BEAUTY

# What Actually Helps Eczema

Moisturiser matters, prescription creams can do more, and the evidence cuts through several expensive distractions.

## Step 1: Break the itch-and-scratch loop

You notice the itch, scratch almost without thinking, then discover that the patch is angrier than before. This is eczema's cruel little engine: inflammation produces itch, scratching damages the skin further, and the damaged skin becomes redder, more swollen and more vulnerable to infection. Willpower alone is not a treatment plan.

Eczema is a broad name for several kinds of dermatitis, but atopic dermatitis is the most common. It can bring intensely itchy, dry skin, inflamed patches and rashes that ooze, crust or bleed after scratching. It often moves between flares and quieter periods rather than disappearing in a clean, permanent line.

That unpredictability can tempt you into hunting for the one hidden cause. The evidence does not offer one. Genes, the immune system and environmental exposures all appear to play a part, while changes in the skin's protective barrier allow moisture to escape. Fragrances, compounds in soaps and skin products, excessively dry skin, smoke and air pollutants may contribute.

Start by noticing what repeatedly irritates your own skin rather than banning everything at once. Certain soaps, fabrics and lotions can aggravate eczema; stress and allergens may also matter. Removing a genuine irritant is useful. Building an ever-longer list of suspected enemies without evidence can distract from the treatments that have actually been tested.

Eczema is not contagious. You cannot catch it from somebody else, and nobody else can catch it from you. That simple fact matters when visible patches appear on the face, hands or other exposed skin: the rash may be difficult to live with, but it is not something you have passed on.

## Step 2: Use a moisturiser, without expecting a cure

A moisturiser is the quiet, unglamorous part of eczema care. It does not cure the disease, and research has not identified one moisturiser that is reliably best. Still, moisturisation can support dry skin and appears more useful than doing nothing, particularly alongside an active anti-inflammatory treatment.

A 2017 systematic review of 77 studies involving 6,603 participants found that moisturisers reduced clinician-assessed eczema severity and were associated with fewer flares. They also prolonged the time before a flare in a small group of studies and reduced the amount of topical corticosteroid needed to reach similar improvements. Many findings were based on low- or moderate-quality evidence, so the exact size of benefit remains uncertain.

The ingredient stories were less decisive than product marketing often suggests. Glycerol-containing moisturisers produced modest improvements, but the measured change did not reach the review's threshold for an important difference. Urea-containing cream improved dryness in one study but also produced more reported adverse events. Oat-containing moisturisers did not clearly improve disease severity compared with control products, although some studies suggested fewer flares.

Across the review, moisturisers generally worked better when combined with active treatment than when the active treatment was used alone. That is the useful distinction: moisturiser supports eczema care, while an anti-inflammatory medicine treats inflammation. Asking one product to do both jobs can leave a flare undertreated.

Choose a moisturiser you can tolerate rather than chasing a supposedly superior ingredient. Stinging, smarting, itching, redness and inflamed hair follicles were among the adverse effects reported in the studies. If a moisturiser repeatedly makes your skin feel worse, its fashionable ingredient list is not a reason to persist.

Moisturiser supports eczema care, while an anti-inflammatory medicine treats inflammation.

## Step 3: Treat inflammation with prescribed topical medicine

When eczema is actively inflamed, prescription topical treatments have stronger evidence than moisturiser alone. The main options studied include topical corticosteroids (TCS), topical calcineurin inhibitors (TCI), phosphodiesterase-4 (PDE-4) inhibitors and Janus kinase (JAK) inhibitors. Which one fits depends on the person and the eczema, so this is where care moves beyond lifestyle advice and into a conversation with a clinician.

A 2023 review of 219 trials involving 43,123 patients found that pimecrolimus, tacrolimus and moderate-potency TCS were among the most effective options across several outcomes. Moderate-potency TCS performed particularly well for maintaining control. Topical antibiotics, used alone or in combination, appeared to be among the least effective choices for eczema itself.

A larger 2024 review of 291 studies broadly reinforced the value of anti-inflammatory treatment. Potent TCS, JAK inhibitors and tacrolimus 0.1% repeatedly ranked among the more

effective options. PDE-4 inhibitors were among the least effective. Rankings shifted according to whether patients reported symptoms, clinicians assessed signs or investigators judged overall improvement, so there is no honest single winner.

The limitations are substantial. Most studies lasted only a few weeks, 68% were funded by industry or did not clearly report funding, and 89% of trials contributing data were at high risk of bias. Many participants were white and treated in specialist settings, while relatively few studies focused only on children younger than 12. Short-term rankings cannot settle every long-term decision.

Safety deserves the same nuance. The 2024 review found no evidence of increased skin thinning during short-term TCS use, although confidence in that finding was low. Over longer periods, a small number of skin-thinning events occurred more often with TCS than with TCI. Tacrolimus, pimecrolimus and crisaborole were more likely to cause reactions where they were applied. Those trade-offs belong in a prescribing discussion, not in a blanket claim that one class is safe or dangerous.

## Step 4: Take a simple plan into next week

Your practical plan does not need nine skincare products. It needs the two jobs kept separate: moisturiser for dry skin, and the prescribed topical anti-inflammatory treatment for active eczema. Tonics, elaborate ingredient stories and topical antibiotics do not become effective merely because the rash is frustrating.

Pay attention to whether the plan is helping the things that matter: itch, visible inflammation, sleep, flares and ordinary quality of life. Those are the outcomes used in the major treatment reviews. A product that feels sophisticated but leaves those problems unchanged is not earning its place.

Seek medical help when eczema is difficult to control, when you think the skin may be infected, or when sleep and daily life are being disrupted. Scratching can increase the risk of bacterial infection, and viral skin infections can also occur. Oozing, crusting or bleeding may be part of eczema itself, so a clinician may need to judge what is happening rather than you trying to identify it from appearance alone.

For the coming week, place one tolerated moisturiser beside your prescribed topical treatment and keep a short written note of itch, flares and reactions. That takes the moisturiser, the prescribed medicine, a pen and a small notebook. Bring the note to your next clinical conversation; it turns a vague memory of "better" or "worse" into something you can discuss.

## Where this comes from

- Eczema

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/eczema.html
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