PATIENT INFORMATION LEAFLET

HAND DERMATITIS

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you understand more about the causes and treatment of hand dermatitis.

WHAT IS HAND DERMATITIS?

Hand dermatitis is also called hand eczema. It is common and can affect about one in every 20 people. It can start in childhood as part of a tendency to eczema, but it is more common in teenagers and adults. Hand dermatitis may be a short-lived, transient problem. However, in some people, it lasts for years and can have a great impact on daily life.

WHO IS MOST LIKELY TO GET HAND DERMATITIS?

People who have had eczema in childhood (atopic eczema), as well as those who work in jobs with frequent water contact (wet work) are at a high risk of getting hand dermatitis.

WHAT CAUSES HAND DERMATITIS?

In many people, hand dermatitis happens because of direct damage to the skin by harsh chemicals such as household cleaning products and bleach or irritants, especially repeated contact with soaps, detergents and water. This is called irritant contact dermatitis.

Skin contact with allergens such as perfumes, metals, rubber or leather can also cause dermatitis in people with an allergy to these substances. This is called allergic contact dermatitis.

In many cases, however, the cause of a patient's hand dermatitis is unknown, and there is no identifiable trigger. It is also common for someone to have more than one cause of hand dermatitis, for example a combination of atopic eczema and irritant or allergic contact dermatitis.

IS HAND DERMATITIS HEREDITARY?

No, it is not hereditary; however the tendency to get hand dermatitis can run in families along with atopic eczema, asthma and hay fever.

WHAT DOES HAND DERMATITIS FEEL AND LOOK LIKE?

In hand dermatitis, the affected areas of skin may feel hot, painful, swollen, rough, scaly and itchy. There may be itchy little blisters or cracks which may cause pain when moving the hands or fingers.

The skin may be inflamed, and swollen, with a damaged dried-out or scaly surface which makes it look flaky. There may be cracked areas that bleed and ooze. Sometimes small blisters, filled with clear fluid, can be seen on the palms or sides of the fingers. Different parts of the hand can be affected, such as the finger webs, fleshy fingertips or centre of the palms. There are several different patterns of hand dermatitis, but these do not usually tell us its cause and the pattern can change over time in one person.

Hand dermatitis may get infected with bacteria called Staphylococcus or Streptococcus. This causes more inflammation, soreness, crusting, oozing and spots or pimples that can easily be treated with antibiotics.

In rare cases, hand eczema can become infected with herpes simplex virus. This is the virus that causes cold sores. When this

happens, painful blisters arise on the skin and the infected person may experience a high temperature and flu-like symptoms. Your doctor will treat this infection with an anti-viral medication.

HOW IS HAND DERMATITIS DIAGNOSED?

Diagnosing hand dermatitis is done by an examination by a healthcare professional. Carefully examining the skin on the hands and other body areas will confirm the eczema is isolated to the hands, or suggest a more widespread skin condition is involved.

Identifying a cause for your hand dermatitis involves looking at the pattern of the condition and highlighting potential triggers.

Patch testing is used to find out if an allergy (e.g. to metal) is causing allergic contact dermatitis. This is usually done in a dermatology department. This may be one of several causes for a person's hand dermatitis. The tests are done over several days and on the final day should be read and explained by a Dermatologist specialising in skin allergies. Most adults are tested for 50 or more common allergies. More specific allergens may also be tested depending on the history of a patient's symptoms and occupation.

CAN OTHER SKIN CONDITIONS LOOK LIKE HAND DERMATITIS?

Psoriasis of the hands can look similar to hand dermatitis, especially when there are thick, scaly patches on the palms. Ringworm or fungus infection, including on the nails also causes itchy scaly rashes. These conditions usually start on the feet or groin, but can spread to the hands and nails and sometimes affect only one hand. Skin samples from affected areas can be sent for fungal analysis (mycology) if this needs to be ruled out.

WHICH OCCUPATIONS OFTEN CAUSE HAND DERMATITIS?

Any job which involves repeated contact with water or hand washing more than 10 times a day ('wet work') carries an increased chance of causing hand dermatitis.

CAN HAND DERMATITIS BE CURED?

In most cases, treatment controls the condition but does not cure it. Early identification and treatment may avoid long standing issues related to hand dermatitis. In people with allergic contact dermatitis, avoiding the allergen(s) may help or even clear the hand dermatitis.

HOW CAN HAND DERMATITIS BE TREATED?

- Moisturisers (emollients) are an essential part of treating hand dermatitis. They help repair the damaged outer skin and lock moisture inside the skin. They should be applied repeatedly throughout the day especially after hand washing and whenever the skin feels dry. They also serve to reduce the risk of secondary bacterial infection. Using emollients as soap substitutes is very important as they clean the skin without drying and damaging it like liquid soap and bar soap can.
- Steroid creams and ointments are the most commonly prescribed treatment for hand dermatitis. They relieve symptoms and calm inflamed skin. Strong steroids are usually needed, as mild steroids do not work on the thick skin found on the palms of the hands. Use as directed by your healthcare professional. If topical steroids are over-used, there is a risk of skin thinning. However, when used as recommended, topical steroids do not usually cause these problems.

- Antihistamine tablets are not generally helpful in hand dermatitis but may help in some cases. Non-sedating antihistamines are not helpful for most people with eczema. Sedating antihistamines are sometimes taken for a few days when eczema flares up to help sleep. Sedating antihistamines cause drowsiness and should not be taken before driving and using machinery.
- Topical calcineurin inhibitors are creams and ointments used to treat dermatitis instead of steroids. While they may work less well than strong steroids, they do not carry any risk of skin thinning. They can often cause burning or stinging after application.
- Ultraviolet (UV) Therapy is a hospital-based treatment for very severe hand dermatitis. It involves visiting hospital for treatment two or three times a week for about six weeks.
- Steroid tablets may be given for a few weeks for a severe flare of hand dermatitis. The dose is usually decreased gradually over a few weeks. Longer-term use is not advisable due to the side effects.
- Alitretinoin is prescribed by specialists for severe long-standing hand dermatitis. A treatment course usually lasts up to 6 months. It must never be taken during pregnancy.
- Systemic immunosuppressants are powerful treatments sometimes prescribed by specialists to treat severe hand dermatitis. These medications include azathioprine, ciclosporin and methotrexate. These treatments are usually reserved for more severe cases or when other treatment options have failed to control symptoms. They are not suitable for all people. People taking these tablets need to be monitored carefully and have regular blood tests.

CAUTION:

This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that they could catch fire more easily. There is still a risk if the emollient products have dried. People using skincare or haircare products should be very careful near naked flames or lit cigarettes. Wash clothing daily and bedlinen frequently, if they are in contact with emollients. This may not remove the risk completely, even at high temperatures. Caution is still needed. More information may be obtained at www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions.

PREVENTING HAND DERMATITIS – WHAT CAN I DO?

Always use protective gloves at work and at home when in contact with irritating chemicals and water. Wear cotton gloves underneath or choose cotton-lined gloves if you have to work for longer periods of time.

The best choice of glove material (rubber, PVC, nitrile etc.) will depend on which chemicals or allergens are being handled. (In addition, if you have a known allergy, you should avoid gloves containing the allergen). Gloves should be clean and dry inside.

It may be helpful to keep spare nitrile gloves with you.

If gloves cannot be worn, a barrier cream should be applied before exposure to irritants. After exposure, wash the hands carefully with a soap substitute, rinse, dry thoroughly then moisturise with a non-fragranced emollient.

For further information on hand skincare, please read the BAD leaflet How to care for your hands.

WHERE CAN I GET MORE INFORMATION ABOUT HAND DERMATITIS?

Patient support groups

National Eczema Society
Web: **www.eczema.org**
Tel: 0800 089 1122

Further information

Eczema Care Online:
www.eczemacareonline.org.uk/en?language_set=1

Health and Safety Executive website:
www.hse.gov.uk/food/dermatitis.htm

DermNetNZ:
www.dermnetnz.org/topics/hand-dermatitis

Jargon Buster:
www.skinhealthinfo.org.uk/support-resources/jargon-buster/

Please note that the British Association of Dermatologists (BAD) provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

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PRODUCED | SEPTEMBER 2012
UPDATED | JANUARY 2016, AUGUST 2019, OCTOBER 2023
NEXT REVIEW DATE | OCTOBER 2026