

HIGH RATE OF ALLERGIC CONTACT DERMATITIS IN AUSTRALIAN HEALTHCARE WORKERS

In a recent retrospective study of healthcare workers assessed in an Australian tertiary referral dermatology clinic, 49.7% had experienced allergic contact dermatitis.

Allergic contact dermatitis is a reaction characterised by an itchy red skin rash that arises from a substance in contact with the skin. Associate Professor Rosemary Nixon AM helps run the fortnightly Occupational Dermatology Clinic at the Skin & Cancer Foundation Inc., where workers suspected of occupational dermatitis are assessed with patch testing.

A/Prof Nixon says: "Australian dermatologists have undertaken numerous studies to examine the frequency of allergic contact reactions. The major substances causing allergic contact dermatitis in healthcare workers are rubber glove chemicals, preservatives, excipients in hand cleansers and antiseptics."

Patch testing is a form of skin allergy testing required to make a diagnosis of allergic contact dermatitis. It requires considerable expertise and also expensive allergens and materials. The Australian Baseline Series for patch-testing includes 60 of the most frequent and relevant contact allergens.

A/Prof Nixon says: "Dermatologists frequently treat patients who have experienced skin reactions to allergens. It is important to make a diagnosis of what is causing the problem and patch testing is used to diagnose allergic contact dermatitis. This includes allergy to ingredients found in certain types of goods, such as skincare products, fragrances, plants, jewellery, hair dyes, liquid soaps, shampoos, baby wipes and gloves."

Several ingredients commonly found in goods include topical pharmaceuticals and methylisothiazolinone/methylchloroisothiazolinone- a preservative used in a variety of skin care products- which has recently caused a large number of reactions in Australia. Other allergens include nickel, bufexamac, preservatives and p-phenylenediamine (used in hair dyes).

Allergic reactions caused by diet differ to allergic contact reactions and are tested by prick testing or blood tests.

Sydney dermatologist, Dr Li-Chuen Wong says: "Ten percent of children suffering from eczema, which is a type of dermatitis, will also have an associated food allergy that may trigger a flare of eczema. The most common food triggers are eggs, peanuts, milk, wheat and soybean. Food allergies are more important triggers for children than for adults. However, 80% of children by five years of age will lose their food allergy."

Dr Nixon says: "Medical professionals need to consider the likelihood of allergic reactions to substances touching the skin. Because the reactions are delayed, there may not be a clear cut history relating exposure to an allergen and subsequent dermatitis. Similarly, some children with eczema will need investigation for food allergies, especially when the history does not clearly implicate a particular foodstuff."



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In the interests of patient safety and harm minimisation outcomes across the Australian population, be mindful of ingredients found in goods that can cause allergic contact dermatitis and consider seeing a dermatologist if you get a reaction.

Links to further information

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