



Raise your hand!

Facts about chronic hand dermatitis

Dr. Charles W. Lynde

Hand dermatitis (HD) is a very common disease that is regularly seen by dermatologists. It can range from mild and self-limiting to severe chronic forms.

HD is a significant problem in Canada. Although epidemiological studies have not been conducted specifically in Canada, there is little reason to believe that the prevalence rates of 10 per cent seen in other countries are significantly different here.

The facts about hand dermatitis

People in certain occupations such as hairdressing, cleaning, nursing and other health-care work have a higher prevalence of HD. The condition can have a significant impact on patients' working lives. In Canada, contact dermatitis of the hands is an extremely common reason for work-related claims for compensation and is therefore a major cause of lost earnings.

The impact of HD is not only seen

in the workplace; it also has significant domestic, social and psychological impacts, especially when the disease is chronic. Although the hands represent only four per cent of the body area, they are extremely important for communicating and expressing emotion. People with severe HD may be uncomfortable shaking hands or holding hands with their children or partner. They might also find holding pens or glasses uncomfortable, and fear that others are staring at what can be an unsightly disease.

Treatment options

Although chronic HD can be difficult to treat, skin protection measures are very important, with different types of gloves suitable for specific tasks or times of day.

All patients should use moisturizers or emollients, in addition to other treatments, as they provide basic barrier

protection for the skin from irritants or allergens. They can help prevent itching, reduce the frequency of flares and restore the lipid balance of the skin. The selective, measured use of topical corticosteroids also continues to have a central role in topical therapy.

Phototherapy is effective, but frequent visits are needed for good results and decreased funding is reducing the number of phototherapy treatment sites. Systemic therapies (those that reach cells throughout the body by travelling through the bloodstream) can be useful in the treatment of acute flares, and in patients with severe chronic HD or those who have exhausted all other options. Systemic corticosteroids can be useful in managing acute flares in individuals with chronic HD, but they are not appropriate for use in the chronic phases of HD as they are associated with long-term side effects.

Other immunosuppressants such as methotrexate or cyclosporine may be necessary in people with very resistant disease. Alitretinoin, a retinoid having similarities with vitamin A, is a new drug that has recently been approved for the treatment of severe chronic HD. Chronic HD is common and causes significant health issues for sufferers. With the help of your medical team, you can learn more about your therapeutic options. Talk to your doctor today. [CS](#)

Charles W. Lynde, MD, FRCPC, is an Associate Professor, University of Toronto, and a consultant at the University Health Network (Toronto Western), and Markham-Stouffville and Scarborough hospitals.

Preventing flare-ups

Avoid...

- Scented and drying soaps
- Harsh detergents
- Using a washcloth, sponge, loofah or anything that is rough on the skin
- Exposure to extreme hot or cold temperatures, including hot showers and baths
- Jewellery containing potential irritants, such as nickel
- Physical and mental stress
- Scratching

Instead...

- Use unscented cleansers with oil or fat bases
- Use non-soap-based cleanser
- Use cleanser sparingly and only where necessary
- Test any new skin products on a small patch of skin
- Use fragrance-free moisturizing skin cream after washing
- Get plenty of sleep
- Eat healthy foods