

UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

SEBORRHEIC DERMATITIS**WHAT IS IT?**

Seborrheic dermatitis is a common inflammatory condition that causes red, flaky, itchy skin. It typically occurs in areas of the skin where oil (or sebaceous) glands are most prevalent, such as the scalp, the ear, the face, central chest, upper back, and skin folds.

Seborrhea is not contagious nor a sign of poor personal hygiene. Symptoms typically start after puberty, then come and go throughout adulthood. Men are more commonly affected than women. Stress, fatigue, and illness may worsen symptoms.

WHAT CAUSES IT?

The exact cause is unknown; however, sebaceous glands are believed to play a role in the development of seborrheic dermatitis.

- Symptoms typically appear during times when sebaceous glands are growing and enlarging, such as in infancy (in response to the mother's hormones) and puberty.
- Seborrhea may also be an inflammatory response to the growth of a yeast called *Malassezia*. *Malassezia* normally lives in small numbers on the skin and thrives in areas where oil glands are prevalent. Since ultraviolet light slows the growth of *Malassezia*, most people experience fewer symptoms during the summer months.

WHAT ARE THE SYMPTOMS?

Typical symptoms include red greasy skin, covered with flaky white or yellow scales. The skin may be itchy or sore. In severe cases, the affected skin can become thick and plaque-like.

- Seborrhea most commonly affects the scalp. Dandruff is a mild form of seborrheic dermatitis in adults. In infants, it is known as "cradle cap". Many people mistakenly think that dry skin leads to dandruff, so they decrease the frequency of shampooing. This results in the development of more scales that, in turn, causes more itching and inflammation.
- People with facial symptoms often complain of flaking skin around their eyebrows, nasal folds, and ears.
- Men who grow facial hair also frequently develop seborrhea around their beards; however, the condition disappears once they shave.

HOW IS IT DIAGNOSED?

A visual examination of the skin is usually enough to identify the condition. Sometimes a skin biopsy may be necessary to rule out other causes.

WHAT IS THE TREATMENT?

Seborrheic dermatitis cannot be cured, but treatment can keep symptoms under control.

- You may need to try different products or combinations before symptoms improve.
- Because seborrhea is a chronic condition, long-term maintenance treatment is often necessary.

❖ GENERAL SKIN CARE

- Wash regularly with soap and water in order to remove oil from the skin. Avoid harsh soaps, and rinse completely.
- Use a mild skin moisturizer.
- Avoid skin products containing alcohol since they can cause seborrhea to flare.
- Wear cotton clothing to keep air circulating around your skin.
- Avoid rough clothing to reduce skin irritation.
- Sun exposure can also improve symptoms. Be sure to wear sunscreen after 15-30 minutes of direct sun exposure.

❖ TREATING DANDRUFF IN ADULTS

- **Over-the-counter (OTC) dandruff shampoos** appear to be equally effective after 4 weeks of use and may be continued for as long as needed. Active ingredients vary:
 - Shampoos containing selenium sulfide (Selsun Blue, Exsel) or zinc pyrithione (Head & Shoulders, DHS Zinc) have antifungal properties.
 - Ketoconazole 1% (Nizoral A-D) is an OTC antifungal shampoo that is used 2 times a week, alternating with your regular daily shampoo.
 - Shampoos containing salicylic acid (Neutrogena T/Sal, X-Seb, Scalpicin) or coal tar (DHS Tar, Neutrogena T/Gel, Polytar) work by softening and removing thick scales.
- **Prescription strength medicated shampoos** are available if symptoms are not improving with OTC shampoos after 4-6 weeks. Examples include selenium sulfide 2.5% and ketoconazole 2% shampoos.
- **Shampoo Instructions & Tips**
 - Massage 5-10ml of the medicated shampoo thoroughly into the scalp, then wait 3-5 minutes (or the time recommended on the label) before rinsing well. These shampoos may also be rubbed gently on the face, ears, and chest before being rinsed off.
 - Use these shampoos daily (except for Nizoral, which is used twice weekly) until symptoms are controlled. Then decrease use to every other day, then to once a week or less to prevent the return of symptoms. Ketoconazole 2% shampoo is commonly used once or twice weekly for maintenance.
 - If symptoms do not improve after 4-6 weeks, try a different shampoo.
 - If one type of shampoo works for a time and then seems to lose its effectiveness, try rotating shampoos every few weeks to months.
 - A non-medicated moisturizing shampoo and conditioner can also be used on the hair to prevent over-drying.
- **Prescription strength topical corticosteroids** may be added if shampoo alone is not effective. Solutions, gels, or foam preparations are more effective for the scalp. Prescription strength topical steroids may be used once daily for 2-4 weeks and then intermittently (eg. twice weekly). Avoid excessive use, which can lead to thinning and whitening of the skin.

❖ TREATING SYMPTOMS ON THE FACE

- **Mild symptoms** usually respond well to antifungal creams, which are applied twice daily and have few side effects.
- **Moderate to severe symptoms** are often treated with a low-potency steroid cream until symptoms improve (or up to 2 weeks). Then an antifungal cream is used for maintenance, while steroid creams are reserved for flares.
- **Avoid using steroid creams daily on the face for more than 2-3 weeks**, as this increases the risk of skin injury.
- **For maintenance treatment**, use an antifungal cream or ketoconazole 2% shampoo (as a facial wash) once or twice weekly to prevent relapse.
- **For seborrhea involving facial hair in men**, ketoconazole 2% shampoo may be used daily until symptoms resolve, then once weekly.
 - A low-dose steroid cream can be added to control initial inflammation and itching.
 - Shaving can also improve symptoms.
- **If eyelids are red or scaly**, wash them gently each night with baby shampoo and wipe away scales with a cotton swab. Warm compresses can also help.

❖ TREATING SYMPTOMS ON THE TRUNK

- **Antifungal or steroid creams** are applied once or twice daily until symptoms subside. Then an antifungal cream or ketoconazole 2% shampoo (as a body wash) may be used once or twice weekly for maintenance, while steroid creams are used intermittently for flares.
- **Low-potency steroid creams** should be used in skin folds, such as the groin and armpit areas. **Medium-potency steroid creams** can be used on the chest or back. Prolonged use of steroid creams should be avoided, as they can cause thinning and whitening of the skin.

- ❖ **TREATING SEVERE SYMPTOMS:** Symptoms that are unresponsive to standard therapies may respond to oral antifungal medications, which should be used with caution due to low rates of liver damage. A referral to a dermatologist to discuss further options may be recommended.

RECOMMENDED WEBSITES: www.aad.org, www.mayoclinic.org, www.medlineplus.gov