

No clear evidence of benefit for antimicrobial interventions in atopic eczema

Clinical question	How effective are interventions to reduce <i>Staphylococcus aureus</i> (SA) in treating infected or non-infected atopic eczema?
Bottom line	A range of anti-staphylococcal treatments were trialled - oral antibiotics, antibacterial soaps, topical steroids combined with antibacterials, antibacterial bath additives, topical antiseptic/antibiotic creams and silver-impregnated textiles. None of the trials showed any clear benefit in terms of short term eczema control, although several interventions were associated with decreased numbers of SA on the skin. There was no clear evidence that widely-used topical steroid/antibiotic combinations were better than use of the topical steroid alone. Only one small inconclusive study evaluated people with clinically infected eczema.
Caveat	Care should be taken in interpreting these results as failure to show benefit in a series of small, poorly reported studies does not mean that anti-staphylococcal interventions may not be helpful for eczema. It is clinical common sense to treat overtly infected eczema with oral antibiotics, and that practice should continue until good evidence suggests otherwise. However, given that none of the studies showed clear clinical benefit for anti-staphylococcal interventions in non-infected eczema, their continued use should be questioned in such circumstances.
Context	Atopic eczema is a common problem, affecting around 15% of schoolchildren. ¹ Symptoms usually appear before the age of two years and around 60% of cases will be clear of eczema by early adolescence. The skin of people with atopic eczema often contains high numbers of SA. Even when the eczema does not look infected, SA may still play a part in promoting skin inflammation.
Cochrane Systematic Review	Birnie AJ et al. Interventions to reduce <i>Staphylococcus aureus</i> in the management of atopic eczema. Cochrane Reviews 2008, Issue 3. Article No. CD003871. DOI:

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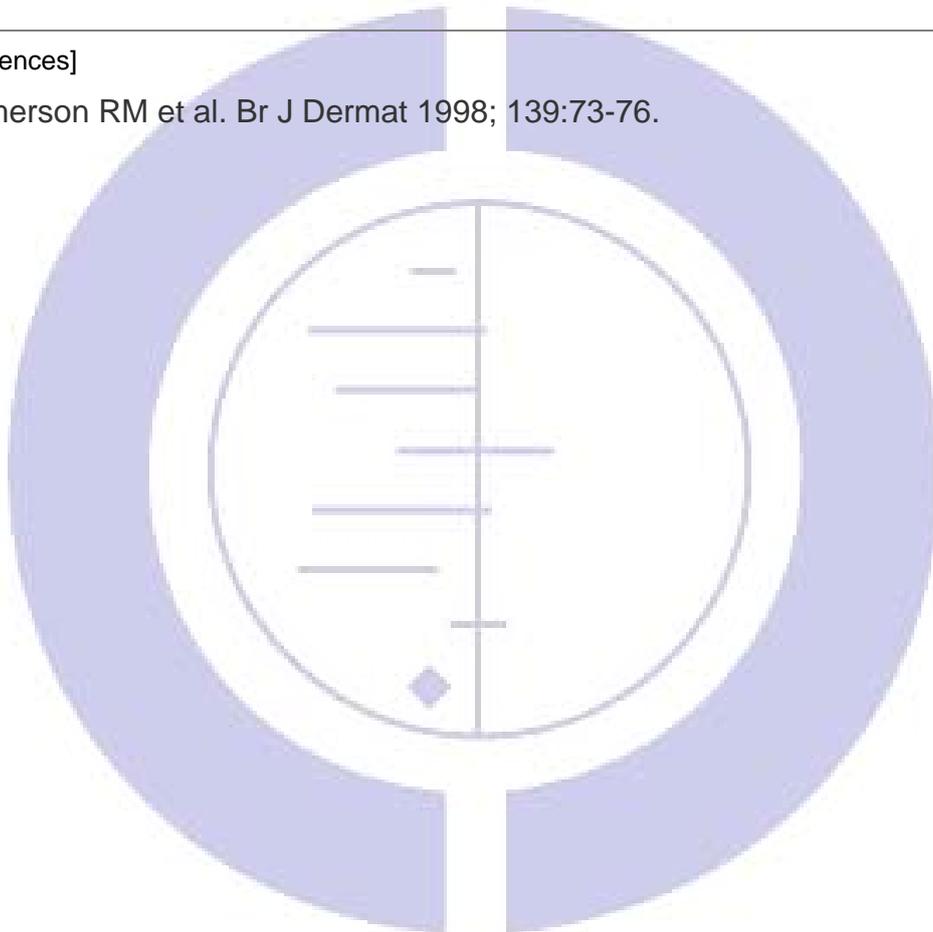
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10.1002/14651858.CD003871.pub2. This review contains 21 studies involving 1018 participants.

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[References]

1. Emerson RM et al. Br J Dermat 1998; 139:73-76.



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