

Action plans for pediatric eczema: Are they effective?

Eczema, also known as atopic dermatitis, is like asthma in that it requires patients to change their medications and/or treatment depending on their symptoms. This can be very confusing for many patients.

An Asthma Action Plan has been widely used and accepted for years as a way of minimizing the confusion. In such a plan some medications and treatments are clearly identified as being appropriate for prevention of symptoms (the “Green Zone”); some are for mild symptoms (the “Yellow Zone”); some are for severe symptoms (the “Red Zone”). An Eczema Action Plan (EAP) may be similarly utilized by patients for the treatment of eczema.

Clinical parameters	(N = 88)	No EAP (N = 47)	EAP (N = 41)	P
Age, mean (SD), y		3.7 (3.0)	4.3 (3.7)	.393
Gender, n (%)	Female	20 (42.6)	21 (51.2)	.521
	Male	27 (57.4)	20 (48.8)	
Spanish monolingual, n (%) ^a	No	17 (36.2)	18 (43.9)	.516
	Yes	30 (63.8)	23 (56.1)	
Severity of eczema, n (%)	Mild	21 (44.7)	13 (31.7)	.285
	Moderate	23 (48.9)	22 (53.7)	
	Severe	3 (6.4)	6 (14.6)	

Fig. 1. Demography.

This study assessed whether the use of an EAP improves the quality of life (QOL) and understanding of treatments of eczema in children. 88 patients were recruited from a pediatric asthma clinic and a pediatric dermatology clinic. The patients were randomly divided by a flip of a coin into two groups, the control group, who received patient education from a doctor without the use of an EAP, and the intervention group, who received the same patient education using an EAP that was sent home with the family. The patients were told that the study was to evaluate different forms of patient education. A bi-lingual community health worker administered a QOL questionnaire to both groups in person after the first clinic visit, and then by telephone at one month and three months after the first visit. Neither the patient nor the administrators of the questionnaire knew to which group the patients were assigned.

There were no significant demographic differences between the EAP group versus the standard clinical care/control group. (See Fig. 1. Demographics). When analyzing the 20 items of the QOL

questionnaire separately, question 9, “I feel certain about what to do when my child’s skin is getting worse,” demonstrated improvement in scores over time for the EAP group but not for the control group. Also, use of an EAP showed a significant effect for question 8, “knows names of creams to use on my child’s skin” and question 20, “feels helpless about my child’s skin condition”. Overall, averaged over the 3 time points, the EAP group scored better than the control group.

Our findings suggest that parents of children with eczema who receive an EAP were more confident managing their child’s skin condition over time as compared with those who did not receive the EAP. Further research is needed to determine the effectiveness of using an EAP along with quality patient education in specialty clinics and especially in primary care practice where the time for patient education is limited.

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[Use of Eczema Action Plans \(EAPs\) to improve parental understanding of treatment regimens in pediatric atopic dermatitis \(AD\): A randomized controlled trial.](#)

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