

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 (OTC) products on a long term basis.

(Ref: Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance from NHS England for CCGs. April 2018. Link: [NHS England Guidance](#)). Also, please refer to: SEL APC: [Selfcare Position Statement](#)

Rationale for prescribing Emollients

- Emollients should **only be prescribed for the management of diagnosed dermatological conditions**, such as eczema or psoriasis; or where there is a significant risk to skin integrity in the prescriber's clinical assessment.
- Patients who **do not have a diagnosed dermatological condition** or significant risk to skin integrity (maintenance) should **no longer receive emollients on an NHS prescription**, and be advised to purchase emollients over the counter.
- **Frequent use of emollients** is effective in reducing the amount of topical steroids and other agents needed to manage skin disease/condition well.
- **Bath and shower products should not be ROUTINELY prescribed**, as evidence to inform practice is lacking. Refer to the “*Bath and Shower Preparations Advice*” section.
- For patients who have been **reviewed by secondary care/specialist** 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**.
- If the **rationale for deviation from products listed in this guideline is not recorded** in communication from specialist/secondary care, then **primary care prescriber should switch to the most suitable cost-effective alternative**.
- Emollients should be **reviewed frequently (at least annually)** by the initiating clinician (GP or specialist), and stopped 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 on-going emollient therapy for maintenance. Patient should be requested to purchase a suitable OTC product when prescribed emollient is no longer necessary.

Guidelines for prescribing

- **For newly diagnosed patients** – Offer the formulary emollient with the lowest acquisition cost from the Table on Page 2, depending on the severity of the condition, patient choice and site of application.
- **For existing patients who have been prescribed a non-formulary emollient for a diagnosed skin condition** – Review choice of emollient, with a view to trialling a suitable formulary emollient from the Table on Page 2.
- **For existing patients who have been prescribed an emollient for dry skin with no diagnosed skin condition** – Review these patients, and stop prescribing of emollient. Recommend a suitable OTC product for self-purchase.

Approximate quantities of emollients to be prescribed

The quantities of emollient to prescribe are dependent on the affected area of the body, and should be applied as frequently as possible, as directed by the prescriber. The table below suggests suitable quantities to be prescribed for an adult for a minimum of **twice daily application for one week**. For children approximately half this amount is suitable. Please refer to the BNF as well.

Affected area	Face	Both hands	Scalp	Both arms or both legs	Trunk	Groin & genitalia
Creams and Ointments	15-30g	25–50g	50–100g	100–200g	400g	15–25g
Monthly Quantities	60 – 120g	100 -200g	200-400g	400-800g	1600g	60-100g
Lotions	100ml	200ml	200ml	200ml	500ml	100ml
Monthly Quantities	400ml	800ml	800ml	800ml	2000ml	400ml

***For widespread use as soap and moisturiser, 600+g/week (2400g/month) of creams/ointments is sufficient OR 800ml/week (3200ml/month)**

Bath and Shower Products Advice

Bath and shower products 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 and shower products 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 products will coat the bath and make it slippery, and patients should be warned to take extra care.**

*Dermatologists may in exceptional circumstances, recommend bath/shower emollient products in cases of severe atopic eczema and ichthyosis when the patient requires more intensive emollient therapy **and standard emollients used as soap substitutes have already been trialled**. This is on the basis that these patients have severe skin disease, which is not represented in the BATHE study. The need for this product will be outlined in a specific bath/shower emollient letter sent to the GP by the dermatologist (see appendix A) and will be reviewed regularly when the patient is seen in the specialist dermatology service.*

TABLE 1 : Ointments (*Greasy; for very dry skin/acute flares*)

Preferred Product	Price (Drug Tariff, Aug 2020)	Paraffin Content	Equivalent/Similar Product
Aproderm® Ointment	50g = £1.45 500g = £3.95	WSP 95% + LP 5%	Diprobase Oint 500g = £5.99
Emulsifying Ointment	500g = £4.15	WSP 50% + LP 20% + EW 30%	
Epimax® Ointment	125g = £1.92 500g = £2.99	YSP 30% + LP 40% + EW 30%	Epaderm Ointment 500g = £6.58
Hydromol® Ointment	125g = £2.92 500g = £4.96	YSP 32% + EW 25.5% + LP 42.5%	Epaderm Ointment 500g = £6.58
LP:WSP 50/50 Ointment	250g = £1.83 500g = £3.66	WSP 50% + LP 50%	
Zeroderm® Ointment	125g = £2.41 500g = £4.10	WSP 30% + LP 40%	Cetraben Ointment 450g = £5.39

TABLE 2: Creams (*Moderately greasy; for dry skin*)

Preferred Product	Price (Drug Tariff, Aug 2020)	Paraffin Content	Equivalent/Similar Product
Aproderm® Cream	50g = £1.70 500g = £4.95	WSP 15% + LP 6%	Oilatum Cream Oilatum Junior Cream
Aquamax Cream	100g = £1.89 500g = £3.99	WSP 20% + LP 8%	-
Epimax® Cream	100g = £0.75 500g = £2.49	WSP 15% + LP 6%	Diprobase Cream 500g = £6.32
*Epimax® Oatmeal Cream	100g = £1.99 500g = £2.99	Light LP 4% + WSP 1%	*Aveeno Cream 100g = £3.97, 500g = £6.47 *Zeroveen Cream 100g = £2.74, 500g = £5.89 *Aproderm colloidal oat Cream 100g = £2.74, 500g = £5.80
ExCetra® Cream	100g = £1.75 500g = £2.95	WSP 13.2% + Light LP 10.5%	Cetraben Cream 500g = £5.99
ZeroAQS® Cream	500g = £3.29	WSP 15% + LP 6%	Aqueous Cream 500g = £4.75
Zerobase® Cream	50 g = £1.04 500g = £5.26	LP 11%	Diprobase Cream 500g = £6.32
Zerocream®	50g = £1.17 500g = £4.08 500g = £3.99	WSP 14.5% + LP 12.6%	E45 Cream 500g = £5.99

***anecdotal evidence of oat-sensitisation in some patients**

Preferred Product	Price (Drug Tariff, Aug 2020)	Paraffin Content	Equivalent/Similar Product
Aproderm® Gel	100g = £1.99 500g = £3.99	LP 15%	Doublebase Gel 500g = £5.83
Isomol® Gel	100g = £1.99 500g = £2.92	LP 15%	Doublebase Dayleve Gel 500g = £6.29
Zerodouble® Gel	100g = £2.25 500g = £4.90	LP 15%	Hypobase Gel 500g = £5.83 Myribase Gel 500g = £4.66

Preferred Product	Price (Aug 2020)	Paraffin Content	Equivalent/Similar Product
E45® Lotion	200ml = £3.29 * based on average RRP 500ml = £7.00	WSP 10% + LP 4%	May be suitable for OTC purchase
QV® Lotion	250ml = £3.19 500ml = £5.32	WSP 5%	May be suitable for OTC purchase

Preferred Product	Price (Drug Tariff, Aug 2020)	Paraffin Content	Equivalent/Similar Product
*Aproderm® Colloidal Oat Cream	100ml = £2.74 500ml = £5.80	None (colloidal oatmeal)	*Aveeno Cream 100g = £3.97 500g = £6.47
Epimax® p/free Cream	500g = £3.99	None	-
Epimax® p/free Ointment	500g = £4.99	None (hydrogenated castor oil 38%)	-

**anecdotal evidence of oat-sensitisation in some patients*

Preferred Product	Price (MIMS, Aug 2020)
Emollients with antibacterials - to wash and/or as a leave-on emollient during skin infection only (long-term on dermatology recommendation only)	
Dermol 500 Lotion® [LP 2.5%]	£6.04 (500ml)
Dermol Cream® [LP 10%]	£6.63 (500g)
Eczmol Cream® [None]	£3.70 (250ml)
Emollients with urea - Useful where a keratolytic is required e.g. hyperkeratosis, ichthyosis, extremely dry and/or fissured skin on hands & feet	
Aquadrate® (urea 10%)	£4.40 (100g) ; £1.64 (30g)
Balneum® 5% Cream - Do not use cream if peanut/soya allergy as contains glycine soya oil.	£9.97 (500g) ; £2.85 (50g)
Hydromol Intensive® (urea 10%)	£4.41 (100g) ; £1.65 (30g)
ImuDERM® (urea 5%)	£6.62 (500g)
For fissured skin on feet – may be suitable for OTC purchase	
Dermatonics Once Heel Balm® (urea 25%)	£8.50 (200ml) ; £3.60 (75ml)
Flexitol® (10% or 25%)	10% Cream - £11.77 (500g) ; £5.00 (150g) 25% Cream - £2.75 (40g) ; £3.80 (75g) ; £9.40 (200g); £14.75 (500g)
Emollient Sprays - For very painful/fragile skin: where there is difficulty with “hands-on” application of creams and ointments only	
Emollin® Spray	£6.39 (240ml) ; £4.00 (150ml)
WSP – White Soft Paraffin ; YSP – Yellow Soft Paraffin ; LP – Liquid Paraffin; EW – Emulsifying Wax	

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.
- Regardless of paraffin concentration, the risk of fire cannot be excluded with paraffin-free emollients. A similar risk may apply for other products which are applied to the skin over large body areas or in large volumes for repeated use more than a few days.
- 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°C, to minimise the build-up of impregnated paraffin which can be a fire hazard.
- Change patient clothing and bedding regularly—preferably daily—because emollients soak into fabric and can become a fire hazard.
- References:
 MHRA/CHM advice (updated December 2018). BNF, March 2019 (<https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>),(<https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions>)

Counselling Points for Patients/Carers

- Please provide the [Emollients Patient Information Leaflet](#), as appropriate.
- Advise on the **Caution: Fire Hazard with paraffin-based emollients** (above) for both prescribed and OTC/purchased emollients.
- If a **topical corticosteroid is required**, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.
- **Any emollient** (except white soft paraffin alone) **can be used as a soap substitute**, as normal soap tends to dry the skin.
- Apply emollients **after bathing** while water is still trapped in the skin to increase skin hydration.
- **Wash and 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.
- Emollients should be applied as frequently as possible, as directed by the prescriber and use continued even when skin condition has improved.

Further Information:

1. The BATHE study: <http://www.southampton.ac.uk/bathe/index.page> looked at the role of these products in childhood eczema.
2. NHS Website (<http://www.nhs.uk>)
3. Primary Care Dermatology Society (<http://www.pcds.org.uk/clinical-guidance/atopic-eczema>) - (images & management advice)
4. National Eczema Society (<http://www.eczema.org>)
5. National Psoriasis Foundation (<http://www.psoriasis.org>)
6. NICE guidelines CG57: *Atopic eczema in under 12s: diagnosis and management* (www.nice.org.uk/guidance/cg57)
7. NICE quality standard QS44: *Atopic eczema in under 12s* (www.nice.org.uk/guidance/qs44)

Initiating Trust to add Logo
and contact details

APPENDIX A

Template Letter to GP for bath/shower preps in exceptional circumstances

Re:
Hospital No:
Address:

Date of Birth:
NHS No:

Dear <Insert GP name>

Your patient was reviewed recently in our specialist dermatology service. This patient has previously tried using standard emollients as a soap substitute in the shower or bath. Due to the severity of their atopic eczema/ichthyosis (delete as appropriate), the decision has been taken to start the following bath or shower emollient in order to provide better disease control:

(Indicate required product)

- LPL 63.4
- Hydromol bath and shower emollient
- Oilatum emollient bath additive
- QV Gentle Wash

This product has been initiated and supplied by our specialist team, who will regularly review the patient's clinical need for this medication, at least annually. We would be grateful if you could continue the supply as directed by our team.

This request is in line with the conditions for prescribing bath and shower emollients outlined in the [South East London Emollient Guidelines](#)

Yours sincerely,

<Insert clinician/practitioner name here>