

## Case Study:

Miss SK, 22 year old student comes in for an MUR.

She has had eczema since childhood and now has lichenified patches and some painful fissures on her forearms and the back of her neck. She scratches these areas at night.

Rx

15g Hydrocortisone cream	Apply BD	x1
500ml Oilatum Bath Emollient	Use mdu	x1
500g Aqueous cream	Apply PRN	x1

You ask her to describe how she uses her medication.

- Applies the emollient and steroid cream twice a day. Neither of them make much difference
- She doesn't use the bath oil at all as she only has showers

She thinks treatment is not effective.

What medicines use issue (s) can you identify and what actions would you propose

### Answers

- 1% Hydrocortisone not sufficiently strong for lichenified eczema - refer to GP for a more potent steroid cream or ointment
- Emollient cream possibly not rich enough or used in sufficient quantity or frequency - Recommend a more hydrating emollient e.g. Diprobase, Doublebase, etc (consider local formulary) . Explain how to use correctly to rehydrate and soothe skin.
- Neither bath oil or soap substitute used at present. Reinforce need for after-shower emollient. Recommend use of soap substitute for showering and hand-washing.
- PIL - NES/Prodigy (in pack)
- Signpost - National Eczema Society (in pack)