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# How the seasons affect your eczema

As we battle through the final stretches of winter, many of us are eyeing our coats and scarves with disdain and fantasising about sunnier days to come. This applies doubly so to eczema sufferers, many of whom find their symptoms peak in winter and recede with the onset of spring.

"Usually eczema improves in summer with some natural sunlight and gets worse in winter when it is cold and damp," explains Dr Anton Alexandroff, a consultant dermatologist and spokesperson for the British Skin Foundation. "Skin can also get drier with central heating in winter, especially for those with asteatotic eczema, which is more common in senior people and is mostly due to skin drying out too much."

While every person with eczema has their own triggers, in many cases flare-ups can follow a seasonal pattern. (So much so, in fact, that asteatotic eczema is often known as 'winter itch'.) It's not uncommon to find that your eczema lies dormant most of the year, only to re-ignite in response to cold or heat.

So why is this the case? And other than waiting stoically till summer, is there anything people can do?

#### What is eczema?

Eczema, also known as dermatitis, is a common itchy inflammatory skin condition, often associated with an abnormal skin barrier. It looks different for every person, but you may experience patches of dry scaly skin, small raised bumps, and severe itching. This might occur in just a few small patches or may be more widely spread across the body.

There are several variants - for instance, allergic contact dermatitis (in which the skin flares up in response to external agents like metals, fragrances or preservatives) or irritant contact dermatitis (caused by a persistent irritation of the skin).

However, the most common type is atopic (allergic) dermatitis, which usually begins in infancy or childhood and affects up to 1 in 3 children, and 1 in 10 adults, in the UK. Although many children find the condition clears up naturally as they get older, many people continue to experience flare-ups throughout their lives.

"It's due to a genetic predisposition which affects the integrity of the skin barrier, and is often associated with a mutation in the so-called filaggrin gene," explains Alexandroff. "As a result, environmental and/or microbial allergens penetrate the skin barrier more easily and cause inflammation of the skin."

This condition is associated with asthma and hay fever, meaning that if you or a family member have one of the three, you're more likely to have the others. A recent Australian study shed some light on why, pinpointing a cluster of genetic risk factors that predispose you to all three allergic conditions.

Despite learning more about the causes, researchers haven't yet developed a cure. This means, if you or your child have eczema, it's important to work out the individual triggers and adopt strategies for managing the symptoms.

#### The winter itch

If your flare-ups happen predominantly in winter, this is likely due to switching between cold and hot environments. Harsh, windy conditions outside - followed by dry, centrally heated environments inside - can wreak havoc on the skin.

As if that were not enough, some people find their eczema triggered by dust mites (which thrive in warm indoor environments). On top of this, many people experience a vitamin D deficiency during winter, which some studies have linked to higher rates of eczema, although the evidence is not conclusive on this front.

"Infections, such as colds, non-specifically flare up dermatitis because they upset the immune system in general," adds Dr Alexandroff.

Perhaps paradoxically, many winter eczema management strategies come down to avoiding extremes of heat. First up, make sure your home isn't overheated, and invest in a humidifier if dry air inside is a concern. When you bathe or shower, lukewarm (not hot) temperatures are best for your skin. And, since heavy winter clothing can cause sweating, the National Eczema Society advises layering up - clothing made from cotton or silk is best.

Above all, it's critical to maintain a rigorous moisturising routine. According to Allergy UK, you should continue this routine all year round, not just during flare ups.

"Greasier moisturisers are more effective so ointments are better than creams and lotions," says Alexandroff. "Wash with moisturiser and add bath oils to your bath, avoiding soaps, shower gels and bubble bath, which degrease the skin."

## Eczema at other times of year

Although eczema generally improves in the spring, for some people the opposite holds true. Seasonal pollen can be a trigger, causing eczema flare-ups alongside hay fever. (You may wish to take an antihistamine if this applies to you.) Some people also find their symptoms exacerbated by temperature changes, and get flare-ups during the transitional seasons (spring and autumn).

Others find that their symptoms worsen in the summer months. Typically, this is due to the heat itself, which may cause sweating, coupled with the drying effects of air conditioning once you get inside. There may also be further triggers at this time of year, like swimming in a chlorinated pool or sitting on grass.

In each of these cases, the usual advice applies - try to pinpoint any environmental triggers and minimise your exposure to them wherever possible. Try to stay cool, rinse off chlorine straightaway and always make sure to moisturise.

## **Further tips**

It's also advisable to see a health professional if anything changes, or your symptoms are proving hard to manage on your own.

"If your eczema suddenly gets out control, it may be possible that you have developed an allergy to something you have come in contact with, such as fragrance, dyes or preservatives," says Dr Alexandroff. "A dermatologist can arrange a patch allergy test for you to make sure you have not developed allergic contact dermatitis." It's worth being aware that this service isn't always available on the NHS, and that if it is, waiting times can be long.

If your eczema is severe, you may need a prescription treatment.

"See your GP or dermatologist to get more intensive treatment - for example, with appropriate creams and non-steroidal cream like pimecrolimus cream," says Dr Alexandroff.

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