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January, 2015

Winter time is here again in Richmond, bringing with it sopping mittens, muddy boots and chapped cheeks. Winter itching and rashes can be very troublesome, especially in younger children. This month, we offer some tips on keeping everyone's skin-from your infant to your teen to your own-in itch and rash free shape! We will talk in depth about eczema, which typically flares in the winter months. Finally, we share some ideas on how to keep your family safe on the slopes and sledding hills. Stay warm and healthy!

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Winter Skin Care



With the dry air and biting cold winds, your skin can quickly lose moisture and heat when exposed to winter elements. Protecting your skin from head to toe is essential to avoiding cracking, itching

and soreness.

First rule of thumb-slather it on! Moisturizers (topical emollients) are essential for use in the winter months. Often, your 'go to' summer lotion may not be quite enough for the losses your skin experiences during colder weather. Look for ointment based or cream based moisturizers, rather than water based ones. Typically, you will find these products in tubs and tubes, rather than

7:30 A.M. - 7:30 P.M.
Saturday
9:00 A.M. - 12:00 P.M.

Bell Creek Location
Monday - Thursday
8:30 A.M. - 6:30 P.M.
Friday
8:30 A.M. - 5:00 P.M.

Billing Office
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in the pump dispensers because of their thicker consistency. Work with your child in choosing this product. Some children and teens dislike the 'sticky' feeling these products can give, so buy smaller trial size tubes and let your child help you decide which feels best. When looking for products to apply to the face, especially for acne prone teens, look for one with 'non-comedogenic' on the label. This means the oils are 'non-clogging' of the pores. [Continue Reading](#)

Caring for Eczema

Different than winter dry skin, but often worse in the winter, is a medical condition common among infants and children called atopic dermatitis (AD) or eczema. In this month's Pediatrics, the journal of the AAP, eczema treatment was discussed in depth. We felt a summary might help our patients and families better understand this often frustrating condition.



Atopic dermatitis is a chronic condition that has been referred to as 'the itch that rashes'. It is comprised of intense itchiness of the skin and red, raw rashes that appear in areas that are scratched. The skin becomes very inflamed and often hurts. As the skin barrier is the major protectant against invasion of bacterial and viral invaders, areas disrupted by rash are often prone to infection. [Continue Reading](#)

Winter Sports Safety

Do you want to build a snowman? Or take a sled around the park? Yes, it's time for a 'frozen' Richmond with snow sports and outdoor winter activities. Remember to keep your family safe by following some basic guidelines.



Before heading out, be sure that your family is outfitted in proper gear and warm clothing. Layers are important, but be sure that they don't restrict your child's movement. Don't forget to sunscreen those cheeks-sunburn happens in the winter, too! Be mindful of weather forecasts, as conditions often change frequently. [Continue Reading](#)

Winter Skin Care (cont.)

Use a moisturizer head to toe at least once, and ideally twice, per day. Often children with irritated skin complain that moisturizers 'burn' when first applied. To ease this, look for a product which has the fewest alcohols listed in the ingredients. Often ointments are better tolerated. Bedtime is a great time to apply your emollient, but if you find that is not enough, help your child apply before getting dressed in the morning, as well.

What about those hot showers or long luxurious warm baths? Dermatologists say that bathing daily is fine, just be mindful of the temperature of the water and shorten up those soaking sessions. Remember the 'three minute rule'. That is, within three minutes of getting out of a shower or bath, apply your topical emollient

However, who wants to get out of the warm shower into the cold bathroom to then slather cold creams or lotions on your already shivering body? Try taking the jar or tube (top on!) to the shower with you. After your shower, turn off the water, slick the water off your body with your hand or grab a towel to pat dry. Then, without leaving your warm shower stall, apply immediately apply your lotion all over. You will find the warm lotion much better tolerated! Be sure to store it outside of your shower or tub, however, bringing it in with you each time.

While in the tub or shower, remember that water is all that is needed to remove most sweat and dirt. Many soaps remove oil from the skin. For dry, sensitive skin, dermatologist recommend bar soap made for sensitive skin, liquid washes that don't lather or a gentle, foaming cleanser. Avoid perfumes in your body washes.

Hands and feet need special care in the winter. As we are reminding our children to wash those hands frequently to prevent the spread of germs, we need to remind them to apply hand cream immediately after handwashing, as well. Stock your sinks with moisturizing soap and tubes of hand cream. Remember that antibacterial soaps have no advantage over other soaps when handwashing is done properly, and may be more drying. Cover those hands with warm gloves or mittens whenever you or your child ventures outside. Change out of gloves as soon as they are wet to avoid chapping and redness. For feet, a thick layer of ointment and warm socks should be applied nightly. Try not to allow your child to be barefoot in the house during the winter. Look for socks with grippers or 'no slip' slippers to protect those tender tootsies.

Following a consistent skin care regimen will keep your skin and your families skin looking and feeling great all winter long. Let it snow, our skin will be winter ready!

<http://www.comderm.com/02/13/2013/solving-childrens-dry-skin/>

Caring for Eczema (cont.)

In infancy, the most common places to see eczema (AD) are the cheeks, scalp, trunk and extremities. In early childhood, it is common in skin folds, such as the bend of elbows or back of knees. Adolescents and adults often break out on hands or feet. Flares of AD have an impact on the entire family, as children experiencing these flares are often cranky, do not sleep well and may be teased about their rashes by peers. The encouraging news is that most children will outgrow the symptoms, or AD will become milder over time.

Many factors contribute to AD, such as family history, disruption of the protective skin barrier or immune dysfunction. The relationship between food allergies and eczema is complicated, but often over-emphasized. It's confusing, but experts believe food allergies are MORE COMMON in children who have AD, rather than CAUSING the eczema. In other words, the allergy may be there, but removing the allergen won't necessarily improve the rash. It is estimated that 90% of parents inappropriately blame foods as the sole source of their child's rashes. Often this leads to elimination diets that often leave kids lacking in essential nutrients or proteins. The one exception, experts note, may be egg allergies. Nearly 50% of infants with egg allergies had documented improvement in skin when an egg-free diet was followed. Please check with us before eliminating foods from your child's diet, especially infants and young children.

Eczema treatment should focus primarily on the skin. The AAP proposes a 4 step approach:

1. Maintenance skin care to promote a healthy skin barrier
2. Topical anti-inflammatory medicines to suppress the immune response
3. Itch control
4. Managing infection triggers

Getting hydration to the skin is critical to repairing and maintaining the skin. The best moisturizers for patients with AD are those that are labeled 'fragrance free' and have the least number of preservatives. Ointments are the most moisturizing, followed by creams, then lotions. When it comes to soap, remember that lather comes from detergents, which are drying and irritating to the skin. Look for a non-lathering soap for sensitive skin. Avoid irritants in laundry products and scratchy fabrics. Look for laundry soaps with no dyes or perfumes. Skip the fabric softener, even in the winter. It not only leaves a gummy film in your dryer, it irritates the skin. Look for soft, breathable fabrics, such as 100% cotton.

Flared, itchy skin often won't improve with emollients alone. Topical steroids are used to decrease inflammation and are safe when used sparingly and appropriately. Often, low potency steroids such as 1% hydrocortisone, available over the counter, are a good first line treatment. If these aren't helpful, we will sometimes prescribe more potent steroid preparations. It is important to remember that these medicines should be used only on the inflamed or 'flared' areas of skin, not as an all-over treatment. A good rule of thumb is that a dab of medicine the size of a pearl should be sufficient to treat all affected areas. You shouldn't be able to see the medicine, once it has been appropriately applied.

Thirdly, itch control is important. Often, parents may not appreciate how much their child is scratching because it is usually worse at night. Of course, keeping the skin in good shape may alleviate some itch, but may not be enough. Oral anti-histamine, readily available in over the counter forms, may often be useful to reduce the sensation of itching. Topical antihistamine creams are not effective and can be dangerous. Please consult our providers to find a preparation that would be the right choice for your child.

Finally, bacteria living on the skin may play a role in both the flares of eczema and in 'super-infection' or infections occurring in already irritated skin. Please contact our office right away if you notice pustules, oozing or a yellow crusting around eczema lesions, as these may be a sign of secondary infection and may need antibiotics. In addition, children with eczema are also prone to other types of skin infections, or experience more severe skin symptoms with common childhood infections. One such viral skin infection, molluscum contagiosum is more frequent and may be more widespread in children with AD. We are able to treat some patients with molluscum in our office.

Dilute bleach bathes may help those patients who experience frequent infections and flares of AD. Adding 120 mL or ½ cup of household bleach to a full bathtub of water and bathing for 5-10 minutes once to twice weekly, has been shown to help. Please seek our advice on whether this is an appropriate treatment for your child. Eczema is often frustrating and challenging for affected families. Fortunately, there are many ways to help ease the suffering of this chronic condition. Please call our office for an appointment to discuss your child's skin care and treatment options.

Tollefson, MM , Bruckner AL, Atopic Dermatitis: Skin-Directed Management Pediatrics, December, 2014

<http://pediatrics.aappublications.org/content/134/6/e1735.full.html>

Winter Sports Safety (cont.)

Be sure that children and teens have (and wear) appropriate protective equipment for winter sports, including properly sized skis or snowboards, protective eyewear, helmets and wrists guards and knee pads. The most common injuries to skiers or snowboarders are fractured wrists, sprains of the lower extremities, tears in the anterior cruciate ligament of the knee and head injuries, such as concussions. Be sure that your child understands the importance of protective equipment that will help prevent these types of injuries, and that he or she wears it consistently. All winter sports should be supervised by an adult. Qualified instructors are also very important in skill building and avoiding injury. The course chosen must appropriate for the level of the participant. Qualified instructors can help with this, as well.

Be sure to supervise children when sledding. Use only steerable sleds, not discs or inner tubes. ALWAYS keep sledders away from motor vehicles or areas that are near roads. Sled only feet first or lying down, never head first. Consider wearing a helmet when sledding. Concussions are common when collisions happen. The 'landing' area for a sliding hill should be free of obstacles, such as trees or fences. Avoid 'blind' landing areas that cannot be seen from the top of the hill.

Make sure that kids stay well hydrated and good nourishment. Outdoor winter activities often make kids tired, so be sure to take frequent breaks and get good night rest. Younger children often are the most enthusiastic in the snow, but are more susceptible to cold related injury than adults. If you notice your child shivering, becoming tired or clumsy, bring him or her indoors right away, as these may be signs of early hypothermia. Frostbite happens when vulnerable tissues freeze, most often on fingers and toes. If the skin appears pale, gray and blistered, bring your child indoors and use warm (not hot) washcloths on the areas. Call our office for further instructions.

With the right preparation, the proper equipment and supervision, winter can be a wonderful time to be out and be active. Stay safe, warm and tell Olaf we said hello!

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