



Moisturiser: infant atopic dermatitis prevention

Intervention

Daily application of a moisturiser (emollient) for first 6–8 months of life.

Indication

Atopic dermatitis affects approximately 5–20% of children worldwide and appears to be increasing in incidence.

Prevention of atopic dermatitis (AD) in infants at increased risk of AD.

Children with a family history of atopy (e.g. parent or sibling with history of AD, asthma or allergic rhinitis) are at high risk for AD. Approximately 70% of patients with AD have a positive family history: having one atopic parent increases a child's risk of developing AD two–threefold and when both parents are atopic, the risk is three–fivefold.

In high risk newborns, daily application of a moisturiser may reduce the incidence of AD or delay its onset (number needed to treat is 4).

AD may also be referred to as 'atopic eczema' or just 'eczema'.

Availability

Moisturisers should have low (or zero) water content and high oil content. Choice of moisturiser will depend on parent preference. Appropriate options include:

- creams, lotions or gels (e.g. Cetaphil®)
- oils (e.g. sunflower seed oil)
- ointments (e.g. white soft paraffin, Aquaphore®).

Moisturisers with a high water content and low oil content should be avoided as they can worsen xerosis (dry skin). Sorbolene, for example, typically has a high water content. Prescription moisturisers are not necessary.

Moisturiser application is a simple, effective, safe and low-cost approach, which may lower the risk of developing AD. In the trials, most parents found it acceptable and there were no reported adverse events.

Description

Daily application to the baby's entire body surface except the scalp as soon as possible after birth (within the first 1–3 weeks after birth) for 6–8 months.



Tips and Challenges

- It is not yet known whether using a daily moisturiser from the first few weeks has a longer term effect on preventing AD (note: in the vast majority of cases AD has an onset before 5 years of age).
- As well as preventing AD, maintaining skin hydration is a key component for management of patients with AD.
- Other tips for maintaining skin hydration include: avoiding soap and bubble bath; using a mild, fragrance-free synthetic cleanser designed specifically for babies; avoiding bath oils and additives; using a mild, fragrance-free shampoo designed specifically for babies and avoiding washing the suds over the baby's body; and avoiding baby wipes, where possible.

Grading

NHMRC Level 2.

References

Simpson et al. [Emollient enhancement of the skin barrier from birth offers effective atopic dermatitis prevention](#). J Allergy Clin Immunol 2014;134:818–23. (www.ncbi.nlm.nih.gov/pubmed/25282563)

Horimukai et al. [Application of moisturiser to neonates prevents development of atopic dermatitis](#). J Allergy Clin Immunol 2014;134:824–30. (www.ncbi.nlm.nih.gov/pubmed/25282563)