

---

# Harmonised topical treatment procedures for children with atopic dermatitis

---

FROM THE SPECIALTIES

TERESA VICTORIA LØVOLD BERENTS

tlberents@gmail.com

Teresa Victoria Løvold Berents MD, PhD, specialist in dermatology and venereology with a focus on allergology, Department for Dermatology and the Regional Unit for Asthma, Allergy and Hypersensitivity, Oslo University Hospital.

The author has completed the ICMJE form and declares the following conflicts of interest: Her employer institution has received funding from the Asthma and Allergy Association for two work group meetings, and she has received lecture fees from Sanofi Genzyme, Leo Pharma, Perrigo, Abbvie, Apokus, the Norwegian Psoriasis and Dermatitis Association, and the Norwegian Asthma and Allergy Association.

CHRISTIAN DOTTERUD

Christian Dotterud MD PhD, specialist in dermatology and venereology, Department of Dermatology, St. Olavs Hospital, Trondheim University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest,

ELLING ATLE FALEIDE

Elling Atle Faleide, registered nurse, Department of Dermatology, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

KRISTINE KIRKEBY FUSKELAND

Kristine Kirkeby Fuskeland, clinical nurse educator, Department of Dermatology, Outpatients Clinic, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

TRUDE GILDESTAD

Trude Gildestad, PhD, nurse educator, Department of Dermatology, Haukeland University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

STINA CAMILLA GUNDERSEN

Stina Camilla Gundersen, registered nurse, Department of Dermatology, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

LOTTE HAAVIK

Lotte Haavik MD, specialist registrar in paediatric diseases, Department for Paediatric Allergy and Pulmonology, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

LENE HELLAND

Lene Helland, registered nurse, Department of Dermatology, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

ELISABETH LANGE

Elisabeth Lange, public health nurse, Department for Paediatric Allergy and Pulmonology, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

ASTRID HAASKJOLD LOSSIUS

Astrid Haaskjold Lossius MD PhD, specialist in dermatology and venereology, Department of Dermatology, Oslo University Hospital.

The author has completed the ICMJE form and declares the following conflicts of interest: She has received lecture fees from Sanofi and Abbvie, and consultancy fees (for the Rinvoq drug) for Abbvie paid to the institution.

ELIN MARTINSEN

Elin Martinsen, nurse educator, Geilomo Children's Hospital, Oslo University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

#### HILDE OLSET

Hilde Olset MD, specialist in dermatology and venereology, Department of Dermatology, Haukeland University Hospital.

The author has completed the ICMJE form and declares the following conflicts of interest: She has received lecture and consultancy fees from Sanofi.

#### INGVILD GAARE OLSTAD

Ingvild Gaare Olstad, allergy nurse, Regional Unit for Asthma, Allergy and Hypersensitivity, Oslo University Hospital; Head of the Norwegian Nurses Organisation's specialist group of asthma and allergy nurses.

The author has completed the ICMJE form and declares the following conflicts of interest: She has received funding from the Norwegian Asthma and Allergy Association's research fund.

#### EVA MARIA REHBINDER

Eva Maria Rehbinder MD PhD, specialist in dermatology and venereology, and researcher at the Department of Dermatology, Oslo University Hospital.

The author has completed the ICMJE form and declares the following conflicts of interest: She has received lecture fees from Sanofi Genzyme, Leo Pharma, Novartis, the Norwegian Psoriasis and Dermatitis Association, and the Norwegian Asthma and Allergy Association.

#### TONJE REIER-NILSEN

Tonje Reier-Nilsen MD, PhD, specialist in paediatrics and sport's medicine, with special focus on allergology. She is affiliated with The Norwegian Olympic Sports Centre and The Oslo Sports Trauma Research Centre, Norwegian School of Sports Science.

The author has completed the ICMJE form and declares the following conflicts of interest: She has received lecture fees and consultancy fees from ALK, MediTuner and Sanofi.

#### KIM M.A. SANDBERG ENDRE

Kim M.A. Sandberg Endre, MD PhD, specialist in dermatology and venereology, Department of Dermatology, Oslo University Hospital.

The author has completed the ICMJE form and declares the following conflicts of interest: He has received lecture fees from Sanofi and Perrigo, and consultancy fees from Sanofi, Almirall and Incyte.

THOMAS ROGER SCHOPF

Thomas Roger Schopf MD, PhD, specialist in dermatology and venereology, Regional Centre for Asthma, Allergy and Other Hypersensitivity Illnesses,

The author has completed the ICMJE form and declares the following conflicts of interest: He took part in a project entitled 'Look deeper – I am more than my skin' for which funding from the Active citizens fund in Slovenia was paid to the institution.

BØRGE ENDRE HAUGEN ØSTHUS

Børge Endre Haugen Østhus MD, specialist in dermatology and venereology, with special focus on allergology, Regional Centre for Asthma, Allergy and Other Hypersensitivity Illnesses, St. Olavs Hospital, Trondheim University Hospital.

The author has completed the ICMJE form and declares no conflicts of interest.

---

## **Topical treatment adherence is low among patients with atopic dermatitis. New harmonised topical treatment procedures for children may improve the situation.**

Children with atopic dermatitis are treated by general practitioners and by dermatology and paediatric departments in hospitals. First-line treatment of atopic dermatitis targets skin barrier dysfunction with emollients and skin inflammation with topical corticosteroids. Antiseptics are used for skin infection, and wet wraps for itching and scratching. In Norway, topical treatment procedures have never been harmonised. There is wide agreement among Norwegian specialists that there is a need for harmonised topical treatment procedures for children with atopic dermatitis.

There are several reasons why treatment adherence is low. The treatment is complex, and the patients may fail to understand why they need to keep taking it. They may have been inadequately trained, they may receive conflicting information, and some may be frightened of/have a phobia against the treatment. It has been demonstrated that a personalised treatment plan, combined with attendance at an 'Eczema school', increases treatment adherence (1). It is important that patients receive consistent information about the treatment, which may increase adherence.

Work to update current medical procedures took place from February 2020 to June 2023. The project consisted of four interdisciplinary working groups that included representatives from all the regional health trusts, with 20 registered nurses and doctors from dermatology and paediatric departments as well as the

from the Regional Unit for Asthma, Allergy and Hypersensitivity. The project received grant funding for work meetings from the Norwegian Asthma and Allergy Association and was enrolled in the Norwegian Electronic Health Library (helsebiblioteket.no) (2) with supervisors assigned. The method used was AGREE (Appraisal, Guidelines, Research and Evaluation). Draft treatment procedures with relevant patient information and an instructive video were distributed for consultation to the heads of the Dermatology Departments at the four university hospitals, the Norwegian Medical Products Agency, relevant patient organisations (3–5), professional bodies and specialist associations.

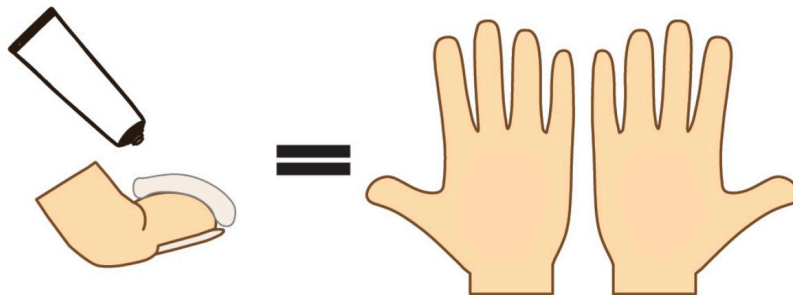
In June 2023 the procedures, and the associated patient information, on treatment with emollients, topical corticosteroids, antiseptics and wet wraps, were published by the Norwegian Electronic Health Library (helsebiblioteket.no) (2).

Summary of the topical treatment procedures:

- *Emollients*: To be used daily, even when in remission. Apply in ample quantities (250–500 g/week) at least morning and night and after contact with water. Emollients reduce the severity of the eczema and the use of topical corticosteroids, and they prevent flare-ups. Patient preference is important for the choice of emollient. They need to comply with the statutory requirements and should not contain perfume or plant proteins. They should consist of as few substances as possible.
- *Topical corticosteroids*: Doses are given in fingertip units (Figure 1). To be used once per day as reactive and proactive treatment. Reactive treatment of an eczema flare-up requires daily application. In calmer phase, proactive treatment should be applied every second day for an extended period and thereafter twice per week (maintenance treatment/weekend treatment). There are no studies indicating the best sequence of applying topical corticosteroids and emollients. We recommend allowing one to be absorbed before the other is applied.

### **Amount of cortisone cream**

One fingertip unit per area the size of two palms



**Figure 1** Fingertip unit. Illustration: Ine Eriksen, the Photo and Video Service, Institute of Clinical Medicine, University of Oslo. Adapted for the Journal.

- *Antiseptic treatment*: Infection treatment should be considered if the topical corticosteroid treatment is ineffective. The skin should be cleaned, and a topical antiseptic applied. Topical corticosteroids and emollients are to be used in parallel.
- *Wet wraps*: may be used to alleviate severe itching and scratching.

---

## REFERENCES

1. Lundborg M, Holm JH, Sandvik L et al. Multidisciplinary educational programme for caregivers of children with atopic dermatitis- in South East Norway - an observational study. *BMC Dermatol* 2020; 20: 20. [PubMed] [CrossRef]
2. Helsebiblioteket. Publiserte prosedyrer og lenker til prosedyrer hos OUS. <https://www.helsebiblioteket.no/innhold/artikler/fpr/publiserte-prosedyrer-og-lenker-til-prosedyrer-hos-ous> Accessed 17.4.2024.
3. NAAF. <https://www.naaf.no/> Accessed 17.4.2024.
4. Psoriasis og eksemforbundet. <https://www.hudportalen.no/> Accessed 17.4.2024.
5. Landsforeningen for hjerte og lungesyke. <https://www.lhl.no/> Accessed 17.4.2024.

---

Publisert: 4 June 2024. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.24.0112

Received 26.2.2024, accepted 17.4.2024.

Copyright: © Tidsskriftet 2026 Downloaded from tidsskriftet.no 28 June 2026.