

## Emollient Prescribing Guideline for ADULTS in Primary Care June 2017

This guideline has been developed for use in the management of patients with a diagnosed dermatological condition. Those people without a diagnosed dermatological condition should purchase these over the counter. **NOTE:** Care homes should use pump packs (decreased waste). There is at least one suggested pump preparation in each section for such patients. (Prices: MIMS Dec 2016)

**Emollient choice for patients using medical oxygen therapy:** Patients who require large quantities of emollient ( $\geq 100\text{g}$ ) should use a water based product (e.g. cream or lotion) rather than a paraffin based one (e.g. ointment) to reduce the fire risk. The risk is greater when these preparations are applied to large areas of the body and clothing or dressings become soaked with ointment. Patients should be told to keep away from fire or flames and not to smoke when using these preparations. Patients who are using medical oxygen therapy should use **Aproderm colloidal oat cream** (page 2) which is a non-paraffin based emollient. MHRA Drug Safety Update on Fire risk: <https://www.gov.uk/drug-safety-update/paraffin-based-skin-emollients-on-dressings-or-clothing-fire-risk>

Choice	Product Name	Active Constituents (Excipients)	Similar to / other comments	Price per 500g or 500ml	Available packs and Pump Packs (P)
<b>Very Light Moisturisers for Mild Dry Skin</b>					
1	Isomol gel	Isopropyl myristate 15%, LP 15%	Doublebase Gel. Useful for handwashing whilst working.	£2.92	500g <b>£2.92 (P)</b>
<b>Creams for Mild to Moderate Dry Skin</b>					
1	Epimax Cream	WSP, LP (Excipients: Polysorbate 60, Cetosteryl Alcohol, Phenoxyethanol)	Diprobace. This is a flexidispenser. It can be used in care homes.	£2.49	100g £0.75 <b>500g £2.49 (P)</b>
2	Oilatum Cream	LLP 6%, WSP 15% excipients include benzyl alcohol, cetostearyl alcohol		£5.28	150g £2.46 <b>500ml £5.28 (P)</b>
<b>Greasy Moisturisers for Severe Dry Skin:</b>					
1	Emulsifying Ointment	EW 30%, WSP 50%, LP 20% (Excipients cetostearyl alcohol)		£2.89	500g £2.89
2	Zeroderm Ointment	WSP 30%, LP 40% (Excipients cetostearyl alcohol, polysorbate 60)		£4.10	125g £2.41 500g £4.10
3	Hydromol Ointment	YSP 30%, EW 30%, LP 40% (excipients include cetostearyl alcohol)	NOTE: Hydromol CREAM is NOT on formulary due to cost	£4.89	125g £2.88 500g £4.89 1kg £9.09
<b>Very Greasy Moisturisers for Severe Dry Skin and or acute flares (low risk of sensitivity):</b>					
	WSP/LP 50:50 Oint	WSP 50%, LP50%		£4.57	500g £4.57

**NOTES:** This guidance has been developed in conjunction with local dermatology teams. The dermatology team fully supports the use of lower cost emollients that are included in this guidance in primary care. The dermatology team may however recommend emollients for patients that are referred to them which are outside of this guidance. These more expensive emollients are only for use on the recommendation of a dermatologist. See the Formulary websites chapter 13.2.1 for further details. **Patients initiated on such emollients by a dermatologist should not be switched to cheaper alternatives in primary care.** See NHS Wiltshire CCG "Self-Care Prescribing Policy" for information about conditions where patients should be encouraged to purchase products themselves over the counter: <https://prescribing.wiltshireccg.nhs.uk/search-files?q=self&x=0&y=0>

Choice	Product Name	Active Constituents (Excipients)	Similar to / other comments	Price per 500g or 500ml	Available packs and Pump Packs (P)
<b>Very Light Moisturisers for <u>very sensitive</u> Mild Dry Skin, if Isomol gel has been tried and failed (expensive). Also for patients using medical oxygen therapy:</b>					
	AproDerm Colloidal Oat Cream	Colloidal oatmeal (avena sativa kernel flour), 1% (excipients include cetostearyl alcohol)	Branded generic version of Aveeno. If patients want the brand Aveeno, they should buy it OTC	£6.47	500ml £6.47 (P)
<b>Preparations containing antimicrobials: Use long term if needed to prevent frequent skin infections, or for handwashing in carers with occupational irritant hand dermatitis. Use short term if a single episode of infection, not for repeat prescription.</b>					
	Dermol Cream	LP10% benzalkonium chloride 0.1%, chlorhexidine hydrochloride 0.1%, isopropyl myristate 10%, Excipients cetostearyl alcohol		£6.63	100g £2.86 500g £6.63 (P)
	Dermol Lotion	LP2.5%, benzalkonium chloride 0.1%, chlorhexidine hydrochloride 0.1%, Isopropyl myristate 2.5%, Excipients cetostearyl alcohol		£6.04	500ml £6.04 (P)
<b>Tissue Viability Specialist recommendation only:</b>					
	Cetraben Cream	13.2% WSP, 10.5%LLP, 4.5% Glycerin. Excipients include cetostearyl alcohol	For use in patients with varicose eczema, induration, Lipodermatosclerosis etc who need a cream that will 'sink in' and not sit on the surface	£5.99	50g £1.40 (P) 150g £3.98 (P) 500g £5.99 (P) 1050g £11.62
<b>Preparations containing lauromacrogols and / or urea useful to stop itching or aid hydrating: <i>Use after other emollients have been tried and failed to control symptoms.</i></b>					
	Imuderm Cream	Urea 5%, Glycerin 5% Excipients include benzyl alcohol, cetearyl alcohol		£6.50	500g £6.50 (P)
	Dermatonics once heel balm	Urea 25%, Excipients include beeswax, lanolin.		£21.25	75ml £3.60 200ml £8.50
<b>Bath emollients/Wash Products: FOR USE IN EXCEPTIONAL/SPECIFIED SITUATIONS ONLY on FP10 <u>as advised by a specialist.</u></b>					
Patients should be advised to use any cream or ointment listed in this guidance (except 50:50 ointment) as a soap substitute during baths or showers. Alternatively, patients can self-purchase bath oils from community pharmacies or supermarkets.					
<b>Reasoning:</b> Evidence to inform the use of bath and shower emollients is lacking. No published randomised controlled trials have assessed the efficacy of bath and shower emollients in atopic eczema. The quantities of emollients deposited on the skin from bath and shower emollients are likely to be lower than emollients used as soap substitutes applied directly to the skin before bathing then rinsing. If emollient bath additives are prescribed, the BNF recommends that in order to improve hydration, patients should soak in the bath for 10-20 minutes. Extra care is required when emollients are used in the bath or shower as surfaces may become slippery.					
Although this guidance does not cover children, in paediatrics the BATHE study is currently <a href="http://www.southampton.ac.uk/bathe/index.page">http://www.southampton.ac.uk/bathe/index.page</a> taking place which is looking at the role of these products in childhood eczema. The British Association of Dermatologists (BAD) also have a position statement about the use of these products in children: <a href="http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&amp;id=4163">http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&amp;id=4163</a>					

## KEY INFORMATION FOR EMOLLIENT 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 & 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.

- Assess patient to **diagnose a dermatological condition** such as eczema, psoriasis or symptomatic xerosis or pruritus caused by systemic disease that threatens skin integrity e.g. in older patients.
- Emollients can be **purchased over the counter** by patients who do not have a diagnosed dermatological condition or risk to skin integrity. (For diagnostic criteria for atopic eczema refer to the [guidelines for the management of atopic eczema](#)<sup>1</sup>).

There is **no evidence**<sup>2</sup> 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**.

All **primary and secondary care prescribers** should where possible select the emollient with the **lowest acquisition cost** from the range available in the agreed preferred product list.

### Newly Diagnosed Patients:

Offer the product with the lowest acquisition cost from the above preferred list appropriate to their condition.

### Existing patients with a diagnosed dermatological condition prescribed an emollient outside the preferred product list

Review with a view to trialing a preferred emollient from the list above. If after discussion with the patient, they agree to switch existing emollient therapy, offer the product with the lowest acquisition cost from the above list by emollient formulation. If the patient prefers to continue on their existing product this choice should be respected.

### Patients who have been reviewed in secondary care and require an emollient outside the preferred product list:

The rationale for the request should be provided to the primary care prescriber in writing and the request respected.

- Sufficient quantities should be prescribed to allow liberal application as frequently as required.  
The **quantity of emollient prescribed** will vary depending on:
  - the **size of the person**
  - **extent and severity** of the dermatological condition
  - if the emollient is also being used as a **soap substitute**
- In *generalised eczema*, the recommended quantities used are **600 g/week for an adult & 250-500 g/week for a child**<sup>4</sup>.
- Also offer smaller quantity packs for use at school or work in addition to the main prescription.

Suitable prescribed quantities for an **adult** for a **minimum of twice daily** application for **one week (half this amount for a child)**<sup>3</sup>.

Area affected	Face	Both hands	Scalp	Both arms or both legs	Trunk	Groin & genitalia
<b>Cream/Ointment</b>	15–30g	25–50g	50–100g	100–200g	400g	15–25g
<b>Lotions</b>	100ml	200ml	200ml	200ml	500ml	100ml

- Prescribe up to two different types of emollient to use at different times of day / different body areas / for when condition severity varies - one of which can be used as a soap substitute as well.

Emollient creams/ointments should be used as **soap substitutes** for washing as conventional soaps/wash products strip the skin of natural oils & cause shedding of skin cells.

- **Locally, emollient bath additives are no longer considered a standard component of 'total emollient therapy'** and so should only be prescribed in the specified circumstances in the preferred list.
- The amount of emollient deposited on the skin during bathing/showering is likely to be far lower than with directly applied emollient creams/ointments. Bath additive emollients will coat the bath and make it greasy and slippery.
- If the patient requests a bath additive outside of the preferred list recommended use, **any ointment (except 50:50 or Diprobase) can be dissolved** in some hot water and added to the bath water as a bath additive and/or use of a cream emollient as a soap substitute in the bath will offer similar emollient effect.
- **Aqueous cream** is no longer considered suitable as a leave-on emollient or soap substitute due to its tendency to cause irritant reactions and availability of emollient creams with a lower acquisition cost<sup>8</sup>.
- **Emollients containing urea, antimicrobials etc.** are not generally recommended as the evidence to support their use is limited<sup>2</sup>; however they may be useful in a select group of patients.
- **Colloidal oatmeal containing emollients** are borderline substances & may only be prescribed in accordance with the advice of the Advisory Committee on Borderline Substances (ACBS) for the clinical conditions listed (see current BNF).

## Counselling points for patients/parents/carers

### WHAT is an Emollient?

Emollients (sometimes called moisturisers) are creams, ointments and lotions which help to prevent dry skin and itching by keeping it soft and moist and reduce the number of skin “flare ups”.

### What is the DIFFERENCE between emollients?

The difference between lotions, creams and ointments is their content of oil (lipid) and water. The oil content is lowest in lotions, intermediate in creams and highest in ointments. The higher the oil content, the greasier and stickier it feels and the shinier it looks on the skin.

As a general rule, the higher the oil content (the more greasy and thick the emollient), the better and longer it works but it may be messier to use.

**Ointments:** greasiest, usually do not contain preservatives (ingredients to help protect the product from bacteria/germs and increase its shelf-life) therefore are associated with less skin sensitivities, good for moderate-severe dry skin and night time application.

**Creams:** less greasy, normally contain preservatives so may cause skin irritation, usually need to be applied more often than ointments, good for day time application and weeping eczema.

**Lotions:** good for mildly dry skin, hairy areas of skin, face or weeping eczema; normally contain preservatives so may cause skin irritation.

### WHICH Emollient is best?

There is **no “best emollient”**. The type (or types) to use depends on the dryness of the skin, the area of skin involved and patient preference. More than one emollient may be required for use at different times of the day or for when the skin condition is more active.

### HOW and WHEN to USE/APPLY an emollient?

**Wash & dry hands before** applying emollients to reduce the risk of introducing germs to the skin.

**If using a tub**, remove the required amount of emollient from the tub onto a clean plate/bowl using a spatula/teaspoon to prevent introduction of germs to the container.

Apply emollients whenever the **skin feels dry/ as often as you need**. This may be 2-4 times a day or more.

Apply emollients immediately after washing or bathing when skin has been dabbed dry. Emollients can and should be applied at other times during the day e.g. in extreme weather to provide a barrier from the cold. Emollients should continue to be **used after the skin condition has cleared** if the clinical condition justifies continued use. This will be assessed by your doctor or nurse.

Apply by smoothing them into the skin **in the direction the body hair naturally lies**, rather than rubbing in.

Emollients should be **used as a soap substitute**, as normal soap tends to dry the skin.

Intensive use of emollients can reduce the need for topical corticosteroids, the quantity and frequency of use of emollients should be far greater than that of other therapies given.

If a **topical corticosteroid** is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.

**Paraffin-based emollients are flammable;** take care near any open flames or potential causes of ignition such as cigarettes.

### WHERE to go for FURTHER INFORMATION

- ✓ NHS Choices (<http://www.nhs.uk>)
- ✓ National Eczema Society (<http://www.eczema.org>)
- ✓ British Skin Foundation (<http://www.britishskinfoundation.org.uk/Home.aspx>)
- ✓ National Psoriasis Foundation (<http://www.psoriasis.org>)
- ✓ Primary Care Dermatology Society – atopic eczema (<http://www.pcds.org.uk/clinical-guidance/atopic-eczema#management>)
- ✓ British Association of Dermatologists – (<http://www.bad.org.uk>) patient information