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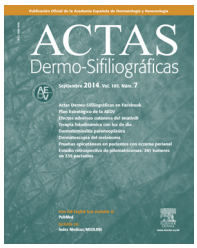

REVIEW

Management of Chronic Hand Eczema☆

F.J. de León,* L. Berbegal, J.F. Silvestre

Servicio de Dermatología, Hospital General Universitario de Alicante, Alicante, Spain

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Abstract Management of hand eczema is complex because of the broad range of different pathogeneses, courses, and prognoses. Furthermore, the efficacy of most available treatments is not well established and the more severe forms can have a major impact on the patient's quality of life. Patient education, preventive measures, and the use of emollients are the mainstays in the management of hand eczema. High-potency topical corticosteroids are the treatment of choice, with calcineurin inhibitors used for maintenance. Phototherapy or systemic treatments are indicated in patients who do not respond to topical treatments. Switching from topical treatments should not be delayed to avoid sensitizations, time off work, and a negative impact on quality of life. Alitretinoin is the only oral treatment approved for use in chronic hand eczema.

PALABRAS CLAVE
Eczema;
Manos;
Terapia;
Guías de práctica clínica como asunto

Abordaje terapéutico en el eczema crónico de manos

Resumen El manejo del eczema de manos es complejo, ya que engloba eczemas de etiopatogenia, curso y pronóstico muy diferentes; la mayoría de tratamientos disponibles no cuentan con niveles de eficacia establecidos, y en sus formas graves la calidad de vida se afecta de forma importante. La educación del paciente, las medidas de protección y el uso de emolientes constituyen un pilar fundamental en el abordaje de estos pacientes. Los corticoides tópicos de alta potencia son el tratamiento de elección, seguidos de los inhibidores de la calcineurina para el mantenimiento de la enfermedad. En los casos refractarios a estos tratamientos deberíamos utilizar la fototerapia o tratamientos sistémicos, los cuales no deberían demorarse para evitar sensibilizaciones, bajas laborales y alteración en la calidad de vida. La alitretinoína es el único tratamiento oral disponible que ha sido aprobado para su utilización en el eczema crónico de manos.

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* Corresponding author.
E-mail address: fjlmarrero1@gmail.com (F.J. de León).

Introduction

Hand eczema or dermatitis is a skin condition that exclusively or primarily involves the hands. It is a common condition, with an estimated annual prevalence of 10% to 14%,[1,2] and an incidence of between 5.5 and 8.8 cases per 1000 person-years.[3–5] It is also the most common occupational disease in many countries.[6]

Adequate management of severe, chronic hand eczema is one of the main challenges in this condition. Chronic hand eczema is eczema that lasts for more than 3 months or occurs at least twice a year despite adequate treatment and treatment adherence, while severe eczema is extensive, long-standing or recurrent eczema that features cracks, severe lichenification, and/or induration.[7,8] Just 5% to 7% of cases of hand eczema are considered severe and 2% to 4% are refractory to topical treatment.[9] Nevertheless, up to 70% of cases of chronic hand eczema are severe or very severe,[10] and therefore from a practical perspective, chronic hand eczema is comparable to severe hand eczema. Severe chronic hand eczema has a considerable occupational, domestic, social, and psychological impact.

Chronic hand eczema is associated with major quality of life impairment, as it impedes patients from doing certain activities and is also surrounded by the stigma that comes with its location in such a visible part of the body. These difficulties lead to additional problems such as changes to and abandonment of regular activities and hobbies, sleep disorders, and more serious conditions such as anxiety, social phobia, and depression. Accordingly, chronic hand eczema is placed just behind atopic dermatitis and psoriasis in terms of impact on patient quality of life.[11–15] Chronic hand eczema is also associated with considerable occupational disability.[9] According to some studies, it is estimated to be responsible for 19.9% of cases of prolonged sick leave and 23% of cases of job loss,[16] with associated costs of more than €1.5 billion a year in some countries.[17] It is therefore remarkable that just 50% of patients with hand eczema see a doctor about their condition.[12,18,19]

The management of chronic hand eczema is complex, largely because it has very different causes, courses, and prognoses. An accurate diagnosis is therefore essential (Table 1), and it is also important to classify the eczema where possible. It should be noted, however, that there is no universal classification system for hand eczema, although many systems have been proposed.[5,7–9,20–24] We believe that hand eczema should at least be classified etiologically (Table 2) and morphologically (Table 3), although there is no specific correlation and multiple factors are frequently involved.

Prevention

Primary Prevention

The goal of primary prevention is to help prevent hand eczema in healthy individuals; this is particularly important in occupational settings, although prevention is still not a priority in many industries.[25] Prevention strategies include *a*) avoidance or substitution of harmful substances through legislative changes (e.g., regulation of chromium content in cement or preservatives in cosmetics); *b*) measures to contain or isolate potential irritants (e.g., ventilation systems); *c*) use of personal protection measures such as gloves and barrier creams; *d*) identification of susceptible individuals through questionnaires and/or patch testing, although these measures are controversial; and *e*) education programs at the workplace, which have proven to be both beneficial and cost-effective.[25]

Secondary Prevention

Secondary prevention essentially revolves around the early detection of the first symptoms of hand eczema. Early referral to a dermatology unit is therefore crucial.[17] The main aim of secondary prevention is to inform the patient. Patients should be educated about hand eczema, with the creation of realistic expectations about the disease and its treatments, and advice about lifestyle changes such as skin care, avoidance of irritants and allergens, and use of protection measures.[5,7,8] This information should be explained in person and also provided in writing (Table 4).[5] Theoretical-practical seminars given in some countries have proven to be effective in terms of reducing the prevalence and severity of eczema in the long term (1 year).[8,17,26]

Skin Care Instructions

Patients need to be educated on the use of barrier creams and moisturizers.[27–30] It is important to use fragrance-free products and products that do not contain preservatives that have most frequently proven to be allergenic.[7,8]

Barrier creams are designed to create a protective layer, but the effectiveness of many of these creams is based not only on the physical barrier they provide, but also on their active ingredients (astringents, UV absorbers, and complexing agents). A more accurate term would therefore be *protection creams*. These creams protect against common irritants (e.g., water and detergents), epoxy resins, metals, paints, and cutting oils, and artificial and natural UV light. Additionally, they keep the skin cleaner and facilitate the use of gloves. When applied to irritated skin, however, they can aggravate the eczema and should therefore only be used on healthy skin.[25,31]

Moisturizers and emollients act by restoring the corneal layer of the epidermis.[25] There is both clinical and experimental evidence that lipid-rich moisturizers can favor healing and prevent recurrences of hand eczema.[32,33] There are 2 types of moisturizers: those that provide a semi-occlusive layer and those that include moisturizing substances (these are more effective).[34] The creams can be applied as often as necessary, but at least after handwashing and before going to bed. When intensive treatment is needed, the moisturizers can be covered by an occlusive dressing.[23]

Information About Allergies and Irritants

Patients should also be informed about their allergies, the role these have in their eczema, and measures to avoid or minimize contact.[7] They should be taught the importance of identifying irritating activities such as excessive