

BRIEF REPORT

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Bathing Frequency Recommendations for Children with Atopic Dermatitis: Results of Three Observational Pilot Surveys

Abstract: The results from three online surveys of dermatologists, allergists and immunologists, and primary care physicians (PCPs) regarding routine bathing frequency recommendations for children with atopic dermatitis (AD) are presented. The results suggest that PCPs approach bathing frequency differently than specialists, with PCPs recommending daily bathing less than 50% of the time and specialists recommending daily bathing more than 50% of the time. Because there is lack of consensus, studies are needed to evaluate whether bathing frequency makes a clinical difference in the treatment of pediatric AD.

Bathing frequency is often discussed as part of the treatment for pediatric atopic dermatitis (AD), but studies evaluating optimal bathing practices are limited and guidelines focus on the use of cleansers and emollients (1). Differences between specialist and primary care provider (PCP) recommendations regarding bathing frequency remain unknown.

Three Web-based anonymous pilot surveys were conducted of dermatologists, allergists and immunologists, and PCPs. This descriptive analysis provides the largest compilation of observational data on this topic.

Members of the American Academy of Allergy, Asthma, and Immunology participated in an online survey between April and June 2010 (Table 1). Of 904 respondents, 57% recommended daily bathing and 14% recommended less than daily bathing (infrequent bathing).

Members of the Maine chapters of the American Academy of Pediatrics and Family Practice also participated in this online survey between October 2011 and June 2012. Two additional responses were included to account for differences in bathing duration (Table 1). Of 145 respondents, 21% recom-

mended daily bathing and 56% recommended infrequent bathing.

Members of the Society of Pediatric Dermatology and the Maine Society of Dermatology were surveyed between October 2012 and October 2014. This survey (Table 1) was part of a larger survey on bathing practices. Of 93 respondents, 71% recommended daily bathing and 17.2% recommended infrequent bathing.

DISCUSSION

Our data suggest that PCPs differ from specialists in recommendations regarding bathing frequency for children with AD. More than 50% of PCPs recommend infrequent bathing, whereas more than 50% of specialists recommend daily bathing (with nonoverlapping confidence intervals). Our results are consistent with a recent survey of parents of children with AD, who reported that PCPs recommended daily bathing less than 50% of the time, whereas specialists recommended daily bathing more than 50% of the time (2).

Only two prospective studies have directly compared daily with infrequent bathing in children with AD (3,4). Kim et al (3) demonstrated that daily bathing reduced eczema severity significantly more than infrequent bathing, whereas Koutroulis et al (4) showed no difference in AD control between the groups. Study limitations included small sample sizes (4), multiple unblinded physicians measuring the SCORing Atopic Dermatitis (SCORAD) score (4), lack of control for medication effects (4), not determining sample size based on power or significance levels before enrollment (3), and lack of methods to ensure adherence (3,4).

Our data are also limited. The surveys were chronologically spaced and had minor changes in format. Bathing and demographic detail are lacking, although our focus on routine bathing frequency in all three groups may have mitigated this limitation. All surveys were from a national pool except PCPs, so geographic variation in recommendation patterns may confound the data, although the data were consistent with those from a national survey of parents who reported that PCPs more often recommended infrequent bathing (2).

This is the first report to highlight a distinct difference between PCPs' and specialists' recommendations concerning bathing frequency in children with AD. More studies are needed to clarify the clinical role of bathing frequency to improve outcomes, which could ultimately decrease patient and family reports of confusion and frustration from inconsistent recommendations (2).

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TABLE 1. Comparison of Differences in Responses to a Survey Regarding Bathing Frequency in Children with Atopic Dermatitis Between Specialists (Allergists and Immunologists, Dermatologists) and Primary Care Providers (Pediatricians, Family Practice Physicians)

Survey question	Responses, n (%) (95% confidence interval)		
Allergists and immunologists (American Academy of Allergy, Asthma, and Immunology; n = 904)			
As part of your general management of pediatric atopic dermatitis, along with moisturization, what do you counsel your patients to do about water exposure?	Frequent or daily bathing 516 (57) (54–60)	Limited (< daily) bathing 124 (14) (12–16)	None of the above 264 (29) (26–32)
Pediatricians (Maine chapter of the American Academy of Pediatrics; n = 59)			
As part of your general management of pediatric atopic dermatitis, along with moisturization, what do you counsel your patients to do about water exposure?	Frequent/daily bathing ≥10 min/bath 7 17 (29) (19–41)	Limited (< daily) bathing ≤10 min/bath 8 24 (41) (29–53)	None of the above 18 18 (30) (20–43)
Family practitioners (Maine Academy of Family Physicians; n = 86)			
As part of your general management of pediatric atopic dermatitis, along with moisturization, what do you counsel your patients to do about water exposure?	Frequent or daily bathing ≥10 min/bath 6 13 (15) (9–24)	Limited (< daily) bathing ≤10 min/bath 5 57 (66) (56–75)	None of the above 16 16 (19) (12–28)
Combined data from primary care providers (n = 145)	Frequent/daily bathing 30 (21) (15–28)	Limited (< daily) bathing 81 (56) (48–64)	None of the above 34 (23) (17–31)
Dermatologists (Society of Pediatric Dermatology (n = 69)			
Concerning the frequency and duration of bathing, when the skin is FLARED, what do you counsel your patients to do?	Frequent or daily bathing ≥10 min/bath 19 50 (72.5) (61–82)	Limited (< daily) bathing ≤10 min/bath 1 12 (17.4) (10–28)	None of the above 7 7 (10.1) (5–19)
Maine State Society of Dermatology (n = 24)			
Concerning the frequency and duration of bathing, when the skin is FLARED, what do you counsel your patients to do?	Frequent/daily bathing ≥10 min/bath 9 16 (66.7) (47–82)	Limited (< daily) bathing ≤10 min/bath 1 4 (16.7) (7–36)	None of the above 4 4 (16.7) (7–36)
Combined data from dermatologists (n = 93)	Frequent/daily bathing 66 (71) (61–79)	Limited (< daily) bathing 16 (17.2) (11–26)	None of the above 11 (11.8) (7–20)

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