

Eczema and Food Allergy - Fast Facts

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1. Eczema, also known as atopic dermatitis, is a chronic health condition that affects the skin causing redness, itching and sometimes infections. People with eczema often have other allergic conditions, including food allergy, but food allergy does not cause eczema.
2. When eczema worsens it is called an eczema flare. Common triggers of eczema flares include dry climate, overheating, exposure to irritants (such as sand or dirt), scratching, allergens (such as dust mite) and bacterial skin infections.
3. Eczema can be managed by maintaining, protecting, and treating the skin. Treatments may include:
 - Applying moisturiser at least twice a day (avoiding creams or lotions that contain food products).
 - Using a non-soap based wash or oil in the bath or shower.
 - Avoiding soap and washes that produce bubbles or foam, which damage and dry out the skin.
 - Avoiding known triggers (including foods if confirmed) and irritants.
 - Using anti-inflammatory creams and ointments, such as topical steroids.
 - Treating bacterial skin infections with antibiotics or using bleach baths if infections are frequent.
 - Using other treatments, such as immune modulating injections or tablets, if prescribed for severe eczema.
4. Food allergy is more common in infants with eczema and a family history of allergy. Around 30% of infants in these groups develop food allergy compared to only 10% in the general population. There is some evidence that managing eczema well during infancy may reduce the chance of an infant developing food allergy.
5. When a child has eczema and food allergy, food allergy may trigger eczema, but is not the cause of their eczema. Most food allergy causes symptoms within 30 minutes of eating, including hives, vomiting and irritability. Food allergy only occasionally results in delayed eczema flare ups.
6. Results of skin tests or blood tests for food allergy do not predict foods that are making the eczema worse. Allergy testing should only be undertaken if recommended and interpreted by a clinical immunology/allergy specialist.
7. If all standard eczema treatments, as listed in point 3, have been trialled and eczema does not improve, food exclusion diets may be recommended and supervised by a clinical immunology/allergy specialist and dietitian with specialised knowledge of food allergy. Confirming that food allergy is causing delayed eczema only requires short term food exclusion.
8. Taking foods out of a child's diet without using the right substitutes can cause malnutrition and poor growth. If a child has been regularly eating a food without signs of allergy, taking that food out of their diet can result in them developing a new allergy to that food.

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For more information go to www.allergy.org.au/patients/skin-allergy/eczema and the National Allergy Council Nip allergies in the Bub website <https://preventallergies.org.au/eczema/>

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