

# Seborrhoeic Eczema/Dermatitis Adult Care Pathway: Top Tips for use in Primary Care

Tower Hamlets Only

November 2011

Tower Hamlets Clinical Commissioning Group



## Seborrhoeic Eczema/Dermatitis Adult Care Pathway: Top Tips for use in Primary Care

### Key Facts

- Seborrhoeic dermatitis (SD) affects at least 1-3% of the population
- Mainly affects adults especially males
- Dandruff is the mildest form
- Is a chronic condition that tends to flare and remit spontaneously, and is prone to recurrence after treatment – treatment aim is control not cure
- Overgrowth of Malassezia yeasts probably a factor

### Patterns of Seborrhoeic Eczema

- Redness and scaling affecting scalp, ears, sides of nose, around eyes, eyebrows (T zone of face) together with pre-sternal and interscapular areas
- Flexural pattern involving axillae, groins and inframammary regions
- Infantile form - this tends to clear fairly quickly with emollients and mild topical steroids

### Treatment

The mainstays of treatment are:

- Antifungal shampoos (ketoconazole, selenium sulphide) and creams (miconazole, clotrimazole)
- Topical corticosteroids (hydrocortisone, clobetasone butyrate, fluocinolone scalp application, betamethasone scalp application)
- Topical steroid/antifungal mixture, e.g. hydrocortisone with miconazole (Daktacort) or hydrocortisone with clotrimazole (Canesten HC)
- Emollients such as E45 cream

For treatment of SD of the scalp, patients can use ketoconazole 2% shampoo twice weekly for 2-4 weeks.

For treatment of SD on face/body, patients can use miconazole cream topically bd for 2-4 weeks.

Use short courses of topical steroids episodically in SD during flare-ups/resistant cases, from a few days up to 1-2 weeks in addition to topical antifungal.

### **Maintenance treatment to help prevent recurrences**

For SD of the scalp, patients can use ketoconazole 2% shampoo once weekly/fortnightly.

For SD on face/body, patients can use miconazole cream bd once weekly/fortnightly or ketoconazole shampoo topically 10-15 minutes once weekly/fortnightly before a bath/shower.  
NB: Reassure patients that it is okay to use in this way.

### **When to refer patients to dermatology one stop clinic**

If the disease is extensive or there is little response to treatment despite adequate concordance.

If there is diagnostic uncertainty.

### **When to refer to secondary care dermatology**

Acute erythrodermic seborrhoeic dermatitis (emergency referral by telephone)

### **Professional further reading resources:**

- <http://learning.bmj.com/learning/module-intro/.html?moduleId=5004451> (subscription required)
- <http://www.dermnetnz.org/dermatitis/seborrhoeic-dermatitis.html>
- <http://www.bad.org.uk/site/872/Default.aspx>
- <http://emedicine.medscape.com/article/1108312-overview>

### **Patient information resources:**

- <http://www.patient.co.uk/health/Seborrhoeic-Dermatitis-of-Adults.htm> also available on Mentor Plus

### **Acknowledgements**

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