Evidence suggests that accurate diagnosis of the cause of hand eczema in healthcare workers, followed by education in preventive measures, can improve symptoms and quality of life.

Addressing hand eczema in healthcare workers

In this article...

- Common causes of occupational eczema
- Benefits of skincare education on symptoms and life quality

**Evidence in brief**

**Dermatology**

Eczema (also known as dermatitis) is red, dry, itchy skin that has many underlying causes, including allergy and contact with irritant substances.

The Health and Safety Executive (2012) notes that some workers, such as hairdressers or healthcare workers, may develop dermatitis more often than the general population. The most common causes of occupational dermatitis are working with wet hands and contact with soaps and cleaning materials.

**Current advice**

The British Association of Dermatologists’ guidance on contact dermatitis, accredited by the National Institute for Health and Care Excellence, notes that most contact dermatitis involves the hands, so gloves are the mainstay of prevention (Bourke et al, 2009).

It also notes that evidence suggests that using soap substitutes and creams after work reduces the incidence and prevalence of contact dermatitis. Staff should be encouraged to use these products, which should be made readily available in the workplace.

**New evidence**

Ibler et al (2012) conducted a randomised controlled trial in Denmark of skincare education and individual counselling (n=123) compared with usual care (n=132) in healthcare workers with hand eczema.

People in the intervention group were given advice on avoiding exposure to irritants at work and at home, how to avoid specific allergens (identified by skin-prick testing) and how to protect their skin at work. Techniques for applying emollients were taught. Participants were advised to disinfest hands rather than wash them if they were not visibly dirty, and to use protective gloves for wet work, handling drugs, cleaning and cooking.

After five months, the intervention group had significantly lower mean scores on the hand eczema severity index than the usual care group.

The intervention group also had significantly lower scores on the dermatology quality-of-life index, in which higher scores are associated with a lower quality of life. The authors described this change in quality of life as from “having a small impact on a patient’s life” to “having no impact on a patient’s life”.

**Study sponsorship:** Region Zealand’s Research Fund and Danish Working Environment Research Fund

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**Lynne Kincaid** is medical writer, National Institute for Health and Care Excellence

**References**


**Commentary**

This well-conducted study demonstrates that accurate diagnosis of the cause of hand eczema (through thorough assessment involving patch and prick testing) and education in preventive measures statistically significantly improves eczema and quality of life in healthcare workers.

The quality-of-life scores were not particularly high before the intervention. This may reflect that healthcare workers expect to develop hand eczema because of the exposures associated with healthcare work, for example frequent handwashing and occlusive rubber glove use.

The intervention has not had a rigorous health economic analysis, so the cost effectiveness of patch testing and education remains to be seen.

However, practitioners are likely to appreciate having the opportunity to have their hand eczema addressed.

It is likely that workers in other occupational groups with similar exposures and high rates of hand eczema, such as chefs, food handlers and hairdressers, would also benefit from this intervention.

John English is consultant dermatologist at Nottingham University Hospital Trust

**Box 1**

This intervention has not had a rigorous health economic analysis, so the cost effectiveness of patch testing and education remains to be seen. However, practitioners are likely to appreciate having the opportunity to have their hand eczema addressed. It is likely that workers in other occupational groups with similar exposures and high rates of hand eczema, such as chefs, food handlers and hairdressers, would also benefit from this intervention.

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