

## Key principles for prescribing

- Emollients are essential in the management of diagnosed dermatological conditions but are often underused. When used correctly, emollients can help maintain and/or restore skin suppleness, prevent dry skin and itching; reduce the number of flare-ups there-by reducing the need for corticosteroid treatment, in addition to other benefits. They should continue to be used even after the skin condition has cleared if the clinical condition justifies continued use e.g. evidence of chronic relapsing eczema.
- Prescribing (i.e. funding on the NHS) is only indicated for a diagnosed dermatological condition. For mild and moderate dry skin patients should be advised to purchase recommended emollient OTC.
- Table 1 shows Mid Essex formulary choices. These have been selected with Dermatologist and specialist GP input and choices based on acceptability, smell, content (less preservatives) and cost.
  - Aqueous cream is no longer considered suitable as a leave-on emollient or soap substitute due its sodium lauryl sulphate (SLS) content which can further cause skin drying and irritation.
  - Emollients containing urea, antimicrobials etc. are not for routine use due to the limited evidence to support their use; however they may be useful in a select group of patients (see preferred list).
- Prescribing of emollients for non-clinical i.e. cosmetic purposes is not supported and should be reviewed. Patients who do not have a diagnosed dermatological condition as outlined above are expected to purchase emollients over the counter.
- There is no evidence from controlled trials to support the use of one emollient over another therefore selection is based on the known physiological properties of emollients, patient acceptability, dryness of the skin, area of skin involved and lowest acquisition cost.

Newly diagnosed patients:

- Offer the product with the lowest acquisition cost from the formulary list in table 1 according to their condition.

Existing patients receiving treatment outside the formulary list:

- Review with a view to trialing a preferred emollient from table 1. Discuss with the patient, and if they agree to switch, offer the product with the lowest acquisition cost from the table. If the patient wishes to remain on their existing product then this choice should be respected.

Review emollients at least annually and stop where continued use is not justified e.g. skin condition has improved and there is no evidence of chronic relapsing eczema.

Quantities to prescribe:

- Prescribe small quantities initially until an acceptable product is found.
- See below for appropriate quantities for a week and a month:

Body site	Creams or ointments		Lotions	
	7 days	One month	7 days	One month
Face	15-30g	60-120g	100ml	400ml
Both hands	25-50g	100-200g	200ml	800ml
Scalp	50-100g	200g-400g	200ml	800ml
Both arms or legs	100-200g	400-800g	200ml	800ml
Trunk	400g	1600g	500ml	2000ml
Groins and genitalia	15-25g	60-100g	100ml	400ml

Generally the greasier the emollient the more effective it is as more moisture is retained in the skin but may be less acceptable or tolerated.

Ointments do not contain any preservatives so suitable for sensitivities but do not use if infection is present. Excess use of greasy emollients can lead to folliculitis.

Pump dispensers for creams may be preferable as they are cleaner and reduce risk of antimicrobial contamination.

Table 1. Emollients						
	Type of emollient	Product (pack sizes available)	Cost effective Pack size	Cost	Cost per 100g/100ml	Advice/ active ingredients
<p><b>Prescribing of emollients for non-clinical i.e. cosmetic purposes is not supported and should be reviewed. Patients who do not have a diagnosed dermatological condition as outlined above are expected to purchase emollients over the counter</b></p>						
<b>Light emollients – mild dry skin</b>	Soap substitute	Aquamax cream (30g, 100g, 500g)	500g (Tub)	£3.99	£0.80	SLS free, soap substitute Similar to aqueous cream Can be used as a soap substitute and wash Light liquid paraffin 6%w/w White soft paraffin 15%w/w
	Light Cream	Epimax cream (100g, 500g)	500g (Squeezy bottle)	£2.49	£0.50	Similar to Diprobace SLS free Can be used as a soap substitute and wash White Soft Paraffin 15%, Liquid Paraffin 6%
		Zerocream (50g, 500g)	500g (Pump)	£4.08	£0.82	Liquid Paraffin 12.6%w/w and White soft paraffin 14.5%w/w Similar to E45
		Zerobase Cream (50g, 500g)	500g (Pump)	£5.26	£1.05	Liquid Paraffin 11% w/w paraffins similar to Diprobace®
		Diprobace cream (50g, 500g)	500g (Pump)	£6.32	£1.26	Not for new patients.
	Light gel	Myribase gel (100g, 500g)	500g (Pump)	£4.66	£0.93	Similar to Doublebase gel Isopropyl myristate 15% Liquid paraffin 15%
		Doublebase gel	500g (Pump)	£5.83	£1.16	Not for new patients.
	Light Colloidal oatmeal cream	Zeroveen (100g, 500g)	500g	£5.89	£1.18	Use only where other light creams/gels have failed Similar to Aveeno
		Aveeno cream (100ml, 300ml, 500ml)	500ml (Pump)	£8.05	£1.61	Not for new patients.
<b>Medium Emollients – moderate dry skin</b>	Cream	Cetraben cream (50g, 125g, 150g, 500g, 1050g)	1050g (pump)	£11.62	£1.11	White Soft Paraffin 13.2% Light Liquid Paraffin 10.5% cream, emulsifying wax (EW)
	Ointments	Zeroderm ointment (125g, 500g)	500g (Tub)	£4.10	£0.82	Similar to Epaderm, bath additive and soap substitute Liquid paraffin 40%w/w, white soft paraffin 30%w/w and emulsifying wax 30%w/w
		Diprobace ointment (50g, 500g)	500g (Tub)	£5.99	£1.20	Not for new patients. White Soft Paraffin 95% Liquid Paraffin 5% ointment
<b>Heavy emollients – severe dry skin</b>	Greasy ointment	Emulsifying ointment (500g only)	500g (Tub)	£2.92	£0.58	Good for nighttime, very dry skin or scaly patches need softening  Emulsifying wax 30%, White Soft Paraffin 50%, Liquid paraffin 20%
		Hydromol ointment (125g, 500g, 1kg)	1kg (Tub)	£9.09	£0.91	Use as above. Emulsifying Wax 30%, yellow soft paraffin 30%.
	Very greasy ointment	White soft paraffin and liquid paraffin 50:50 (250g, 500g)	500g (Tub)	£4.57	£0.91	
<b>Spray emollient</b>		Emollin Spray (150ml, 250ml)	250ml	£6.39	£2.55	Only for very painful/fragile skin where there is difficulty with application of creams/ointments

**Table 2: \*\*Preparations containing antimicrobials – short term use only to wash and/or leave on emollient for skin infection only\*\***

Product (pack size available)	Cost effective Pack size	Cost	Cost per 100g/100ml	Active Ingredients
Dermol 500 lotion	500ml	£6.04	£1.21	LP 2.5% w/w; Isopropyl Myristate 2.5%, Benzalkonium Chloride 0.1%, Chlorhexidine Dihydrochloride 0.1%
Dermol cream (100g, 500g)	500g	£6.63	£1.33	LP 10.%, Isopropyl Myristate 10%, Benzalkonium Chloride 0.1%, Chlorhexidine Dihydrochloride 0.1%
Eczmol cream (lotion) 250ml only	250ml	£3.70	£1.48	Chlorhexidine 1%, WSP & LP

**Table 3: Preparations containing urea**  
 Restrict use to those where a keratolytic is required (scaly skin) e.g. hyperkeratosis, ichthyosis, extremely dry eczema and psoriasis, or those who have tried other emollients without success.

Urea content	Product	Cost effective Pack size	Cost	Cost per 100g/100ml	Active ingredients
5%	Balneum cream (5% urea) (50g, 500g)	500g	£9.97	£1.99	5% urea and ceramides 0.1%
	Balneum Plus cream (100g, 175g, 500g)	500g	£14.99	£3	Contains 5% urea and 3% lauromacrogols
10%	Hydromol intensive cream (30g, 100g)	100g	£4.37	£4.37	10% urea

### Bath and shower emollients

Bath and shower emollients is a generic term for a diverse group of products. Some are more suited to being used for washing, whereas others, such as non-dispersing bath oils are aimed at depositing oil on the skin.

The prescribing of bath and shower emollients is not supported due to the lack of robust evidence of clinical effectiveness. (NHS England)

It is, however, generally accepted that soap is drying and potentially irritating to skin and is best avoided by those with dry skin conditions. Therefore people with diagnosed dry skin conditions should be offered an alternative to soap to wash with.

**1<sup>st</sup> line choice** - A regular leave on emollient that is also suitable for use as a soap-substitute. Many standard emollients can be used in this way (products that are completely immiscible with water such as 50:50 white soft paraffin and liquid paraffin ointment are not suitable). These provide better moisturisation than bath and shower emollients

**2<sup>nd</sup> line choice** for infected skin only – short term only No Repeat prescribing  
Antibacterial/antiseptic emollient or bath/shower emollient  
Take into account patient sensitivities

**Table 4: Antibacterial formulations 2<sup>nd</sup> line only for infected skin**

<b>**Antibacterial formulations 3<sup>rd</sup> line only in infected skin**</b>				
Dermol 600 bath emollient (600ml)	600ml	£7.55	£1.26	Antibacterial: LP 25% , Isopropyl Myristate 25%, Benzalkonium Chloride 0.5%
Oilatum Plus bath additive (500ml, 600ml, 1L)	1L	£13.59	£1.36	Antibacterial: Light liquid paraffin 52.5%, benzalkonium chloride 50% solution 12.0%, triclosan 2%
Dermol 200 shower emollient (200ml)	200ml	£3.55	£1.76	Antibacterial LP 2.5% ,Isopropyl Myristate 2.5% , Benzalkonium Chloride 0.1%, Chlorhexidine Dihydrochloride 0.1%

### What are emollients?

Emollients are substances that replace the natural oils that help keep water in our skin to prevent it becoming dry, cracked, rough, scaly and itchy.

### Why use emollients

Applying emollients to your skin regularly is worthwhile as it can prevent eczema and other dry skin conditions from becoming worse. Using emollients may reduce or remove the need for other treatments that may cause side effects, e.g. steroid creams.

### Which emollient should I use?

There is a wide range of emollients available and they all work to keep water in the skin. Emollients can be creams and ointments. You may need to try more than one emollient before you find the one that suits you best.

### Are there any possible side-effects from emollients?

Prescription emollients tend to be non-perfumed. However, some creams contain preservatives, fragrances and other additives. Some people become sensitised (allergic) to an ingredient. This can make the skin inflammation worse rather than better.

If you suspect that you are sensitive to an emollient then see your doctor for advice and try an alternative.

**Note:** Ointments tend to cause fewer problems with skin sensitivity as, unlike creams, ointments usually do not contain preservatives.

**Warning: Paraffin-based emollients are flammable. Keep them away from lights and flames. Dressings and clothing that have contact with a paraffin-based products are easily ignited by a naked flame.**

#### How to apply emollients

- ✓ Wash hands and apply the emollient thinly (just so the skin glistens), gently and quickly in smooth downward strokes in the direction of hair growth.
- ✓ Apply as often as needed to keep the skin supple and moist, usually at least 3 - 4 times a day but some people may need to increase this to up to every hour if the skin is very dry.
- ✓ As a rule, ointments need to be applied less often than creams or lotions for the same effect.
- ✓ Apply emollients after washing to trap moisture in the skin.
- ✓ Avoid massaging creams or ointments in or applying too thickly as this can block hair follicles, trap heat and cause itching.
- ✓ Emollients can be applied before or after any other treatments e.g. steroid creams but it is important to leave at least 30 minutes before applying the next treatment.

**Don't stop using your emollient if your skin looks better as skin can flare up again quickly**

#### Bathing and washing

- Avoid bubble baths and soaps as they can be irritating and dry the skin.
- Use an emollient as a soap substitute (most emollients can be used in this way). Apply the emollient prior to washing and directly afterwards onto damp skin. Alternatively you could use a bath or shower emollient designed specifically for washing with, then apply your usual leave-on emollient afterwards. Some doctors prefer to recommend the first option as they think this method is better at moisturising the skin.
- If using bath emollients, bath for 15-20 minutes to ensure skin is in contact with emollient for long enough.
- Always wash using tepid (luke warm) water only. Regular bathing cleans and helps prevent infection by removing scales, crusts, dried blood and dirt.
- When drying do not rub with a towel but pat the skin dry to avoid damage to the skin.
- Take care when entering the bath/shower after applying emollients as they make surfaces slippery.

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<b>References</b>	<ol style="list-style-type: none"> <li>1. NICE Clinical Knowledge Summaries. Dermatitis – contact. Last updated. March 2013 <a href="https://cks.nice.org.uk/dermatitis-contact#!prescribinginfosub:3">https://cks.nice.org.uk/dermatitis-contact#!prescribinginfosub:3</a></li> <li>2. Prescqiipp bulletin 76: Cost effective prescribing of emollients May 2015 <a href="https://www.prescqiipp.info/resources/send/174-emollients/1951-bulletin-76-cost-effective-and-appropriate-prescribing-of-emollients">https://www.prescqiipp.info/resources/send/174-emollients/1951-bulletin-76-cost-effective-and-appropriate-prescribing-of-emollients</a></li> <li>3. NHS England update on “Items which should not routinely be prescribed in primary care: an update and a consultation on further guidance for CCGs” <a href="https://www.england.nhs.uk/wp-content/uploads/2018/11/06i-pb-28-11-2018-lpp-gff-annex-a-items-not-routinely-prescribed-update.pdf">https://www.england.nhs.uk/wp-content/uploads/2018/11/06i-pb-28-11-2018-lpp-gff-annex-a-items-not-routinely-prescribed-update.pdf</a></li> </ol> <p>All prices accessed via Dictionary of Medicines and Devices accessed 18/05/2017 <a href="http://dmd.medicines.org.uk/DesktopDefault.aspx?tabid=1">http://dmd.medicines.org.uk/DesktopDefault.aspx?tabid=1</a></p>
<b>Approved by</b>	Mid Essex Area Prescribing Committee
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Previous version	
N/A	New guidance
June 2016	Bath and shower emollients removed Anti-microbial bath emollients remain as 2nd line for only short-term use