NATIONAL ECZEMA SOCIETY
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FACTSHEET

ADULT SEBORRHOEIC DERMATITIS

What is seborrhoeic dermatitis?

Sebhorrhoeic dermatitis is a common scaly rash that often affects the face, scalp and chest but it can affect other areas. 'Dermatitis' is another word for 'eczema'. 'Seborrhoeic' (pronounced seb-or-a-ik) simply means that the condition appears in those areas of the skin with large numbers of grease (sebaceous) glands, such as the scalp and sides of the nose. There are two types: adult and infantile. This factsheet is for adults with seborrhoeic dermatitis. Infant seborrhoeic dermatitis and cradle cap are discussed in a separate National Eczema Society factsheet.

Who gets and why?

The condition affects 1–3% of the adult population and is more common in males than females. The adult form of sebhorrhoeic dermatitis can develop from puberty but more usually occurs in adulthood – prevalence rises sharply over the age of 20, with a peak at 30 years for men and 40 years for women.

Although this condition affects the areas of skin with grease glands and it can develop a greasy-looking scale, greasy skin is not the cause of seborrhoeic dermatitis. Typically, the skin is, in fact, quite dry, as in all forms of eczema. Adult sebhorrhoeic dermatitis is believed to be an inflammatory reaction related to an overgrowth of normal skin inhabitants – species of Malassezia yeasts. The yeasts are part of normal skin flora but for an unknown reason they trigger sebhorroeic dermatitis in certain individuals.

Sebhorrhoeic dermatitis is not contagious or related to diet, but it may be aggravated by illness, psychological stress, fatigue, change of season and a general deterioration of health. Those with an immunodeficiency (especially infection with HIV), heavy alcohol intake, and neurological disorders such as Parkinson's disease and stroke are particularly prone to it. It may or may not be itchy and can vary from day to day.

Psoriasis is another very common skin condition and often co-exists with seborrhoeic dermatitis. Psoriasis frequently causes a very scaly scalp (it is estimated that 80% of sufferers have some scalp involvement). Unfortunately, the irritation caused by seborrhoeic dermatitis aggravates psoriasis and this can produce a particularly difficult condition that does not settle unless the seborrhoeic dermatitis element is controlled. Sometimes this if referred to as 'sebo-psoriasis'.

Once the skin has become inflamed with any form of eczema, any exposure to detergents, soaps, shampoos etc. will aggravate the irritation in the skin and scalp. This can be a major factor in causing the seborrhoeic dermatitis to become more severe and persistent.

Similarly, many skin irritants could make the condition worse. Care should therefore be taken to limit exposure to DIY materials such as solvents and chemicals.

Most people with seborrhoeic dermatitis find that it improves on holiday and in the sun. However, prolonged sun exposure, especially on the first sunny day of the year, may actually cause it to flare up.

What does it look like?

Seborrhoeic dermatitis appears as faintly red areas of inflamed skin with a greasy-looking white or yellowish scale on the surface. In flexural areas such as the armpits or groins the scale may be absent and the skin

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can look a bit more glazed. On more exposed areas the scale can become quite marked and yellowish. It can be itchy and, if more severe, can be sore.

Usually, one or two areas of skin are involved, but seborrhoeic dermatitis can be quite extensive, involving:

- **Scalp:** On the scalp it can range from a mild flaking of the skin (dandruff) to red and scaly areas all over the scalp, which can sometimes weep.
- **Face:** Typically, the skin around the sides of the nose and in the creases, and sometimes the cheeks, can become red and scaly. The inner half of the eyebrows can develop 'dandruff'. Sometimes the eyelids and eyelashes becomes involved, a condition referred to as 'blepharitis'.
- **Ears:** Eczema may occur in the ear canal (otitis externa), on the earlobe or behind the ears. The National Eczema Society has a factsheet on ear eczema, which covers this problem in more detail.
- **Chest:** Patches of round, dry eczema can develop over the breastbone, or sometimes between the shoulder blades.
- **Flexures:** There can be a more moist dermatitis involving the armpits, groin, buttock creases, under the breasts or in the folds of the skin.
- **Generalised:** Very rarely, the dermatitis can become severe and extensive, covering large areas of the body and needing more aggressive management.

How is it diagnosed?

The diagnosis is usually made from the history and appearance of the skin in the affected area. Normally there is no need for any particular tests, unless the doctor thinks it may be a fungal infection, in which case skin scrapings are taken to test for fungus. If there is some doubt about the diagnosis, a biopsy may be necessary, but this is rare.

How is it treated?

Seborrhoeic dermatitis cannot be cured, because once an individual has become allergic to Malassezia on the skin, exposure to it will always cause a problem. The only way to control things is to use anti-yeast treatments, which will suppress seborrhoeic dermatitis but not eradicate it. However, it is usually not difficult to keep seborrhoeic dermatitis completely under control, and topical treatments are safe to use long-term. Milder cases are often managed with over-the-counter remedies and pharmacists should be able to advise on these.

The major reservoir for the yeast is the scalp, so a medicated anti-yeast shampoo should be used. Even if all signs of the condition have disappeared, it is sensible to use an anti-yeast shampoo at least every few weeks.

Scalp

There are many over-the-counter anti-yeast shampoos that can be used. These include:

- Dandrazol (ketoconazole)

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- Nizoral (ketoconazole) – also available on prescription
- Selsun – but beware, the selenium can stain cheap metals and jewellery black

Use these shampoos as a treatment, rather than as a hair wash. Leave them on for 5–10 minutes and then rinse off. Try not to use more than twice a week as there is a risk of irritation.

For more severe seborrhoeic dermatitis affecting the scalp, a scalp application or lotion containing a steroid and salicylic acid (e.g. Diprosalic scalp application) may be prescribed. This will help to control symptoms of redness and scale.

Tar-based shampoos or Dermax (not tar-based) are good for keeping symptoms of flaking and scaling at bay, and they can be alternated with something like ketoconazole shampoo. Tar-based shampoos include:

- T-gel
- Capasal.

As with the treatment shampoos above, try not to use more than twice a week as there is a risk of irritation.

If the scalp becomes very scaly, you may need a de-scaling agent such as salicylic acid along with the shampoo. Alternatively, Capasal shampoo is a tar-based shampoo which contains this.

Elsewhere on the body

The dermatitis is typically quite mild elsewhere and responds well to a mild steroid cream, such as 1% hydrocortisone. Your doctor or nurse may recommend combining this with a topical anti-yeast cream. The imadazole group is highly effective and includes:

- Ketoconazole (Nizoral/Dakatrin Gold)
- Clotrimazole (Canesten/Canesten HC)
- Miconazole (Daktarin/Daktacort/Daktarin Aktiv).

Sometimes doctors may suggest that anti-yeast shampoos are used on the body as well as on the scalp. This can be a good way of treating large areas such as the chest. Leave the shampoo on the body area for 5–10 minutes before rinsing off (since this can irritate dry skin, only twice a week is recommended). In between, emollients can be used if the skin is dry.

It is better to use a cream on smaller areas (such as the face). Sometimes anti-yeast eardrops are prescribed for the ear canals.

Mild topical steroid – either on the face or in the flexures – should be used for short-term bursts of treatment. The steroid treats the skin redness, and once any irritation has settled and the dermatitis is controlled, it is wise to use just the anti-yeast agent. Mild topical steroids can also be prescribed or purchased from the pharmacist as a combination treatment, recommended as a 7-day treatment course (e.g. Daktacort or Hydrocortisone cream).

Very rarely, an oral anti-yeast treatment may be needed (e.g. Itraconazole or Fluconazole) if the seborrhoeic

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dermatitis becomes severe or extensive.

The important message, though, is that long-term treatment is needed to keep this condition at bay. If it recurs, it is not because the treatment has failed – it is because of the nature of the condition. If you pay for your prescription, it may be worth investing in an NHS pre-payment certificate (FP95), which can be applied for online or at some registered pharmacies. Ask your pharmacy about obtaining a pre-prescription form. Most of the treatments are available from your pharmacist without a prescription, though some are quite expensive.

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The National Eczema Society is a registered charity in England and Wales (number 1009671) and in Scotland (number SCO43669) and is a company limited by guarantee (registered in England, number 2685803). Office: 11 Murray Street, LONDON, NW1 9RE.

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- ◊ Eczema affects FIVE MILLION children and adults in the UK every year.
- ◊ ALL our information is clinically evidence based and written by or verified by dermatology experts.
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