

Emollient Prescribing Guidance for long term conditions only

The prescribing of emollients for mild dry skin and mild irritant dermatitis is not supported¹. 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 over the counter (OTC) where appropriate.

Aqueous cream is no longer recommended as a soap substitute / emollient due to association with skin irritation.

Light Emollients (consider self-care, OTC)	Epimax Original Cream Epimax Oatmeal Cream Zeroveen Cream	100g, 500g pump 100g,500g 100g, 500g pump
Medium Emollients	Epimax Isomol Gel Oilatum Cream Zerobase Cream	500g pump 50g, 150g, 500ml pump 500g
Heavy Emollients	Emulsifying Ointment Hydromol Ointment White Soft Paraffin / Liquid Paraffin 50:50	500g 125g,500g 500g
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	500g pump
Emollients with antimicrobials This should be reserved for instances where infection is either present or is a frequent complication. Its use should be short and targeted.	Dermol Cream	100g,500g pump
Emollients with anti-itch properties A trial of emollient with anti-itch properties can be offered for patients with widespread itch where an emollient alone provides insufficient relief.	Menthoderm cream 1%	100g,500g

- Products contain a variety of excipients. Please check prior to prescribing if patients have any known sensitivities.
- Patients discharged from secondary care may be prescribed emollients with other active ingredients 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

- 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 emollients, whether they contain paraffin or not. Care must be taken when using any emollient product.
- Patients are advised to 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 prescribed quantities for an adult (half these amounts for a child)

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

Considerations before prescribing

- There is no evidence¹ 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 this enables it 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).
- Ointments do not contain preservatives and may be more suitable for those with sensitivities. Ointments should not be used 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 an annual basis and discontinued if no longer needed.

Bath and shower emollients

There is no evidence to support the routine use of bath and shower emollients^{2,3} These should not be prescribed and Patients who prefer to use bath or shower preparations should be advised to buy 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. 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 can be an effective moisturiser.
- ❖ Use of these products may increase the risk of slips/falls, particularly in the elderly.
- ❖ 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.

References.

1. NHS England Guidance for CCGs: Conditions for which over the counter items should not routinely be prescribed in primary care.
2. Primary Care Dermatology Society & British Association of Dermatologists Guidelines for the management of atopic eczema, SKIN Vol 39 Oct 2009;
3. PrescQipp <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f5027%2f228i-emollients-paraffin-content-and-fire-risk-30.pdf>
4. PrescQipp <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f5019%2f239i-emollients-20.pdf>
5. PrescQipp <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f5024%2f240i-care-homes-emollients-and-barrier-preparations-21.pdf>
6. PrescQipp <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4238%2fb244i-bath-and-shower-emollients-20.pdf>
7. DSU <https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>

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