



DANISH HEALTH  
AUTHORITY

NATIONAL CLINICAL GUIDELINE FOR  
THE TREATMENT OF HAND ECZEMA

2017

# NATIONAL CLINICAL GUIDELINE FOR THE TREATMENT OF HAND ECZEMA

## Quick guide

Identification of risk factors	
√	It is good practice to identify risk factors for the development of hand eczema early in treatment.
Assessment	
√	It is good practice to refer patients with newly identified hand eczema of more than 1 month's duration to a dermatologist for epicutaneous patch testing.
Patient education	
↑↑	Offer structured education to patients with mild hand eczema to prevent persistence and worsening of the eczema (⊕⊕⊕○).
↑	Consider offering structured education to patients with moderate to severe hand eczema to prevent persistence and worsening of the eczema (⊕⊕○○).
Patient counselling	
↑	Consider offering counselling on personal protective equipment at the workplace to patients with suspected work-related hand eczema (⊕⊕○○).
√	It is good practice to provide advice on substitution, shielding and use of personal protective equipment at the workplace to patients with hand eczema.
Course of treatment	
√	It is good practice to assess the efficacy of local steroid treatment of hand eczema, irrespective of steroid group, after approx. 4 weeks. In case of lack of efficacy, please ensure that the patient follows the treatment plan.
√	It is good practice to switch to another treatment regimen for hand eczema after approx. 8 weeks' daily local treatment with group III steroid (potent local steroid).
↑	Consider offering local steroid as maintenance treatment of hand eczema 2-3 times weekly (proactive treatment) (⊕○○○).
√	It is good practice to offer phototherapy (UVB, PUVA) as an alternative or supplement to local steroid to patients with moderate to severe chronic hand eczema, particularly if other systemic treatments are undesirable or contraindicated.

Products	
↓	Avoid routine local treatment of mild to moderate hand eczema with pimecrolimus (⊕○○○).
↓	Avoid routine local treatment of mild to moderate hand eczema with tacrolimus (⊕○○○).
↑	Consider offering 30 mg alitretinoin daily to patients with moderate to severe chronic hand eczema that does not respond to potent local steroid (⊕⊕⊕○).

## About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the treatment of hand eczema. The guideline was prepared by the DHA.

The national clinical guideline focuses on treatment of hand eczema.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

- ↑↑ = a strong recommendation for
- ↓↓ = a strong recommendation against
- ↑ = a weak/conditional recommendation for
- ↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

- (⊕⊕⊕⊕) = high
- (⊕⊕⊕○) = moderate
- (⊕⊕○○) = low
- (⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

### Further information at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk)

At [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk), a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

### About the national clinical guidelines

The national clinical guideline is one of the 50 national clinical guidelines (NCGs) to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at [sundhedsstyrelsen.dk](http://sundhedsstyrelsen.dk).