

South East London Emollient guidance for adults and children

A prescription for treatment of dry skin should not routinely be offered in primary care as the condition is appropriate for self-care. Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using over the counter products on a long term basis. (Source: Conditions for which over the counter items should not routinely be prescribed in primary care: [Guidance](#) from NHS England for CCGs. April 2018)

RATIONALE FOR PRESCRIBING EMOLLIENTS

- Emollients should be prescribed for the management of diagnosed dermatological conditions such as eczema or psoriasis.
- Patients who do not have a diagnosed dermatological condition or risk to skin integrity (maintenance) should no longer receive NHS prescriptions and be advised to purchase emollients over the counter.
- Bath oils /shower products should not be prescribed (refer to section on bath and shower products) (Rare exception for complicated patients under the dermatologist)
- Switching to first line emollients should be considered when reviewing patients' therapy if they are in agreement to a trial of a drug with a lower acquisition cost.
- For patients who have been reviewed by secondary care and require an emollient not listed in this guideline, written rationale should be provided including why other first line products are unsuitable, and the request respected.

	Very Greasy	Greasy	Creams and Gels	Lotion
All products listed below are available over-the-counter (OTC) for purchase				
Advice/Comments	For very dry skin and/ or acute flares. Low risk of sensitivity	Good for night-time, very dry skin or scaly patches requiring softening	A light moisturiser should be applied during the day and a greasy one at night	Lighter formulation suitable for application to hairy areas, skin folds, face or scalp (borderline)
1st line	LP:WSP 50/50 (for acute flares)	Emulsifying ointment	Epimax [®] , Isomol [®] , ZeroAQS [®]	QV lotion [®] (low paraffin content)
2nd line		Aproderm Ointment Hydromol [®] ointment, Epimax [®] , Zeroderm	Aproderm [®] emollient cream or gel, Aquamax [®] ExCetra [®] , Zerobase [®] , Zerocream [®]	E45 lotion [®]
Other			Zerodouble [®] ,	
Paraffin-Free Emollients	Nutraplus [®] Cream <input type="checkbox"/> Calmurid [®] Cream <input type="checkbox"/>	These should only be prescribed in exceptional circumstances where paraffin-free cream is specifically indicated (confirmed paraffin sensitivity).		

Caution: Fire hazard with paraffin emollients. Keep away from fire/flames.

- All patients and their families should be warned regarding the risk of fire when using large quantities of any paraffin-based emollients e.g. application of 100g or more at once or over a short period of time.
- Patients should be counselled to keep away from open or gas fire or hobs and naked flames, including candles and avoid smoking when using paraffin containing preparations.
- Patients on medical oxygen who require an emollient should **not** use any paraffin based products.
- Patients should be counselled to wash bedding/clothing regularly at 60 degrees, to minimise the build-up of impregnated paraffin which can be a fire hazard.

Reference: Fire hazard with paraffin-based skin products (<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59876>)

Please refer to the table overleaf for the paraffin content of all the formulary approved emollients.

FORMULARY APPROVED EMOLLIENTS AND PARAFFIN CONTENT (Data/Costing source Drug Tariff Jan 2018)

Emollient	Paraffin Content	Total (%)
LP:WSP 50/50 Ointment (£4.57/500g)	Liquid paraffin 50% + White soft paraffin 50%	100
Emulsifying Ointment (£3.83/500g)	Liquid paraffin 20% + White soft paraffin 50%	70
Aproderm Ointment (£3.95/500g)	White Soft Paraffin 95% + Liquid Paraffin 5%	100
Hydromol Ointment (£4.92/500g)	White soft paraffin 30% + Liquid paraffin 40%	70
Epimax® Ointment (£2.99/500g)	Yellow soft paraffin 30% + Liquid paraffin 40%	70
Zeroderm Oint (£4.10/500g)	White soft paraffin 30% + Liquid paraffin 40%	70
Epimax® Cream (£2.49/500g)	White soft paraffin 15% + Liquid paraffin 6%	21
Isomol® Gel (£2.92/500g)	Liquid paraffin 15%	15
ZeroAQS Cream (£3.29/500g)	White soft paraffin 15% + Liquid paraffin 6%	21
Aproderm Cream (£4.95/500g)	White Soft Paraffin 15% + Liquid Paraffin 6%	21
Aproderm Gel (£3.99/500g)	Liquid Paraffin 15%	15
Aquamax Cream (£3.99/500g)	White soft paraffin 20% + Liquid paraffin 8%	28
ExCetra Cream (£2.95/500g)	White soft paraffin 13.2% + Light Liquid paraffin 10.5%	23.7
Zerobase Cream (£5.26/500g)	Liquid paraffin 11%	11
ZeroCream (£4.08/500g)	White soft paraffin 14.5% + Liquid paraffin 12.6%	27.1
Zerodouble Gel (£4.90/500g)	Liquid paraffin 15%	15
E45 Lotion (<£7/500ml)	White soft paraffin 10% + Liquid paraffin 4%	14
QV Lotion (£5.29/500ml)	White soft paraffin 5%	5

PRODUCT ON RECOMMENDATION OF SPECIALIST ONLY (duration of treatment to be specified)

	Emollients with antibacterials	Emollients with urea	Bath	Spray
*Advice/Comments /Specified indication(s) for short-term use ONLY	Short term use to wash and/ or as a leave on emollient during skin infection only (long term on dermatology recommendation only)	Useful where a keratolytic is required e.g. hyperkeratosis, ichthyosis, extremely dry and/or fissured skin on hands and feet	To wash dry scalps and/or as a soap substitute where other emollients are unsuitable or not tolerated . <i>Note: Risk of slipping in bath</i>	For very painful/ fragile skin where there is difficulty with 'hands-on' application of creams and ointments only
1st line	Dermol 500 lotion®	Balneum® (5%) cream <i>* Do not use cream if peanut or soya allergy as contains glycine soya oil</i>	LPL®	Emollin® Spray
2nd line	Dermol cream®		Hydromol® bath and shower	-
Other	Eczmol cream®	Flexitol® (10% or 25%)	Dermol 600® (with antibacterial)	-

PRESCRIBING GUIDELINES

Newly diagnosed patients: Offer the formulary emollient with the lowest acquisition cost on Page 1, depending on severity of the condition.

Existing patients prescribed a non-formulary emollient for a diagnosed skin condition: Review with a view to trialling a preferred formulary emollient. Discuss with the patient to agree the change.

Existing patients prescribed an emollient for dry skin with no diagnosed skin condition: Review these patients with a view to stopping prescribing and recommending an over the counter product for self-purchase.

Review emollients frequently, and 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 or if skin condition has resolved completely and does*

not require ongoing emollient therapy for maintenance. Patient to be requested to purchase a suitable OTC product when PRESCRIBED emollient is no longer necessary.

COUNSELLING POINTS FOR PATIENTS/ CARERS:

- If a topical corticosteroid is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.
- Emollients should be ideally applied **as frequently as possible** at least three times daily and ideally four to six times a day (every three hours) and **use continued even when skin condition has improved**.
- 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.
- Emollients should be applied gently in the direction of hair growth so that a visible sheen remains.
- Apply emollients **after bathing** while water is still trapped in the skin to increase skin hydration.
- Any emollient (except white soft paraffin alone) can be used as a soap substitute, as normal soap tends to dry the skin.
- Advise on the **Fire Hazard with paraffin based emollients** (Page 1) for both prescribed and OTC/purchased emollients.

QUANTITIES TO BE PRESCRIBED FOR ADULTS

Suitable quantities of dermatological preparations to be prescribed for specific areas of the body: These amounts are sufficient for an **adult for one month based on twice daily application** (BNF September 2017). As a general guide, if you needed to treat the whole body, the recommended quantities used are 800g per week for an adult, and 250-500g per week for a child. These recommendations do not apply to corticosteroid preparations; see BNF chapter on prescribing topical corticosteroids for guidance on suitable quantities.

Area of body	Creams and Ointments (g)	Lotions (mL)
Face	120	500
Both hands	200	500
Scalp	500	1000
Both arms or both legs	1000	1000
Trunk	1000	1500
Groins & Genitalia	100	500

BATH AND SHOWER PREPARATION ADVICE

Bath additives are NO longer considered an essential component of total emollient therapy, as the amount of bath additives deposited on the skin is lower than with directly applied emollient creams or ointments. Emollient bath additives provide no clinical benefit when added to standard eczema care in children (BATHE Study). The use of bath and shower emollients is controversial and evidence to inform practice is lacking. Therefore, an alternative approach is to use a regular leave on emollient as a soap-substitute. Many standard emollients can be used in this way e.g. by applying it to the skin before showering then rinsing it off. Alternatively, 1-2 tablespoons of any ointment (except 50:50) can be dissolved in some hot water and added into bath water as a bath additive. Bath additives will coat the bath and make it slippery, and patients should be warned to take extra care.

FURTHER INFORMATION:

- The BATHE study : <http://www.southampton.ac.uk/bathe/index.page> looked at the role of these products in childhood eczema.
- NHS Choices (<http://www.nhs.uk>)
- Primary Care Dermatology Society (images & management advice) (<http://www.pcds.org.uk/clinical-guidance/atopiceczema#management>)
- National Eczema Society (<http://www.eczema.org>)
- National Psoriasis Foundation (<http://www.psoriasis.org>)
- NICE guidelines CG57 (www.nice.org.uk/guidance/cg57)
- NICE quality standard QS44 (www.nice.org.uk/guidance/qs44)