

ECZEMA AND THE SUN

Many people find that their eczema improves with exposure to sunlight (this is particularly true of the contact and discoid types) while others experience a worsening of their condition. Whatever your own experience, the skin will still need protection from the sun's harmful rays, both during the British Summer-time and when you are away on holiday in a warm climate. In this fact sheet, we offer ways of protecting the skin from exposure to the sun.

The damaging effects of the sun

The fairer your skin, the greater the chance of burning. In the short-term, severe sunburn can result in blisters, sickness, shivering and fever but it is also important to consider the long-term effects of over-exposure to the sun. These include premature ageing of the skin and even skin cancers. The B rays are responsible for burning, while the A rays can damage fibres in the lower levels of the skin, causing wrinkles and ageing.

General advice

Even on an overcast or cloudy day, the sun's rays will still reach you. Wearing loose long-sleeved cotton tops and trousers will protect arms and legs from the sun and a wide-brimmed hat will shield the head and face. Creams and lotions should be applied to protect exposed skin.

In addition to sunscreens, it is vital to be sensible about the amount of sun exposure, particularly when on holiday. Wherever you are, the sun is always strongest between 11.00am and 2.00pm. Babies under 6 months should not be exposed to direct sunlight, so keep them in the shade at all times.

Protecting your skin

All sunscreens give protection against B rays; some also protect against A rays. The sun protection factor (SPF) tells you the extent to which the sunscreen filters out the B rays. The higher the SPF, the greater the degree of protection. SPF's range from 2 up to 50, but someone with very fair skin or who has eczema that worsens in sunlight should use a cream with a factor of 15 or above. The star rating on products indicates their protective effects against UVA rays. The more stars the higher the protection. Sunscreen should be applied about every two hours. Water-resistant creams may be better when swimming, but should still be re-applied afterwards.

Sunscreens can be very expensive, especially if you need to use them every day. In some cases, it may be possible to get certain brands on prescription. Alternatively, sunscreens can be bought over the counter. Ask your doctor or local pharmacist for their advice. Own brand products sold by chain stores are increasingly available and can be just as effective as the more expensive ones made by cosmetic companies.

Sunscreens

Sunscreens can irritate eczema in some people. When choosing a sunscreen to use you will need to consider the same factors as you would when choosing an emollient. Ingredient labelled products will help you to avoid substances to which you have a known sensitivity, but you should always be careful and make sure that you test any new sunscreen before applying it to the whole body. Try not to rub too hard when applying cream as this will set off itching.

Another factor that you may wish to consider is whether to use a sunscreen based on chemicals, which can irritate eczema, one containing a non-chemical mineral as its base (usually titanium dioxide), or a product that is a combination of both chemicals and minerals. Chemical sunscreens are absorbed into the skin whilst those containing titanium dioxide sit on the skin and act as a barrier. Therefore some people with eczema prefer to use mineral based or combination products rather than chemical sunscreens. Titanium dioxide can leave a white sheen on the skin and this can be off putting, particularly for those with darker skins. However, as with all products used on the skin, what works for one person with eczema will not necessarily suit another, so a process of trial and error will probably be needed.

Remember that sunscreens are not designed to allow you to spend unlimited time in the sun but to provide protection when you are exposed to sunlight.

Moisturising and avoiding irritation

Sun exposure is drying to the skin. Be even more generous than usual with your regular emollients (moisturisers) and perhaps use a heavier emollient than usual at night. If you can, apply your emollient about half an hour before applying a sunscreen. This will stop the sunscreen from becoming diluted by the emollient and will make sure that the sunscreen keeps its protective properties.

Salt water and sand may be irritating for some people with eczema, particularly if the skin is broken or cracked. Particles of sand or salt can lodge in the skin cracks and sting. Chlorine can also be irritating for some people. It may help to apply a thick layer of emollient before swimming. A tepid shower or a soak in a bath, with oils suitable for eczema, will remove all particles of salt and sand and help to soothe the skin after a trip to the beach or the pool.

Light-sensitive eczema

Some types of eczema are directly caused or made worse by exposure to the sun, although this is rare. The term for this kind of eczema is photosensitive.

Certain drugs and chemicals such as antihistamines and antibiotics can also cause the skin to become sensitive to sunlight. Therefore if you are taking these for your eczema and are planning to spend time in the sunshine, check with your doctor.

Temperature control

Many people find that heat is a key factor in triggering their eczema. Covering up in light trousers and tops will not only protect against sun exposure (see above) but will help to keep you cool. Natural fibres for clothing, such as cotton or linen, are preferable to synthetic fabrics, which can make you feel hot and sweaty.

Further information

This fact sheet is one of a series provided as a service by the National Eczema Society to give up-to-date, practical help. More detailed information on this and other eczema-related subjects is available to members of the National Eczema Society. Membership of the Society costs just £20 per year. Members receive a comprehensive information pack and copies of the Society's quarterly journal, Exchange. They also have unlimited access to the Society's Information Service. Membership of the National Eczema Society also offers people affected by eczema the opportunity to talk with others who share similar problems and experiences.

These details are provided only as a general guide. Individual circumstances differ and the National Eczema Society does not prescribe, give medical advice or endorse any products or treatments. We hope you find this information useful but they do not replace, and should not replace, the essential guidance which can be given your doctor or nurse.

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