- If possible, use machinery and tools to clean equipment, rather than your hands.
- When you wash your hands, make sure you have rinsed them thoroughly and dried them with a soft, disposable paper towel.
- Wear non-latex gloves where possible, especially when cleaning (care needs to be taken when selecting gloves if you are allergic to any materials used in gloves).
- Do not use abrasive skin cleaners and keep the use of disinfectants to a minimum.
- Dry your hands thoroughly with a soft, disposable paper towel.
- Protect your hands by moisturising them regularly with an emollient (soothing and softening skin product). Use a product that is free from fragrances and preservatives – the fewer ingredients the better.
- Avoid sensitisers that you are allergic to (investigation by your dermatologist will help identify these).

MANAGEMENT AND TREATMENT OF CONTACT DERMATITIS

Once contact dermatitis has occurred, management of the skin is very important. Apart from the avoidance of irritants and sensitisers you are allergic to, there are the following treatment options:

- Emollients (medical moisturisers). These soothe and relieve dry skin, producing an oily layer, which traps water beneath it. The aim is to restore the skin’s barrier and rehydrate the skin.
- Topical steroids. These help to reduce inflammation, make the skin less red, hot and itchy or sore and speed up the healing of the skin.

If you suspect you may be suffering from contact dermatitis



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- A good skincare routine. Good general skincare measures are essential. It can take several months for the skin to recover completely from an attack of contact dermatitis so even when it looks apparently normal it is still vulnerable.
- Additional treatments. In very severe cases of hand eczema that is not responding to treatment with topical steroids and emollients, other treatments may be needed such as light treatment (PUVA) or immunosuppressants. There is also a relatively new oral treatment now available called alitretinoin. This has been developed specifically and is licensed for use in adults

with severe chronic hand eczema which has not responded to treatment with potent topical steroids. It comes in the form of a capsule which is taken orally once a day with a meal. The treatment period is normally 12–24 weeks, depending on how your eczema responds.

ONE LAST WORD....

If you suspect you may be suffering from contact dermatitis it is vital that you seek specialist help from either a dermatologist or skin specialist as soon as possible. The earlier you get help, the less risk there is of the condition becoming long term and chronic. There are a variety of different treatment options available, some of which can only be prescribed by a dermatologist. If treatments are not working, you should return to your GP and ask to be referred to a specialist as soon as possible.

RESOURCES

The National Eczema Society (NES) www.eczema.org

A guide for people with eczema: *Working with Eczema*

A guide for employers and occupational health workers: *Contact dermatitis at work* Copies are available free of charge from the NES

Helpline (0800 089 1122) or by ordering online at www.eczema.org

Information about the causes, management and treatment options for hand eczema, with a dedicated section on high-risk jobs including nursing www.myhandeczema.co.uk



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