

To Bathe or Not To Bathe in Atopic Dermatitis?

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Practices involving the use of bathing in atopic dermatitis (AD) vary widely among pediatricians and specialists. These practices can be broadly divided into two camps: those who favor frequent bathing vs. those who restrict bathing in AD. In fact, almost half of patients who have seen multiple providers for AD report receiving conflicting recommendations on bathing¹. A recent survey study showed that pediatric dermatologists and allergist/immunologists are more likely to prescribe frequent bathing compared with primary care providers².

Opinions on the use of bathing in AD are largely based on clinical experience rather than clinical trial evidence. Studies directly addressing the role of bathing in AD have individually been limited either by small sample size, retrospective design, lack of control group, and/or lack of blinding. Overall, there appears to be more studies in support of frequent bathing³⁻⁷ than infrequent bathing⁸⁻¹¹. However as a result of conflicting evidence, updated guidelines on the management of AD from the American Academy of Dermatology (AAD) as well as the Joint Task Force on Practice Parameters (representing the American Academy of Allergy, Asthma, & Immunology; the American College of Allergy, Asthma, & Immunology; and the Joint council of Allergy, Asthma, and Immunology) have generally abstained from making a recommendation on frequency of bathing^{12,13}.

Despite ongoing debate on this subject, a consistent recommendation from these guidelines continues to be the importance of application of a cream or ointment on the skin immediately after bathing, a method often termed “soak and smear” or “soak and seal”. While those who advocate infrequent bathing have traditionally been concerned about the drying effects of water and soaps, the benefits of “soak and smear” is best explained by Tofte and Hanifin: Bathing may dry the skin through the evaporation of

water from wet skin. However bathing also hydrates the skin when moisturizer is applied immediately after bathing, thus retaining the hydration of the skin¹⁴. In addition, bathing is important to eliminate crust and cleanse the skin from bacteria.

In addition to ideal bathing frequency, several other unanswered questions remain, including whether bathing is better than showering and optimal duration of a bath. Although more studies are needed to address these issues, most experts continue to believe in the beneficial effects of frequent bathing and recommend that AD patients take a daily bath (up to 15-20 minutes) using a mild skin cleanser, followed immediately by application of a moisturizer and/or a topical medication⁷.

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