



HAND DERMATITIS - HOW TO CARE FOR YOUR HANDS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about the principles of good skin care for the hands. It tells you how to reduce irritancy, protect the skin barrier, and apply moisturisers correctly.

Why do I need to care for my hands?

The hands are the point of contact for many irritants such as soap, detergent, shampoo, water, fibreglass, plasterboard, cutting fluids etc. Frequent contact with irritants, including excessive use of water, reduces skin barrier function and can promote the development of hand eczema or cause the recurrence of pre-existing hand eczema. The hands become red, scaly, cracked, itchy and sore.

Who is most likely to get hand dermatitis?

This is most likely to occur in those who have had eczema in the past (including childhood eczema) and those who are working in certain occupations where a lot of wet work is carried out.

Which occupations are most at risk?

Cleaners, housewives, care workers, chefs, hairdressers, mechanics, surgeons, dentists, nurses, florists, machine operators, aromatherapists, beauticians, and construction workers are some of those with an occupational risk of hand dermatitis due to frequent wet work, contact with irritants and minor trauma.

Will taking good care of my hands cure my skin condition?

No, but taking good care of your hands will help to repair the skin barrier and reduce inflammation. It will not usually cure the condition completely and if these measures are discontinued, the condition will frequently recur. The resistance of the skin is lowered for several months after the dermatitis has apparently healed.

What are emollients (moisturisers) and how do they work?

Emollients are mixtures of oil (creams), or paraffin (ointments), and water in different formulations. They are designed to smooth and hydrate the skin. Their effects are short-lived and they need to be applied very frequently. There are many different types of emollients, and it will be important to find one or two types that suit you and are practical for your daily routine. You need to use emollients several times a day as directed by your doctor or nurse.

How should I apply emollients (moisturisers)?

You should use emollients as frequently as you can manage, ideally after every hand wash and during every break from work. It is important to remember to bring the emollient to work with you, and you may need to purchase (or have prescribed) a small tube to take to work as well as a larger tub to use at home. In the evenings, emollients are often most conveniently applied whilst watching television or before bed.

If the hands are severely affected apply the emollient under cotton gloves. Apply generously all over the hands and smooth in.

If you have been prescribed a steroid cream, to use on the worst affected areas of your hands, then you will need to apply this once daily until the flare of dermatitis comes under control; either under or over the emollient (you should not be using a steroid cream as your only treatment without an emollient). You should continue to apply the emollient regularly even after things have improved, to try to reduce the chance of the condition worsening again.

What are the side effects of emollients?

Emollients rarely cause significant side effects. However, if the hands are very cracked or sore, they can occasionally cause some stinging during the first few days of application. Occasionally, an allergy to the emollient may develop,

and cause more inflammation. It is well worth trying a different emollient if you are having problems with the one recommended.

Is there anything I should do or avoid whilst applying emollients?

If you are carrying out fine paperwork or similar activities, you may find that your hands are too greasy to handle the work for a few minutes after applying the emollient. In such a case, you may wish to choose a less greasy cream or gel based emollient, prior to such work, and use the greasier preparations at other times as these are more effective and long-lasting. Do not share your or other people's emollients, as this can introduce infection into the container.

How should I wash my hands?

Use lukewarm water with a soap substitute (e.g. prescribed moisturising lotion with antiseptic, prescribed emollient shower gel, emulsifying ointment or paraffin-based ointment). If your hands are dirty, use a non-perfumed soap without tar or sulphur, applied sparingly and rinse the hands thoroughly. Never wash your hands with soap while wearing a ring.

After washing, dry your hands carefully with a clean towel, especially between the fingers and under rings. After drying, apply the recommended emollient. You may be able to avoid some hand washing by using gloves for dirty tasks.

Is there anything I can do to avoid or reduce the frequency of flares?

Avoid contact with detergents and other strong cleansing agents. Use a measure when handling detergent powder, and avoid contact with grease which will necessitate using a detergent to remove it from the hands.

Using washing machines and dishwashers can help to reduce manual labour, and in turn may help to reduce the chance of further attacks of hand dermatitis. Try and rest your hands when at home and ask someone else to do the housework. Ask a family member to do jobs like gardening which cause trauma to the hands.

Always avoid contact with car oil and grease. Do not use heavy duty hand cleaners or wire wool on the hands; these are highly irritant. Fibreglass and plasterboard are also highly irritant. Avoid contact with paint and cement.

Avoid direct contact with shampoo. Use plastic/PVC gloves, or let someone else shampoo your hair or your children's hair.

Avoid contact with polish: metal, wax, shoe, floor, car, furniture and window polishes.

Avoid contact with solvents: white spirit, petrol, paraffin, turpentine, thinners and trichloroethylene (tric).

Do not peel or squeeze citrus fruits with bare hands.

Do not apply hair lotion, hair cream or hair dye with bare hands.

Rings should not be worn for work or housework until the skin has been clear for three months. Keep the inside of rings clean (brush under running water).

When washing-up, use running water if possible, keeping the temperature of the water low. Use long handled brushes rather than cloths. Always wear gloves when in contact with washing-up liquid or detergent.

If working in healthcare, use alcohol hand rubs instead of full hand washing for infection control purposes as much as possible. If hands are not visibly dirty or visibly soiled with blood or other body fluids, alcohol rubs can be used for decontamination. Always follow the infection control and hand hygiene guidelines in your own workplace. Some people can be sensitive to alcohol hand rubs in which case they should seek help from occupational health nurses to confirm their sensitivity and for supplying alternative disinfectants.

When should I wear gloves?

Use protective gloves when necessary for wet work or when handling chemicals or potentially infectious material. Use gloves for as short a time as possible, ideally not for more than 20 minutes at a time, to reduce sweating (which can make dermatitis worse). When using gloves make sure they are clean, dry and intact (no holes). Use PVC if possible rather than rubber, preferably with cotton gloves inside, to reduce sweating and friction.

Gloves should be turned inside out and rinsed under warm water several times a week. The outside gloves should be replaced every few weeks for home use and more frequently for industrial use. If water happens to enter a glove, it should be immediately removed.

Wear warm gloves in cold weather.

Where can I find out more information?

Please see the patient information leaflet on [contact dermatitis](#) on the British Association of Dermatologists website.

For details of source materials please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists; its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

**BRITISH ASSOCIATION OF DERMATOLOGISTS
PATIENT INFORMATION LEAFLET
PRODUCED SEPTEMBER 2012
REVIEW DATE SEPTEMBER 2015**

