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.

Considerations before prescribing

- There is no evidence\(^1\) from controlled trials to support the use of one emollient over another therefore selection should be based on properties of emollients, patient acceptability, dryness of the skin, area of skin involved and lowest acquisition cost.
- 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. 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.
- 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 are generally more effective than light emollients and are often more cosmetically acceptable to patients than ointments.
- 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.

**WARNING:** Paraffin-based emollients are flammable therefore bandages, dressings and clothing that come into contact with them are easily ignited with a naked flame or cigarette. They are also not suitable for patients on oxygen therapy.\(^2\)

Bath and shower emollients

- There is no evidence to support the routine use of bath emollients.\(^3,4\) 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 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 in babies and young children who are not compliant with their directly applied 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.
- **Patients should be advised to take care when entering/leaving the bath/shower if emollients have been used due to the risk of slipping.**

References:

1. Primary Care Dermatology Society & British Association of Dermatologists Guidelines for the management of atopic eczema, SKIN Vol 39 Oct 2009;
3. Drugs and Therapeutics Bulletin 2007; 45: 73-5;

NHS Rotherham Emollient guidelines: ratified 31st January 2018  Review date January 2020

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**Formulary for diagnosed chronic skin conditions** (*contains paraffin*)

Rotherham CCG does not support the prescribing of emollients for dry skin; patients are advised to purchase emollient products. Patients should see their GP if the skin is chronically cracked or infected.

### Light emollients – for mild dry skin (SELF-CARE RECOMMENDED)

- **Epimax® cream*** 100g £0.75, 500g pump £2.49
- **Isomol® gel** [equivalent but cheaper than Doublebase®] 100g £1.99, 500g pump £2.92
- **Cetraben® lotion*** 200ml pump £4.00, 500ml pump £5.64
- **Zeroveen® cream** [equivalent but cheaper than Aveeno®] 500g pump £5.89

### Medium emollients – for moderate dry skin condition

- **Isomol® gel** [equivalent but cheaper than Doublebase®] 100g £1.99, 500g pump £2.92
- **Ultrabase® cream*** 50g £2.20, 200g pump £3.98, 500g pump £4.80
- **Oilatum/Oilatum junior® cream*** 50g £1.67, 150g £3.06, 500ml pump £5.28, 1.05ml pump £9.98
- **Cetraben® cream*** 50g pump £1.40, 150g pump £3.98, 500g pump £5.99, 1.05kg pump £11.62
- **Epaderm® cream*** 50g pump £1.71, 500g pump £7.00

### Heavy emollients – for severe dry skin condition

- **Emulsifying ointment*** 500g £2.66
- **Hydromol® ointment*** 125g £2.90, 500g £4.92, 1kg 9.15
- **50:50 White soft and liquid paraffin** (Use Alliance brand) 500g £4.57

### Emollient preparations containing urea for dry scaly skin conditions e.g. ichthyosis, dry eczema and psoriasis (all contain no paraffin)

- **Balneum® cream (5%)** 50g pump £2.85, 500g pump £9.97
- **Balneum plus® cream (5% + 3% lauromacrogols)** 100g £3.29, 500g pump £14.99
- **Eucerin® intensive cream (10%)** 100ml £7.59
- **Eucerin® intensive lotion (10%)** 250ml £7.93
- **Calmurid® cream** (10%) 100g £5.75, 500g pump

### Soap substitutes

Most emollients (including those listed above) can also be used as soap substitutes. Aqueous cream is no longer recommended as a soap substitute/emollient due to association with irritation and is a similar price to other products.

### Emollients with antimicrobials

*Should only be used where infection is clinically significant in flare ups*

- **Dermol® (chlorhexidine 0.1% & benzalkonium cl 0.1%) Cream*** 100g £2.86, 500g pump £6.63
- **Lotion*** 500ml pump £6.04
- **Eczmol® (chlorhexidine 1%)*** 250ml £3.70

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Prices are correct at time of printing based on December 2017 editions of Drug Tariff / Chemist and Druggist both of which are updated on a 6 monthly basis.
Emollient Patient Information Leaflet

What are emollients and which one to choose?
Emollients replace natural oils that help keep water in our skin to prevent it from becoming dry, cracked, rough, scaly and itchy. 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.

Why use emollients?
Applying emollients regularly can be time consuming and tedious but it 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.

Are there any possible side-effects 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 therefore bandages, dressings and clothing that come into contact with them are easily ignited with a naked flame or cigarette. Patient clothing and bedding should be washed regularly at a high temperature to reduce these risks. They are also not suitable for patients on oxygen therapy.

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.
✓ 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 and 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 using emollients in a bath, shower or on a tiled floor as there’s a risk of slipping

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