

## **Eczema - Information for patients**

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## Foreword

There are many things that persons who have eczema can do to improve their condition and, on the other hand, several things that could aggravate it and so should be avoided. This booklet, produced in Maltese and English, on the initiative of the Malta Eczema Society, is intended to provide basic information about eczema – what it is, how to recognise it, and how to deal with it and should be of interest to all those who have the condition and to those close to them. We hope you find it helpful, by answering your questions about eczema, as well as giving you ideas on how to look after your skin. The aim is to live well and not merely to cope with the disorder!

Dr Michael Boffa  
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Eczema (also called 'dermatitis') is a chronic (lasts for a long time) skin condition that comes and goes. The skin in eczema becomes inflamed, itchy, dry and scaly. It may affect people of all ages but is most common in children. The term 'eczema' is derived from the Greek words *ek* and *zeein* meaning 'to boil out'. It refers to the itch and heat of the skin and particularly to the appearance of small blisters that can be seen in some patients with eczema, especially on the hands and sides of the fingers. The skin of eczema sufferers is usually dry. Eczema can be mild and barely noticeable or it may be more severe and can disrupt the lives of those affected and their families. The itching can disturb sleep and make it more difficult to concentrate during the day at work and school.

There are different types of eczema. The commonest type is called 'atopic' eczema. The term 'atopic' refers to a personal and family tendency to develop eczema, asthma and/or hay fever. Many patients with atopic eczema either themselves suffer from asthma or hay fever or have close family members who do so. 'Atopic' means 'out of place'. People who suffer from atopic disorders react in an unusual, exaggerated way to certain things in their surroundings e.g. pollen, feathers and house-dust mites. It is not always possible to identify what is causing the eczema in a particular person. When eczema appears the skin becomes itchy, scaly and may weep, bleed and crust over. Eczema is not contagious however the appearance of the skin can make those who have the condition feel embarrassed and isolated.

Although we still do not know exactly why eczema develops in some people, research has shown that several factors, including genetics and the environment, are involved. We know that the skin of those with eczema is more easily damaged by the environment than that of normal people. We know that many children with eczema eventually grow out of it. We know that stress, intense emotions and certain environments can make it flare up. It is possible to avoid some of the things that make eczema worse however this is not always enough. In many cases those who have eczema need to treat it (usually with creams and ointments) to keep it under control.

There is no permanent cure for eczema but fortunately, with treatment, the impact of eczema on your life can be kept to the absolute minimum. There is no need to put up with constant itching! Consult your doctor or dermatologist about your diagnosis and what treatments might be best for you.

## How frequently does eczema occur?

Eczema is most common in children but can affect anyone, male or female, of any age. It appears to have become more frequent in recent decades, particularly in developed countries. The reasons for this increase are not known for sure but it has been suggested that it could be due to changes in our environment and lifestyle.

Published local data suggests that 7% of Maltese children aged 5-8 years have eczema! Although eczema appears to be less common in Malta than in some other countries e.g. the United Kingdom, the number affected is still significant.

## Why does eczema develop? Is it a food allergy?

There is no single cause of eczema and many factors are involved. We know that the skin of patients with eczema tends to be more dry, delicate and sensitive than normal - their skin reacts in an exaggerated way to substances in the environment that usually do no harm to other people. However exactly why this happens is not known.

The tendency to develop atopic eczema appears to run in families. What this means is that there is an inherited tendency for the body's defence system to overreact to ordinary everyday substances that have no effect on other people. In one person this may come out as asthma or hay fever, in another as eczema. About half the children with atopic eczema also develop asthma or hay fever (not necessarily at the same time). However it is not inevitable that you will get atopic eczema if it runs in your family and it can very often skip individuals and even skip generations.

Many people find that for most of the time their eczema does not cause them much trouble however it may flare up occasionally. Flare-ups of eczema occur when the skin's immune system overreacts to environmental and emotional factors. These are known as triggers and include irritants (e.g. soap & detergents), allergens (e.g. perfume & nickel in, for example, cheap jewellery), infections and stress.

Food allergy is not as important as a cause of eczema as many people think. Although some patients with eczema are allergic to certain foods such as dairy products or eggs, so that eating them causes a widespread blotchy itchy red rash (urticaria), even in these people the allergies are not the basic cause of the eczema. Food allergies are more frequent in young children but luckily most children eventually grow out of them.

Unfortunately there are no reliable tests available to determine whether a particular food allergy is playing a significant role and complicated diets are usually unsuccessful. Nevertheless, if there are specific foods that repeatedly appear to make your eczema worse it makes sense to try to avoid them, at least for a trial period. Discuss this with your doctor or dermatologist. In children advice from a dietician should be obtained before starting special diets.

A more common food problem is that caused by salty, savoury snacks e.g. crisps and similar products. These often irritate the skin and aggravate eczema around the mouth and those who have eczema should avoid them as much as possible. Other foods such as sauces, tomatoes and citrus fruits may also irritate and care should be taken to avoid contact with the skin around the mouth.

### **What does eczema look like? (Fig. 1a-k)**

Eczema causes a red, scaly rash that can be localised to small parts of the skin surface or be more widespread. In some cases all the skin surface may be involved. The skin is usually dry and may be cracked and flaky. Sometimes small blisters may form beneath the skin, particularly on the hands or sides of the fingers. In severe cases the skin may weep and crust.

The main symptom of eczema is itching. People with eczema have an exaggerated sensation of itching. The urge to scratch the skin can be severe and impossible to resist. Unfortunately scratching breaks and damages the skin and leaves it open to infection.

Eczema almost always appears very early in life: more than half of all people who have it show signs within their first 12 months; most of the rest will develop it before the age of 5 years. In babies, the first area affected is usually the face. Older children get it in front of the elbows and behind the knees.

Proper diagnosis of eczema requires a visit to your doctor or dermatologist. In most cases the diagnosis is straightforward and the doctor or dermatologist will be able to recognise eczema from the typical appearance of the rash and the history of itching. There is no specific test to find out whether a person has eczema, although tests may be performed to rule out other possibilities.

## Clues to diagnosing eczema

- Itchy rash that comes and goes: dry, red, scaly areas on the skin.
- Personal or family history of asthma, hay fever or eczema.
- Eczema usually starts in infancy or early childhood but sometimes may start later.
- In infants and toddlers, eczema usually appears on the face, elbows or knees, but it may spread to other areas.
- In older children and adults, eczema appears less often on the face and more commonly on the hands, neck, in front of the elbows, behind the knees and around the ankles.
- Signs of scratching (excoriations) are usual in eczema and are nothing to be ashamed of.
- Lichenification: the skin may become rough and thickened as a result of chronic scratching.
- Weeping eczema: in severe cases the skin becomes moist, exuding fluid and covered in crusts.

## Eczema and infections. Can you catch eczema from someone else?

Absolutely not! Eczema does not spread from one person to another. However it may become infected in which case treatment with an antibiotic may be necessary. Some viral infections may also cause eczema to flare up. The cold sore virus (herpes simplex) may cause severe infections in those with eczema. It is important that those with eczema avoid contact with anyone with a cold sore. People who have a cold sore on their lips should avoid all mouth-to-skin contact with persons with eczema until the cold sore has gone. Chicken pox may be more severe and requires particular attention in those with eczema.

## Will eczema disappear with time?

The severity of eczema tends to fluctuate over time. Sometimes it changes rapidly from day to day, and sometimes it gradually increases and decreases in severity over a number of years. In Malta it tends to be worse in spring and better in summer. In general, symptoms of eczema tend to become less noticeable as one grows older and many children seem to grow out of their eczema. Many improve by the age of 5 years and most will be clear by the time they are teenagers. However if you had eczema in childhood and it disappears, the skin is still likely to remain somewhat dry and abnormally sensitive throughout your life. Eczema may reappear if the skin is exposed to irritating substances. Although there is no permanent cure for eczema the good news is that the treatments available are very effective at controlling eczema and can help to reduce the impact that eczema has on your life to a minimum.

## Why is it important to keep eczema under control?

The first reason for treating eczema is to keep the skin comfortable and minimise the problems that eczema may cause. Although eczema is not life-threatening, it can certainly disrupt the life of those who have it and those around them if it is not controlled well. Night-time itching can keep a child with eczema, and indeed all the family, awake leading to highly strained family relationships. If the eczema flares badly this may result in missed days at school and work. Flare-ups of eczema on visible parts of the skin e.g. the face can cause embarrassment which in turn tends to make the condition worse. Scratching damages the skin and makes it prone to infection. It is therefore important to treat eczema properly.

## Dos and Don'ts

There are many simple things that you can do to help your skin and specific things that you should avoid to prevent your eczema from flaring up. Here are some of them:

### **Moisturisers:**

Eczema skin tends to be dry and the dryness itself makes it itchy. It is therefore very important to keep your skin moist by using moisturisers everyday. Also, because moist skin is less likely to crack, it is also less likely to become infected with germs. There is a wide range of moisturising creams, ointments, lotions, bath oils and non-irritating skin cleansers available on the market. Some may be more suitable for you than others and you may need to experiment with different products to find which ones are best for you. Some patients with eczema find that if moisturising creams are kept in a fridge to keep cool they are more soothing when applied to the skin.

### ***Bathing:***

- It is important to keep your skin clean but remember that excessive washing (especially with hot water) may irritate the skin.
- Avoid very hot water for washing - take lukewarm baths and showers. If you take a bath, 5 minutes in the water is usually long enough.
- Use mild soap or non-soap cleansers for cleaning the skin; use soap sparingly and rinse the skin well after washing. Avoid ordinary 'bubble-baths' and perfumed products.
- A small quantity of bath oil added to the bath water helps to moisturise the skin but take care because bath oils tend to make the bath slippery; put a mat in the bath!
- Dry your skin by gently patting with a soft towel - do not rub.
- Immediately after drying the skin apply moisturising lotion, cream or ointment, as prescribed.

### ***Clothing - what things to wear and how to wash them:***

- For clothes, loose-fitting 100% cotton is best; choose soft fabrics.
- Avoid clothing made of wool, synthetic materials or rough fibres and do not wear tight clothing.
- For children especially choose clothes that can be washed frequently and easily - otherwise staining by ointments and creams or as a result of scratching may be a problem.
- If clothes are new, wash them before putting them on to make them softer, and remove tags from clothing so that they will not irritate the skin.
- When washing clothes make sure they are rinsed thoroughly because any soap residue left behind may irritate the skin. For those with very sensitive skin it may help to use 'non-biological' detergents. It is also best to avoid fabric softeners, particularly perfumed ones, as these too might cause irritation.

### ***Pets:***

- Avoid contact with cats, dogs, small furry animals e.g. rabbits and birds as this may make eczema worse (and also aggravate asthma and hay fever). Those with eczema should not keep such pets at home.

### ***Bedtime:***

- Make sure the bedroom is not too warm.
- Avoid electric blankets.
- Avoid wool and other coarse or rough textured material in blankets.



### ***House-dust mites:***

- These are tiny creatures that live on human skin scales found in dust e.g. in bedding, carpets and upholstery and can make eczema (and asthma) worse.
- At home, try to keep dust to a minimum.
- Air the house frequently and use a damp cloth instead of a dry one to clean dusty surfaces.
- Vacuum carpets often to reduce house-dust mite droppings.
- Use protective coverings for pillows and mattresses and wash bed clothes and soft toys frequently in hot water.
- Some patients find it may help to remove carpets from their home.

### ***Smoking:***

- This should be banned! In an enclosed room, tobacco smoke may irritate the skin and also aggravate asthma that many children with eczema are prone to.
- Keep your fingernails short, to help prevent scratching from breaking the skin. Try to pat, press, pinch or gently rub the itchy spots rather than scratching vigorously.
- When possible, avoid rapid changes of temperature and activities that make you sweat.

## **Ointments, creams & lotions**

Most skin treatments are in the form of ointments, creams or lotions and it is helpful to understand the differences between them. Ointments are thick and greasy (like vaseline) whereas creams contain water and are lighter and blend into the skin more easily. Ointments are the best treatment for very dry skin but spread less well and are more messy and difficult to use than creams. Most patients prefer using creams. A reasonable compromise is to apply an ointment at bedtime and use a lighter cream during the day. It is also important to apply the right amount – remember that if you apply too much ointment or cream the skin will remain greasy and messy. Creams are better than ointments for ‘wet’, oozing areas. Lotions are like liquid creams and very easy to apply. Lotions are ideal for covering large areas (e.g. as a general moisturiser after bathing) and for areas of skin that are covered with a lot of hair but they are not as moisturising as ointments or creams.

## How should I treat my eczema?

Although eczema still cannot be cured permanently, with the treatments available nowadays, it should be possible in almost all cases to control it well. Most people use a combination of medical treatments as well as self-help measures to keep their eczema under control. Everyone is different and you should discuss with your doctor or dermatologist which treatments are best for you.

Apart from products to moisturise the skin, you will probably also be prescribed treatment to counter the inflammation of eczema. For many years the main treatments for eczema have been steroid creams and ointments. Steroids are effective and, if used properly, are very helpful however, if used excessively, they can cause problems including permanent thinning and redness of the skin. If you are prescribed steroids for your eczema you should discuss with your doctor or dermatologist how exactly and how frequently to apply them. You will probably be prescribed weaker preparations to use on the more delicate areas e.g. the face. In recent years new non-steroid medications have become available to treat eczema. These promising products avoid many of the side-effects of steroids. They are particularly suited for treating delicate areas such as the face and for young children.

Antihistamines (tablets or syrup) may help to reduce the itching of eczema. They can cause drowsiness and are therefore commonly prescribed as an evening dose. Take care if you are driving or handling machinery the following day. There are many different antihistamines available and it may be worth experimenting to find out which might be best for you. Not everyone finds antihistamines helpful and sometimes they may make children become more irritable.

Eczema is prone to becoming infected with germs and when this happens the eczema tends to get much worse. In such cases treatment with a course of oral (by mouth) antibiotics is required and this may need to be repeated periodically, particularly in children. In some cases the presence of bacteria on the skin may cause an allergic reaction that makes eczema worse. If infection is a frequent problem, it may help to treat the eczema with creams or ointments that contain a combination of antibiotic and steroid. You should consult your doctor or dermatologist for further information.

## What else can I do? How important is it to reduce stress?

In general, the more you know about your eczema the better you will be able to treat it and avoid the things that make it worse. It is therefore important that you are well-informed and understand your condition, without however going to extremes. It is also helpful to inform your family and friends about your eczema.

Many people find that stress makes their eczema worse. It is therefore important to try to take life, and your eczema, calmly however this is not always easy! Some people find meditation, yoga and relaxation techniques helpful. At the same time it is important to keep yourself occupied because itching in eczema tends to be worse when you have nothing to do. It may also help you feel more in control if you keep a diary or some other record and see whether there is any particular pattern for your flare-ups. If you manage to identify specific triggers for your eczema, try to avoid them wherever possible. Try to stay ahead of your eczema. Remember:

- Try to reduce stress in your life.
- Learn what your own particular triggers are and try to avoid them.
- Keep busy - it will keep your mind off scratching!

The more confident you are about controlling the symptoms, the better you will feel. However it is important to emphasise that it is not always possible to prevent flare-ups completely and sometimes the eczema will appear to get worse for no apparent reason. You should be ready to accept such situations calmly. You should discuss beforehand with your doctor or dermatologist a plan of action how to treat your eczema if it flares e.g. by applying a stronger cream or ointment and have a clear idea when it would be necessary to seek medical advice.

Eczema on the hands is common and may cause a lot of problems with daily living. It may occur on its own or there may also be eczema in other parts of the body. Hand eczema often (but not always) occurs as a result of contact with irritating substances in people who have sensitive skin. The most important precaution is to avoid direct skin contact with irritating substances. Here are a few specific tips on how to look after your hands:



### ***Hand washing:***

- Never use household cleansers to wash your hands and avoid hot water
- Use only mild, unperfumed soap, as prescribed.
- Use soap sparingly and rinse well.
- Dry the skin carefully, especially between the fingers.
  
- Avoid direct skin contact with concentrated detergents, cleaning agent, bleach etc. Measure quantities according to the manufacturer's directions otherwise solutions may be too strong. Keep packages clean to avoid irritation from detergents on the outside.
  
- Avoid direct skin contact with shoe, floor, furniture, window and metal polishes.
  
- Be careful not to get solvents such as alcohol, white spirit, petrol, kerosene and thinners on your skin. It is better to accept a little oil or paint on the hands than to damage the skin trying to remove them!
  
- Avoid direct skin contact with shampoos because they may damage the skin if you have eczema. Ask someone else to wash your hair or use plastic gloves. Do not apply hair lotions, creams or dyes with bare hands.
  
- Juices from foods can also irritate the skin. Use gloves when handling food even though you may find this inconvenient. Do not peel or squeeze oranges, lemons or grapefruit with bare hands. The juices of other foods including vegetables (such as potatoes, onions, garlic, tomatoes and chillies), fish and meat can also irritate and are best handled with gloves.
  
- Rings should not be worn during housework or other 'dirty' work and should be cleaned regularly on the inside with a brush, then rinsed thoroughly. Never wash your hands when wearing a ring because soap residues can be trapped underneath and irritate the skin.
  
- Apply good quality barrier cream frequently during the day, especially after washing the hands. In the evening it is recommended to use a thicker ointment. Cotton gloves may be worn overnight to make the ointment more effective and prevent staining of clothing and bed sheets.

## **Gloves:**

- Use gloves for wet work such as washing dishes and clothes and gardening. Choose cotton-lined gloves or else wear separate cotton liners inside the gloves. Most commercial gloves are made of rubber. Some people are allergic to rubber and in such cases PVC or plastic gloves should be worn. Avoid wearing gloves for longer than 15-20 minutes at a time and do not put your hands in very hot water even if you are wearing gloves as sweating makes the skin uncomfortable. If water happens to get inside a glove take it off straight away. Keep the gloves clean on the inside by turning them inside-out and rinsing them under hot water regularly, making sure you dry them completely afterwards.
- When doing dry but dirty or dusty work, wear cotton or fabric gloves to protect your hands. In cold weather wear protective woollen or leather gloves to prevent chapping. If wool causes irritation, wear cotton liners beneath the woollen gloves.
- Finally, do not regard your skin as healed until at least after it has returned to a normal appearance. Even then you cannot assume that it will stand up to the same treatment it used to before you had eczema. People who had hand eczema often find that their skin remains sensitive and it is a good idea to follow the advice above long term.

## **Patch testing (Fig. 2)**

Sometimes eczema is caused or aggravated by an allergy to something that is coming in direct contact with the skin. Common examples include nickel (e.g. in cheap jewellery, metal wristwatch straps and belt buckles), perfume, hair dyes, rubber and even certain ingredients in creams. This type of allergy is called 'contact allergic dermatitis' and is not something you are born with, rather it develops with time after repeated exposure. If you are allergic to a specific substance, contact with it will make eczema appear at the site of contact and the eczema may then spread to other areas of the skin. Patch testing is useful to test for this type of allergy (but not for allergies to foods you eat). Patch testing involves application of tiny amounts of test substances, usually on the back, using special sticky tape. The skin is examined after 2 days and again after 4 days to see whether any allergic reactions have occurred, in which case you will be advised about things you should avoid contact with. Patch tests are not normally done in young children and are not necessary or helpful for all cases of eczema. Discuss with your doctor or dermatologist whether they might be appropriate for you.

## Especially for children

If you have a child with eczema you know that the condition can be very upsetting and distressing for all the family. A lot of what has been mentioned so far in this booklet applies also to children but in addition, eczema in a young child calls for some special attention. You cannot just tell the child "Stop scratching!" Here are some things you can do:



- Explain to the child what eczema is in simple terms.
- Be positive without giving false expectations. Emphasise that the eczema is likely to get better as the child grows older and, even if it does not clear up completely, it should always be possible to keep it under control.
- Teach the child how to handle comments from other children or even adults about his/her skin.
- Moisturising the skin is particularly important in children. Get them involved in their own treatment, especially applying moisturisers, as soon as they are old enough to do so.
- Try to keep to a routine. Having a routine helps both you and the child feel calmer and in control and also less likely to forget to apply the necessary treatments. Anyone else who looks after the child should also try to stick to the same routine as much as possible.
- Mittens worn at night are useful, especially for younger children, to prevent scratching while asleep.
- In young children apply a barrier cream around the mouth before meals to protect the skin and avoid alcohol-containing 'baby wipes'.
- Teach your child to avoid playing in dusty, dirty environments as these may make eczema worse and increase the chance of it becoming infected.
- Swimming in clean sea water is usually beneficial however sandy beaches and chlorinated swimming pools should be avoided as both may make eczema worse.
- If night-time itching is a problem, you may be able to soothe your child with a cold damp washcloth, followed by a moisturiser. A sedating antihistamine may also help - discuss this with your doctor or dermatologist.
- Sometimes children may use their eczema to manipulate their parents or teachers. Also remember that having eczema is no excuse for bad behaviour! A child with eczema will sometimes need to be disciplined like other children.

## **Eczema and school**

Eczema may interfere with schooling in a number of ways while factors associated with schooling may influence activity of the disease. Eczema itself has no effect on intelligence but may interfere with school performance. Itching may disrupt sleep at night and cause distraction during the day, making concentration difficult. The problem may be aggravated by certain antihistamine medications given for itching that may cause drowsiness and irritability. Hand eczema may make writing difficult. Flare-ups of eczema or of associated conditions e.g. asthma may lead to school absence. Eczema may cause psychological stress, low self-esteem and even depression. The problem may be compounded by negative comments from other children and the fact that, because of eczema, sufferers may be unable to participate in certain school activities (e.g. sports) and feel 'left out'. Eczema may be aggravated by the stress of school exams.

It is important to fully inform the teachers about your child's eczema. They should be reassured that the condition is not contagious and advised what to do in particular situations. If a child with eczema has a severe bout of itching it may be impossible not to scratch and, to avoid embarrassment for the child and disrupting the rest of the class, it may be best for the child to be allowed to leave the classroom briefly to calm down.

## **Career advice**

Certain occupations are not suitable for those with eczema. Those who have sensitive skin may easily develop eczema on the hands if they choose a job or career where they will be touching irritating chemicals frequently. Those especially in whom eczema persists into adolescence should think carefully what career to take up and take advice from their doctor or dermatologist as well as their guidance teacher. They should avoid occupations involving exposure to irritants and/or allergens that can aggravate eczema e.g. hairdressing, catering and food handling, nursing, building work and motor vehicle maintenance and occupations with potential for infection/contamination e.g. certain hospital work and the pharmaceutical industry. Ideally, eczema sufferers should choose occupations that do not pose a threat to their skin and where the environment is clean and dry. Suitable occupations include retail (certain shops), office, information technology and administrative work and teaching; such work often requires a good standard of education thus it is important that those with eczema do well in school.

## References

1. Montefort S, Agius Muscat H, Caruana S, Lenicker H. Allergic conditions in 5-8 year-old Maltese schoolchildren: Prevalence, severity, and associated risk factors [ISAAC]. *Pediatr Allergy Immunol* 2002;**13**:98-104.
2. Boffa MJ. Eczema awareness: a questionnaire survey of school teachers in Malta. *The Teacher* 2004;**87**:20-2.

## Legends

Fig. 1 a-k. Eczema on different parts of the body.

Fig. 2. Patch testing: small amounts of test substances are applied to the skin using special tape. The skin is examined after 2 days and again after 4 days to see whether allergic reactions have occurred.

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## Useful sources of further information about eczema

[www.eczema.org](http://www.eczema.org)  
[www.elidel.com](http://www.elidel.com)



The Malta Eczema Society was set up in 2001 to help those with eczema and their families. The need for such a group in Malta, as found in other countries, had been felt for some time. The society aims to help by providing support, information and practical advice via public talks and other activities and to increase awareness about eczema and the problems it may cause.

One of the initiatives taken recently by the Malta Eczema Society has been a questionnaire survey of schoolteachers in Malta to assess awareness and knowledge about eczema and identify areas that need attention in future information campaigns.<sup>2</sup> The survey confirmed widespread misconceptions about the condition - for instance more than 10% of participating teachers wrongly thought that eczema is contagious and many did not know about the career implications of eczema so clearly there is a lot to be done.

The Malta Eczema Society has also repeatedly lobbied the Maltese Health Authorities regarding entitlement for free medication for eczema sufferers. At present patients with eczema are not eligible for free medication for their condition no matter how severe and chronic it is because eczema is not included in the Schedule V list of chronic diseases. The Malta Eczema Society strongly feels that the present system is unfair and discriminatory and requests that eczema sufferers are given the assistance they deserve.

If you wish to join the Malta Eczema Society kindly download and complete application form and post it, to Mrs. M. Bongalais, Treasurer, Malta Eczema Society, 36, Hirdondelle, Triq Richard Taylor, Iklin IKL1431. If you would like further information you may contact one of the following committee members: Mr. H. Debono (Tel 21 335140), Mrs. A. Baldacchino (Tel 21 386 850), Mrs. J. Borg (Tel 21 436 550) or Mrs. J. Vella (Tel 21 637 007).

If you would like to have further copies of this booklet, kindly contact Mrs. M. Bongalais, Treasurer, Malta Eczema Society, 36, Hirdondelle, Triq Richard Taylor, Iklin IKL1431 (Tel 21 435649).

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