



Fact Sheet No.3

Looking after your skin

Dry skin conditions

People with CGD may find that they are prone to sensitive or dry skin conditions. These can be uncomfortable and may sometimes cause eczema-like rashes.

There are some simple steps you can take to help to protect your skin and minimise the chances of skin irritation:

- Use unperfumed, additive free skin care products, deodorants and face/body washes
- Use soap-free products for washing in the bath or shower
- Use a non-biological washing powder and avoid fabric softeners

Excessively dry skin and eczema-like conditions can both lead to itching which can be irritating and uncomfortable. Scratching often makes the condition worse and can lead to skin infection.

Reducing the itch

In addition to the suggestions above try:

- Wearing loose cotton clothing
- Using cotton bed linen
- Having cooler baths/showers
- Keeping children's nails short – babies & toddlers might benefit from wearing cotton mittens at night.
- Keeping skin well moisturised (see Emollients)

Your doctor may advise using an antihistamine medication, which can help reduce itchiness and relieve the inflammation associated with these skin conditions.

Treatments

Emollients

Emollients are used to reduce water loss from the skin, prevent the dryness normally associated with eczema-like rashes and make the skin feel less itchy and uncomfortable. Emollients are safe to use as often you need them. They are available as ointments for very dry skin, and creams and lotions for mild to moderate conditions. Emollients are often applied directly to the skin but can also be used in place of soap or added to the



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Emollients (continued)

bath. There are quite a lot of different emollients available - you may need to try one or two different ones to find the one that suits you best. It can be a good idea to test a small amount of an emollient on a small patch of skin before you use it properly for the first time as some people may be sensitive to the ingredients of particular products.

Topical steroids

When eczema-like rashes are under control then you probably only need to use an emollient. However, your skin might be prone to 'flare-ups'. These are periods when the skin becomes inflamed and 'angry' looking. During a flare-up it is likely that a steroid cream may be needed.

Steroids act to reduce inflammation and are used in most types of eczema-like rashes. Topical steroids (ones you apply to your skin) come in different strengths. The strength of steroid cream that your doctor may prescribe will depend on age, how severe the rash is, the size of the area affected and where on the body the rash is.

Topical steroids are applied thinly to the skin in the affected area, as advised by your doctor or nurse. Always wash your hands after applying the cream. If you are using topical steroids you should see the doctor or nurse regularly for review. Some people may have concerns about using steroids on their skin and what the possible side effects might be. However, as long you use steroid creams appropriately, as advised by your doctor or nurse the likelihood of side effects is very rare. Side-effects that have been reported have largely been due to the using very strong steroid preparations over long periods of time.

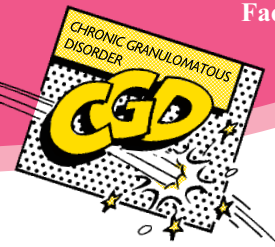
Anti-biotics

Skin rashes can quite easily become infected if the skin is open and cracked (which can be made worse by scratching). In CGD the infection is most commonly caused by a bacteria but could also be due to a fungal infection. Your doctor may prescribe a cream which contains an anti-biotic or antifungal medication to help clear the infection. They may also prescribe a cream which contains an anti-biotic in combination with an antifungal medication or a mild steroid to reduce inflammation.

Sometimes a skin infection may need treating with a course of anti-biotics taken by mouth.

Acne-like skin rashes

Acne is the term for plugged pores (blackheads and whiteheads), pimples, and even deeper lumps (cysts or nodules) that tend to occur on the face, neck, chest, back or shoulders. Acne is a very common skin condition particularly during the teenage years.



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Acne-like skin rashes (continued)

People with CGD are prone to acne-like skin conditions. These are often exacerbated by minor skin infections and by the inflammation associated with CGD. Inflammation around a 'spot' can mean that the redness and swelling lasts for longer than it would in someone who hasn't got CGD.

These skin conditions are treated in much the same way as acne would be treated in anyone else. So talk to your GP about it. Treatment generally involves anti-biotic/anti-inflammatory creams/lotions and disinfectant skin washes. These usually work best if used in combination with each other so you may find you are prescribed more than one kind of treatment. If the condition is very active it may be appropriate to take a course of anti-biotics by mouth.

Occasionally skin lesions can develop into hard, red, infected lumps in people with CGD. These may need a course of anti-biotics, as medicine or tablets, to clear the infection. Some times an anti-inflammatory cream may then be useful to treat any remaining inflammation.

Acne-like skin conditions often respond well to exposure to the sun. However, people with CGD can be sensitive to the sun so general sun-care guidelines apply – wear a high factor sunscreen, build up sun exposure very gradually and don't overdo it! (see Sun care below)

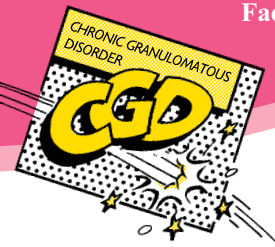
Note: Some anti-biotics taken for acne can increase sun sensitivity too – always read the information leaflet that comes with your medicines or talk to your pharmacist.

How it makes you feel

Skin conditions can be very upsetting as they prevent you looking your best. It's easy to feel that people are looking at you and wondering what's wrong. Sometime people say hurtful or unhelpful things – often when they think they are being helpful! It's worth remembering that you are still *you* and that if you are smiley and friendly that is what people will notice about you, not your skin.

It sometimes helps to do things that make you feel good about yourself, such as giving yourself a treat, wearing clothes you feel particularly good in, doing something you are good at, making the most of your best features etc. For women with skin conditions it is not always inappropriate to wear make-up, particularly for 'special occasions' – there are lot of hypoallergenic/fragrance free products available. You do need to be careful about cleansing the skin and should take advice if you have skin infection.

The Red Cross run a skin-camouflage service using specially designed, gentle 'make-up' to disguise scars and flaws. You can be referred to a local branch of this service by your nurse / doctor – talk to them to see if it might be right for you.



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Sun care

People with CGD (and some carriers of X-linked CGD) find that they are extra-sensitive to the sun. This means that they may burn more easily, develop skin rashes or that their skin blisters in the sun. Some medications are also associated with skin sensitivity - colouring or burning more easily in the sun, or developing a rash. Taking Septrin may make some people more sun sensitive and the new antifungal medication, Voriconazole, which a few people with CGD take, does seem to cause increased sun sensitivity/sun rash in some people. Also, if you are taking steroids for any reason you might find you are more sun sensitive or develop a rash in the sun – so you might want to be extra careful.

Sun precautions

The following precautions will help you/your child enjoy the sun safely:

- Wear a high factor sun cream (SPF 15-30) or sun block. Make sure you re-apply it every couple of hours.
- Wear a hat, sunglasses and a T-shirt. Don't forget to protect the back of your neck!
- Remember sun can get through clothes – dark clothes protect the skin better than lighter colours.
- Hands and feet need sunscreen too!
- Avoid exposure to the sun during the hours of 12-3pm.
- Remember - it's particularly easy to burn when swimming or on a boat trip – the light reflects off the water and it's easy to pass a lot of time in the sun without realising.
- When you've been out in the sun make sure skin gets plenty of moisturiser – you don't need to spend money on expensive 'after-sun' products – a good 'ordinary' moisturiser will do just as well.
- Make sure you drink plenty in order not to get dehydrated.



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Basic guidelines for managing skin conditions

- All medications/skin treatments should only be used as directed by your doctor or nurse. Make sure you only use the creams and medicines that are prescribed for you and don't be tempted to borrow creams from someone else.
- Do not be tempted to pop, squeeze or pick at spots. This can make things worse by spreading inflammation or infection. If you have an unsightly spot that you really think looks as if it needs to burst to let out some pus, then try gently bathing it with clean cotton wool and warm water.
- Wash your face/skin gently with a mild soap-free cleanser (or skin wash prescribed by your doctor) and pat dry. Vigorous washing and scrubbing can irritate your skin and make skin problems worse.
- Use hypoallergenic and soap/fragrance free cosmetics and toiletries.
- Give your skin treatments enough time to work. Ask your doctor, nurse or pharmacist for more information about how long a particular treatment needs before the skin condition might begin to clear up – be warned it can take quite a long time and you will need to stick at it! If you're not sure your treatments are working properly – talk to your nurse or doctor!
- Many over the counter preparation for acne-like conditions can be very drying. Although it seems like a good idea to remove oily secretion this is part of your skin's natural barrier against infection and damage. It can feel 'healthy' to have slightly taught skin after a wash but you need to protect your skin's moisture levels too. So use a moisturiser – you can buy products suitable for oily skins or talk to your doctor or pharmacist about a suitable preparation. Many of the skin cleansers/creams that your doctor can prescribe contain appropriate moisturisers and an antibacterial. You can also try using your favourite product only every other day if it tends to dry your skin.

Finally

If your skin is really getting you down talk it over with your nurse or doctor. If you are having problems with your skin that haven't responded to initial treatment or that you are particularly concerned about, you can ask your GP to refer you to a skin specialist called a dermatologist. Many dermatologists now have a specialist nurse working with them who can be a very useful source of advice and support.

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Manor Farm • Wimborne St. Giles • Dorset • BH21 5NL • ENGLAND

Phone/fax: 01725 517977 • e-mail: cgdresearchtrust@dial.pipex.com • www.cgd.org.uk

Registered Charity No. 1003425

Important Note:

The information contained in this document is intended only as a guideline, not as a substitute for medical advice.

Always consult your doctor if you or your child has any CGD symptoms or concerns.