

# Scoping systematic review of treatments for eczema

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## Plain English summary

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## Plain English summary

**E**czema is an itchy red rash caused by genetic and environmental factors.

This review summarises randomised controlled trials of eczema treatments published since 2000. We aimed to find, organise and comment on this evidence to help clinicians and patients make informed choices about eczema treatments, as well as identify areas for further research. The review included 287 new trials, covering 92 treatments, the majority of which were not clearly reported, making it difficult to judge their quality.

There was reasonable evidence of benefit for topical corticosteroids, tacrolimus, pimecrolimus, education, ultraviolet light therapy, Atopiclair™ (Graceway Pharmaceuticals), ciclosporin and azathioprine tablets.

Studies to date suggest no benefit for twice-daily compared with once-daily topical corticosteroids, topical corticosteroids containing antibiotics, montelukast, probiotics, evening primrose oil and borage oil and ion-exchange water softeners.

Insufficient research exists for different emollient regimes, wet wraps, antiseptic bath additives, antifungal creams, antihistamines, specialised clothing, e-health management, dietary interventions, Chinese herbal treatment, complementary and alternative treatments, psychological therapies, salt baths, tablet treatments (steroids, methotrexate, mycophenolate mofetil), biologics or injected treatments (immunoglobulin, desensitisation therapy).

We did not find any trials that evaluated dilution of topical corticosteroids, impregnated bandages, soap avoidance or routine allergy testing.

Almost as many trials were published in the last 14 years as in the previous 50 years. Although there are still problems with trial design and reporting, the evidence presented here provides information for clinicians, patients and careers. We recommend that patients are included in the prioritisation and design of future eczema trials.

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