Emollient Prescribing Guidance for long term conditions only

The prescribing of emollients for mild dry skin and mild irritant dermatitis is not supported in line with the NHS England guidance.[1] Patients are advised to purchase over the counter (OTC) emollient products as part of self-care. Lotions are good for very mild dry skin and for the face, and patients should be advised to purchase OTC where appropriate. Aqueous cream is no longer recommended as a soap substitute / emollient due to association with skin irritation.[2]

Type of emollient	1st line Formulary Choice	Lipid concentration	Pack size
Light emollient	**Epimax® Original Cream**	WSP 15%/ LP 6%	500g bottle
Gel	**Epimax Isomol® gel**	LP 15% / Isopropyl myristate 15%	500g bottle
Medium emollient	**Epimax Excetra® cream** **Aquamax® cream**	WSP 13.2% / LP 10.5% WSP 20% / LP 8%	500g bottle 500g tub
Heavy emollient	**Fifty:50 ointment** **AproDerm® ointment**	WSP 50% / LP 50% WSP 95%/ LP 5%	500g tub 500g tub
Colloidal oat emollient	**Epimax® oatmeal cream** **Miclaro® oat cream**	LP 3.5% / WSP 0.75%/ Avena Sativa Kernel Flour 1% WSP 1% / Avena Sativa Kernel Flour	500ml bottle 500ml pump pack
Emollients with Urea Urea can cause stinging and irritation for some patients and should therefore be reserved for patients with *scaling skin, or those who have tried other emollients without success*.	**Imuderm® Emollient**	Urea 5% / glycerol 5%	500g pump pack
Emollients with antimicrobials This should be reserved for instances where infection is either present or is a frequent complication. *Its use should be short-term and targeted*.	**Dermol 500® lotion**	LP 2.5% / chlorhexidine 0.1%	500g pump pack
Emollients with anti-itch properties (antipruritic) A trial of emollient with anti-itch properties can be offered for patients with widespread itch where an emollient alone provides insufficient relief. *Intractable pruritus may be treated with an oral sedating antihistamine (refer to BNF). Where possible treat the underlying cause.*	**Menthoderm® cream** **0.5%, 1%, 2%, 5%**	Menthol in aqueous cream (SLS free)	100g tube 500g tub

- **Products contain a variety of excipients. Please check the BNF or SPC prior to prescribing if patients have any known sensitivities.**
- **Patients discharged from secondary care may be prescribed emollients with other active ingredients / lipid concentration where necessary. Primary care prescribers are advised to review the products and where appropriate switch to an equivalent formulary product.**

Recommendations to reduce the risk of fire [3,4]

- **Fire risk should be considered when using large quantities of emollient, or small quantities on a regular basis, due to the risk of preparations contaminating clothing or dressings and igniting rapidly. There is a fire risk with all the emollients, whether they contain paraffin or not. Care must be taken when using any emollient product.**
- **Patients are advised to regularly wash bedding and clothing at the highest temperature recommended by the fabric care instructions, this will reduce the build-up of emollient.**
- **Care should be taken near naked flames. Bandages, dressings, and clothing in contact with any emollient can be ignited with a naked flame: smoking, open or gas fires, hobs, candles etc. Patients and carers should be advised to wash clothing and bed linen regularly, preferably daily to reduce emollient build up, although this will not totally remove it.**

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Suitable quantities to prescribe for specific areas of the body for adults and children 12-18 years for twice-daily application for one week (half these amounts for children under 12 years)						
Affected area	**Face**	**Both hands**	**Scalp**	**Both arms or both legs**	**Trunk**	**Groin & genitalia**
Cream / Ointment (per week)	15-30g	25-50g	50-100g	100-200g	400g	15-25g

Considerations before prescribing of emollients [1,5,6]

- There is no evidence 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. 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 is the more effective it is, as this enables it to trap more moisture in the skin, but they can often be less acceptable or tolerated. Creams vary in lipid concentration but are generally more effective than lighter emollients and are often more cosmetically acceptable to patients than ointments (oil-based moisturisers).
- Ointments do not contain preservatives and may be more suitable for those with sensitivities. Ointments should be avoided where infection is present as 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.
- The prescribing of emollients should be reviewed on regular basis and discontinued if no longer needed.
- If an emollient with itch relieving properties is required, consider crotamiton cream or an antihistamine; both of which can be purchased over the counter.

Bath and shower emollients [1,6-8]

There is no evidence to support the routine use of bath and shower emollients. These should not be prescribed and patients who prefer to use bath or shower preparations should be advised to buy these products over the counter.

- 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.
- **Ointments are preferable for use instead of bath additives.** To use ointment as a bath additive, melt about 4g (the size of a £2 coin) in hot water and add to the bath.
- Patients should be advised to use their usual emollients as a soap / wash substitute instead as this is more cost effective than using bath / shower emollients and can be advantageous alongside appropriate emollient therapy. **When washing with a substitute emollient, avoid application to and around eyes.**
- Care should be taken as emollients can make the bath slippery and may increase the risk of slips / falls, particularly in the elderly.

References

1. NHS England. Policy guidance: conditions for which over the counter items should not be routinely prescribed in primary care. March 2024 (accessed 22/04/2024)
2. MHRA UK PUBLIC ASSESSMENT REPORT Aqueous cream: contains sodium lauryl sulfate which may cause skin reactions, particularly in children with eczema. March 2013 (accessed 22/4/2024)
3. DSU Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients. December 2019 (accessed 12/09/2024)
4. PrescQipp. Emollients, paraffin content and risk of fire. June 2020 (accessed 4/9/2024)
5. Primary Care Dermatology Society & British Association of Dermatologists Guidelines for the management of atopic eczema, SKIN Vol 39 Oct 2009;
6. PrescQipp. Care homes: Emollients and barrier preparations. August 2020 (accessed 4/9/2024
7. Santer M. et al. Emollient bath additives for the treatment of childhood eczema (BATHE): multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness. BMJ 2018;361:k1332
8. PrescQipp. Prescribing of bath and shower preparations for dry and pruritic skin conditions. September 2019 (accessed 4/09/2024)

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