

# **Emollient Prescribing Guidelines**

This document has been produced in conjunction with NHS Rotherham Foundation Trust Dermatology department and is intended to guide the first choice or a change in emollient therapy, taking account of patient choice until a suitable preparation that is acceptable to the patient is found. It is important that patients are happy with their emollient and know what to expect from it as they will be more likely to apply it frequently and gain maximum benefits.

# **Considerations before prescribing**

- Patient preference, health education and their expectations from treatment are key to compliance and it may be worth trying small quantities initially, until one that is acceptable to the patient is found. See also emollient education information leaflet at the end of this guidance, which can be given to patients.
- Generally the greasier an emollient the more effective it is, as it is able to trap more moisture in the skin but they can often be less acceptable or tolerated. Creams are less greasy but generally more effective than light emollients and are often more cosmetically acceptable to patients than ointments (oil based moisturisers.)
- Lotions are good for very mild dry skin and for the face and also for hairy individuals where ointments and thicker creams can be quite messy.
- Ointments do not contain preservatives and may be more suitable for those with sensitivities but should not be used where infection is present. Over application of greasy emollients can lead to folliculitis.
- Sensitivities to excipients are not uncommon and should be checked before prescribing; the BNF lists all excipients in emollient preparations.
- Pump dispensers for creams and lotions may be preferable as they are cleaner and reduce the risk of antimicrobial contamination.

# **Bath and shower emollients**

- There is no evidence to support the routine use of bath emollients<sup>1,2</sup>
- Bath and shower emollients offer no advantages over emollients and they should not be used in place of directly applied emollients to the skin before washing. Patients should be advised to wash with their normal emollients or use aqueous cream /emulsifying ointment as a soap substitute instead as this is more cost effective than using bath/shower emollients and provides better moisturisation.
- There may be a limited place for bath/shower emollients where patients are not compliant with their directly applied emollients or those who do perceive some benefit from them, e.g. babies and young children, those with work commitments that prevent them from applying emollients during the day and those patients already prescribed bath/shower emollients.
- If bath emollients are to be used patients should be advised that they need typically 10-20 minutes contact to be absorbed onto the skin to be effective, however this may not always be practical to achieve and hence the advantages of using regular emollients.

<u>References;</u> <sup>1</sup>Drugs and Therapeutics Bulletin 2007; 45: 73-5; <sup>2</sup>Tarr A et al BMJ 2009; 339:b4273

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# Light Emollients – for mild dry skin

**Doublebase**<sup>®</sup> **gel** 100g £2.65, 500g pump £5.83

Aveeno<sup>®</sup> cream/lotion (colloidal Oatmeal; paraffin free) 100ml £3.97, 300ml pump £6.80

# N.B. Aqueous cream is not suitable for use as an emollient, only as a soap substitute (not to be used in children)

# Medium emollients – for moderate dry skin

Ultrabase<sup>®</sup> cream 50g £1.40, 500g pump £4.80 Oilatum<sup>®</sup> cream 40g £1.30, 150g £2.46, 500g pump £4.99, 1.05kg pump £9.98 Cetraben<sup>®</sup> cream 50g pump £1.40, 150g pump £3.98, 500g pump £5.99, 1.05kg pump £11.62 Doublebase<sup>®</sup> gel 100g £2.65, 500g pump £5.83

Epaderm<sup>®</sup> cream 50g pump £1.60, 500g pump £6.55

# Heavy emollients – for severe dry skin

Emulsifying ointment 500g £2.31

Hydromol<sup>®</sup> ointmnent 125g £2.84, 500g £4.82, 1kg £8.96 50:50 White soft and liquid paraffin 250g £3.05, 500g £6.09

# **Emollient preparations containing urea for dry scaly skin conditions** e.g. icthyosis, dry eczema and psoriasis

Balneum cream<sup>®</sup> (5%) 50g pump £2.85, 500g pump £9.97 Balneum plus cream<sup>®</sup> (5% + 3% lauromacrogols) 100g £3.29, 500g pump £14.99 Eucerin<sup>®</sup> intensive cream (10%) 100ml £7.59 Eucerin<sup>®</sup> intensive lotion (10%) 250ml £7.93 Calmurid<sup>®</sup> cream (10%) 100g £8.83, 500g pump £34.00

# **Bath and shower emollients**

Bath and shower emollients offer no advantages over emollients and they should not be used in place of directly applied emollients to the skin before washing. There may be a limited place for bath/shower emollients where patients are not compliant with their directly applied emollients (see above for further details)

### **Soap substitutes**

Most emollients can also be used as soap substitutes and **Aqueous cream (100g £0.99, 500g £4.95)** is also suitable for this purpose but is *not* effective if used as an emollient and has been associated with irritation when used as a soap substitute in children. Emollients with antimicrobials Should only be used where infection is clinically significant in flare ups Dermol<sup>®</sup> (chlorhexidine 0.1% &benzalkonium cl 0.1%) Cream 100g £2.86, 500g pump £6.63 Lotion 500ml pump £6.04 Eczmol (chlorhexidine 1%)<sup>®</sup> 250ml £3.70

Prices are correct at time of printing based on January 2014 editions of Drug Tariff / Chemist and Druggist both of which are updated on a monthly basis NHS Rotherham Emollient guidelines: ratified October 2012; review October 2014; Author: Jason Punyer, Prescribing Advisor

### **Emollient education information leaflet**

#### What are emollients?

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

#### Why use emollients?

Applying emollients regularly can be time consuming and tedious but is worthwhile as it can prevent eczema and other dry skin conditions from flaring up. It may mean that other treatments that could cause side effects e.g. steroid creams may not be needed as much or even at all.

#### Which emollient?

There is a wide range available but essentially they all work in the same way to keep water in. Generally the more greasy an emollient the more effective it is and the less that needs to be applied. You may need to try more than one emollient before you find one that suits.

#### Are there any possible sideeffects from emollients?

Prescription emollients tend to be bland and non-perfumed. However, some creams contain preservatives, fragrances and other additives. Occasionally, 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.

### Please print for patients

#### How to apply emollients

- Wash hands and apply 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.
- ✓ Emollients are most effective if applied after washing as they trap moisture in the skin.

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

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- Avoid massaging creams or ointments in or applying too thickly as this can block hair follicles, trap heat and cause itching.
- In warmer weather patients may need to reduce the application of their emollients as this can make the skin more prone to 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

#### **Bathing and washing**

- Avoid bubble baths and soaps as they can be irritating and dry the skin
  Bathe regularly in tepid water only, this cleans and helps prevent infection by removing scales, crusts, dried blood and dirt.
- Use an emollient as a soap substitute (most emollients can be used in this way) and should be applied prior to washing and directly afterwards onto damp skin. They provide greater moisturising than bath emollients that don't have enough contact with the skin.
- 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 if emollients have been applied as you may slip.

Based on information from patient.co.uk; http://www.patient.co.uk and the national eczema society www.eczema.org