

Antibiotics not effective for clinically infected eczema in children

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Estimates suggest that 40 percent of eczema flares are treated with topical antibiotics, but findings from a study led by Cardiff University suggest there is no meaningful benefit from the use of either oral or topical antibiotics for milder clinically infected eczema in children.

Eczema is a common condition, especially in young children, and affects around 1 in 5 children in the UK. Eczema sometimes gets worse, or 'flares', and having particular bacteria on the skin may contribute to causing some of these flares. Quite often eczema flares are treated with antibiotics, although there was very little research to show whether antibiotics are helpful or not.

The CREAM study was designed to find out if oral (taken by mouth) or topical (creams and ointments applied to the skin) antibiotics help improve eczema severity in children with infected eczema. All children also received standard eczema treatment with steroid creams and emollients (moisturiser) from their doctor.

Results from the analysis of data from 113 children with non-severely infected eczema, published in the *Annals of Family Medicine* journal, showed no significant difference between the groups in the resolution of eczema symptoms at two weeks, four weeks or three months.

Researchers found rapid resolution in response to mild-to-moderate strength topical corticosteroids and emollient treatment, and ruled out a clinically meaningful benefit from the addition of either oral or topical antibiotics.

Dr Nick Francis, Clinical Reader at Cardiff University and practicing GP, who led the study said: "Topical antibiotics, often in combination products with topical corticosteroids, are frequently used to treat eczema flares. Our research shows that even if there are signs of infection, children with milder eczema are unlikely to benefit from antibiotics, and their use can promote resistance and allergy or skin sensitization."

"Providing or stepping up the potency of topical corticosteroids and emollients should be the main focus in the care of milder clinically infected eczema flares."

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