Emollient Prescribing Guidelines and Formulary

When prescribing emollients consider patient preference and ensure that the emollient prescribed fits with their lifestyle. Regular review of how the patient is getting on with their emollient would also help improve patient compliance and ensure early detection of any issues or infections.

Prescribing Recommendations

- Choose a cost effective emollient taking into consideration patient preference as well as severity of condition and site of application before making a suitable choice.
- Patients with mild dry skin can be successfully managed using over the counter products on a long term basis. Patients should be advised to seek advice from their pharmacy and purchase over the counter emollients where necessary.
- Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided. It is most commonly caused by irritants such as soaps, washing powders, detergents, solvents or regular contact with water. Patients should be advised to purchase over the counter treatment for the management of irritant dermatitis.
- To gauge suitability initially only prescribe a small quantity appropriate for the site of application, until an acceptable emollient is found. Advise the patient to use the emollient liberally and frequently (at least 2 – 4 times a day; very dry skin may require application every 2-3 hours).
- Ensure that the indication is a documented dermatological condition. Emollients should not be prescribed for non-clinical cosmetic purposes at NHS expense
- Once a suitable emollient is found, prescribe a sufficient amount that can be on a repeatable prescription (see guidance below). Ongoing prescribing must be reviewed on a regular basis.
- Check sensitivities and previous emollients that have been unsuccessfully tried before prescribing.
- Prescribe a cost effective alternative to soap for the patient to wash with. As with other types of emollient, trial a small quantity initially to establish suitability before putting larger quantities on repeatable prescriptions.
- State criteria for using emollients containing antimicrobials to avoid routine use, and avoid long term use. NICE recommend using topical antiseptics as adjunct therapy to decrease bacterial load in children who have recurrent infected atopic eczema. When indicated only use one formulation at a time.
- Urea is a keratin softener and hydrating agent used in the treatment of dry, scaling conditions (including ichthyosis). Urea can cause stinging and irritation for some people and preparations are generally more costly. It is therefore reasonable to target use to specific groups e.g. those with scaling skin, or those who have tried other emollients without success.
- Prescribe pump dispensers to minimize the risk of bacterial contamination, when they are available for the patient's selected emollient. For emollients that come in pots, using a clean spoon or spatula (rather than fingers) to remove the emollient helps to minimize contamination.
- Review repeat prescriptions of individual products and combinations of products with children with atopic eczema and their parents or carers at least once a year to ensure that therapy remains appropriate.
- Prescriptions for adult patients should generally be reviewed annually, although this may not be necessary in very mild conditions e.g. people with small areas of mild eczema that require minimal intervention.

- **Warning: Paraffin-based emollients are flammable**. Dressings and clothing that have contact with paraffin-based products are easily ignited by a naked flame. Advise patients to keep them away from fire or flames and not smoke when using them. The risk of fire should be considered when using large quantities of any paraffin-based emollient.
- **Aqueous cream** carries a higher risk of causing skin irritation particularly in children with eczema, possibly due to its sodium lauryl sulphate content. Its use is therefore no longer recommended. There are several cost effective leave-on emollients and soap substitutes that can be chosen instead.

Selecting the most appropriate emollient

- Generally the greasier the product the more effective it is as an emollient as it is able to trap more moisture in the skin. However, greasier emollients can be less acceptable or tolerable.
- **Ointments** are the greasiest preparations, being made up of oils or fats. They do not usually contain preservatives and may be more suitable for those with sensitivities. However, they can exacerbate acne, can cause folliculitis when overused and they should not be used where infection is present. Emollients should be applied in the direction of hair growth to reduce the risk of folliculitis.
- **Creams** and **gels** are emulsions of oil and water and their less greasy consistency often makes them more cosmetically acceptable.
- **Lotions** have a higher water content than creams which makes them easier to spread but less effective as emollients, as such lotions should not be routinely prescribed.
- Aerosol formulations such as sprays are also available. They are generally more costly and should not be routinely prescribed unless application without touching the skin is advantageous.
- Sensitivities to excipients can occur and should be checked before prescribing; excipients are listed in the SPC and the BNF indicates the presence of some specific excipients that are associated with sensitisation in topical preparations.

Patient Information (provide a patient information leaflet when emollients are prescribed)

How to apply emollients

- Wash hands and apply the emollient 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.
- Apply emollients after washing to 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.
- 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.
- Don’t stop using your emollient if your skin looks better as skin can flare up again quickly

Bathing and washing

- Avoid bubble baths and soaps as they can be irritating and dry the skin.
- Bathe regularly in tepid (luke warm) water only. Regular bathing 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). Apply the emollient prior to washing and directly afterwards onto damp 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 after applying emollients as they make surfaces slippery.

A Patient information leaflet should be given to support appropriate use of emollients

Emollient prescribing formulary

Greasy/very greasy ointments

For very dry skin and/or acute flares. Low risk of sensitivity (usually contain no excipients)

Name	Ingredients	Cost / 500g or 500ml	Pack Size	Additional information
Zeroderm® ointment	WSP 30%:LP 40%: EW 30%	£4.10	125g/500g	Alternative to Epaderm®
Emulsifying ointment	WSP 50%:EW 30%: LP 20%	£4.28	500g	
50:50 ointment	WSP 50%: LP 50%	£4.57	250g / 500g	
Hydromol®ointment	YSP 30%: LP 40%: EW30%	£4.89	125g / 500g / 1000g	

Creams/gels

For dry skin and/or acute flares.

- Less greasy than ointments, for everyday use, frequent application
- Emollient creams/ointments should be used as soap substitutes for washing as conventional soaps/wash products strip the skin of natural oils and cause shedding of skin cells.
- Choose an emollient from the suggested list after discussion with the patient in order to match choice to patient lifestyle and increase compliance.
- Patient preference as well as severity of condition and site of application should be considered when making a suitable choice.
- Colloidal oatmeal emollient should not be routinely prescribed. They should only be considered for children who are sensitive to other emollients. If indicated prescribe as AproDerm® Colloidal Oat Cream.

Name	Ingredients	Cost / 500g or 500ml	Pack Size	Additional information
Epimax® Cream	WSP 15%: LP 6%	£2.49	100g tube / 500g Dispenser	Alternative to Diprobase
Aquamax® Cream	LP 8%: WSP 20%	£3.99	100g, 500g	Thicker than Epimax®
Zerocream®	LP 12.6%: WSP 14.5%	£4.08	50g, 500g pump dispenser	Alternative to E45
Zerodouble®	Isopropyl myristate 15% / LP 15% gel	£4.90	475g	Alternative to Doublebase®

Lotions

- Not routinely recommended locally, as they do not provide enough of a barrier.
- In limited circumstances, may be useful for application to hairy areas, skin folds. Lotions may be particularly useful for scalp/facial problems.

Name	Ingredients	Cost / 500g or 500ml	Pack Size	Additional information
E45 lotion	LP 20% : WSP 10%	£4.59	200ml / 500ml pump	
QV skin lotion	WSP 5%	£5.32	200ml / 500ml pump	

Bath oil/additives and shower emollients

- These products are considered 'low priority' treatments and should not be prescribed at NHS expense for dry and pruritic skin conditions (including eczema and dermatitis).
- A multicentre pragmatic parallel group RCT looking at emollient bath additives for the treatment of childhood eczema (BATHE) showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema.
- 'Leave-on' emollient moisturisers can still be used for treating eczema and these emollients can still be used as soap substitutes. Apply emollient to the skin before showering or bathing.
- Bath additives will coat the bath and make it slippery; patients should be warned to take extra care to avoid slipping when using emollients in the bath or shower.

Antimicrobial emollients/lotions

For short term use only for infected skin

Dermol® cream / lotion should only be used for short term use to wash and/or as a leave on emollient during skin infection only (long term on dermatology recommendation only)

Name	Ingredients	Cost / 500g or 500ml	Pack Size	Additional information
Dermol® Cream	Benzalkonium 0.1%:Chlorhexidine 0.1%: LP 10%: Isopropyl myristate 10%	£6.63	100g, 500g	Use only for short term for infected skin
Dermol®lotion	Benzalkonium 0.1%:Chlorhexidine 0.1%: LP 2.5%: Isopropylmyristate 2.5%	£6.04	500ml	Use to wash with, DO NOT use as emollient. Apply to body before bathing.

Urea containing preparations For dry/scaly skin

Useful where a keratolytic is required e.g. hyperkeratosis, ichthyosis, extremely dry and/or fissured skin on hands and feet e.g. Flexitol® these preparations are available to be purchased and should not be prescribed, patients should be advised to seek advice and purchase from their pharmacy.

LP – Liquid Paraffin **WSP – White Soft Paraffin** **WP – White Paraffin**

Suitable quantities to prescribe

Body Site	Creams or Ointments		Lotions	
	One week supply	One month supply	One week supply	One month supply
Face	15 -30g	60 – 120g	100ml	400ml
Both hands	25 – 50g	100 – 200g	200ml	800ml
Scalp	50 – 100g	200 - 400g	200ml	800ml
Both arms or legs	100 – 200g	400 – 800g	200ml	800ml
Trunk	400g	1600g	500ml	2000ml
Groin and genitalia	15- 25g	60 – 100g	100ml	400ml