

## Emollient Prescribing Guidance

Form	Product	Active Constituents	Pack size	Cost per original pack Drug Tariff Oct 2017/Mims Online Nov 2017
Ointment	Zeroderm Ointment	Liquid Paraffin 40% white soft paraffin 30% Cetearyl Alcohol	500g	£4.10
Cream	Zerobase	Liquid Paraffin 11%, white soft paraffin 10%	500g	£5.26
	Zerocream	Liquid paraffin 12.6%, white soft paraffin 14.5%	500g	£4.08
Gel	Zerodouble Gel	Isopropyl Myristate 15%, Liquid Paraffin 15%	475g	£4.75
Lotion	E45 Lotion	white soft paraffin, Lanolin, Light Liquid Paraffin	500ml	£4.50

Decreasing Greasiness

Form	Product	Active Constituents	Pack size	Cost per original pack Drug Tariff Oct 2017/Mms on line Nov 2017
<b>Emollient with antimicrobials</b> Should only be used where infection is clinically significant in flare ups	Dermol Cream	Chlorhexidine 0.1% / Benzalkonium cl 0.1%	250g	£3.70 (250g)
	Dermol Lotion	Chlorhexidine 0.1% / Benzalkonium cl 0.1%	500ml	£6.04
<b>Emollient containing urea</b>	Imuderm Urea	Urea 5%, Glycerol 5%	500g	£6.50
<b>Preparation with no paraffin content or as little as possible is suitable for patients using medical oxygen therapy</b>				
<b>Emollient containing no paraffin</b>	Calmurid Cream (10%)	Urea 10%, Lactic acid 5%	Also available in 100g (£5.75)	£33.40 (500g)
<b>Emollient containing low paraffin</b>	Zeroveen	Glycerol, liquid paraffin, isopropyl palmitate, <i>Avena sativa</i> kernel flour	500g	£5.89

### Soap substitutes

**Most emollients can also be used as a soap substitute and all those listed in the formulary. Aqueous cream is no longer recommended as a soap substitute / emollient due to association with irritation and is a similar price to other products 500g £4.30**

**Suitable prescribed quantities for an adult for a minimum of twice daily application for ONE WEEK (Half this amount for a child)**

Affected area	Face	Both hands	Scalp	Both arms or both legs	Trunk	Groin & genitals
<b>Cream / Ointment</b>	15-30g	25-50g	50-100g	100-200g	400g	15-25g
<b>Lotion</b>	100ml	200ml	200ml	200ml	500ml	100ml

### Bath and shower emollients

- ❖ **There is no evidence to support the routine use of bath emollients**<sup>2,3</sup>
- ❖ 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.
- ❖ Use of these products may increase the risk of slips/falls, particularly in the elderly.
- ❖ There may be a limited place for bath/shower emollient, e.g. some babies /young children. This should be determined by the individual prescribing clinician in discussion with the patient/ carer.
- ❖ 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.

### Considerations before prescribing

- There is no evidence<sup>1</sup> 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 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 generally more effective than light emollients and are often more cosmetically acceptable to patients than ointments (oil based moisturisers.)
- 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.

**References:**

- 1.Primary Care Dermatology Society & British Association of Dermatologists Guidelines for the management of atopic eczema, SKIN Vol 39 Oct 2009;
- 2.PrescQipp <https://www.prescqipp.info/component/jdownloads/send/174-emollients/1951-bulletin-76-cost-effective-and-appropriate-prescribing-of-emollients>
- 3.PrescQipp <https://www.prescqipp.info/resources/send/92-cost-effective-emollients-with-no-or-low-paraffin-content/1306-bulletin-49-cost-effective-emollients-content>
- 4.NPSA Rapid response Report 4. Fire hazard with paraffin-based skin products November 2007 <http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59876>