

ChildRen with Eczema, Antibiotic Management Study



CREAM Study

Summary of Results for Parents & Guardians

Your child took part in a study called the CREAM Study a couple of years ago. We have now completed all aspects of the study, and would like to let you know what we found about the antibiotic treatment of children with eczema.

Why did we do the study?

Eczema is a common condition, especially in young children, and affects around 1 in 5 children in the UK. Eczema sometimes gets worse, or 'flares', and having particular bacteria on the skin may contribute to causing some of these flares. Quite often eczema flares are treated with antibiotics, although there was very little research to show whether antibiotics are helpful or not. The CREAM study was designed to find out if oral (taken by mouth) or topical (creams and ointments applied to the skin) antibiotics help improve eczema severity in children with infected eczema.

What did we do?

A total of 113 children under eight years old, considered by their doctor to have infected eczema, took part in the study. Every child was given one of three treatments for one week: 1) antibiotics taken by mouth (oral) and placebo* cream; 2) antibiotic cream and placebo oral treatment or 3) both oral and cream were placebo treatment. Antibiotics used were flucloxacillin liquid (or erythromycin if allergic to penicillin) and fusidic acid cream. All children also received standard eczema treatment with steroid creams and emollients (moisturiser) from their doctor. We collected details about the child's eczema and their general health, and assessed the short and longer-term effects on eczema severity, daily symptoms, quality of life and impact on the family. We also took swabs from the children's skin, nose and mouth.

**A placebo is a substance that appears to be identical to the medication but that has no medical effects in the body.*

What did we find?

Most children had features usually associated with infection and the bacteria *Staphylococcus aureus* (the bacteria most commonly found on the skin and thought to cause most eczema flares) was identified from a swab of their skin. However, most children had relatively mild signs of infection and those with severe infection were excluded.

We found that neither oral nor topical antibiotics are likely to have a beneficial effect on eczema severity after one week of treatment.

We believe that most children seen by GP practices with less severely infected eczema should not be given antibiotics as long as treatment with standard steroid creams are offered, but this may not apply to children with more severe signs of infection.

What happens next?

These results will be published in medical journals and presented at medical conferences, and shared with groups involved with children with eczema. This will allow us to tell doctors and healthcare professionals about the results of the study, so that doctors and others caring for children with eczema may use this information when treating children with eczema that may be infected. Neither your name nor your child's name will be used in any publications.

The full results of the study can be found online at the National Institute for Health Journals Library <http://www.journalslibrary.nihr.ac.uk/hta/volume-20/issue-19#abstract>. Alternatively, you can visit our study website on: <http://www.cream-study.co.uk> and click on the link.

Contact Information

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