In Focus: Emollients

NHS
Dorset
Clinical Commissioning Group

Cost-effective prescribing of emollients and best practice guidance

This guidance is intended for use with patients who have a diagnosed dermatological condition. **People without a diagnosed dermatological condition requesting a general moisturiser or wash product should purchase these**. If prescribing emollients prescribe the most cost-effective emollient that fits with patient circumstances and is appropriate for their intended use. A regular review of how the patient is getting along with their emollient would also help improve patient compliance and ensure early detection of any issues or infections.

How much to prescribe?

The table below shows the amount of cream **usually** suitable for an adult for twice daily application for **one week**.

Area	Creams & Ointments	Lotions
Face	15-30g	100ml
Both Hands	25-50g	200ml
Scalp	50-100g	200ml
Both arms and legs	100-200g	200ml
Trunk	400g	500ml
Groins and genitalia	15-25g	100ml

Where necessary, prescribe up to two different types of emollient for use at different times of day, for different body areas or for when condition severity varies; one of which can be used as a soap substitute as well.

Quantity caveats:

- the size of the person
- extent and severity of the dermatological condition
- use as a soap substitute as well
- if smaller quantity packs needed for use at school/ work.
- Intensive use of emollients will reduce the need for topical steroids.

Expiry Dates, timescale below or manufacturer's recommendations where shorter.

External Liquids (Lotions, shampoos & bath oils)	**6 months** from opening
Creams in tubes or pump dispensers	**3 months** from opening
Creams in pots, jars or tubs	**1 month** from date of opening
Ointments in tubes	**6 months** from opening
Ointments in pots, jars or tubs	**3 months** from opening

Antimicrobials

Preparations containing an antimicrobial should be avoided unless infection is present or is a frequent complication.

Bath additives/wash products

The BATHE trial found that there was no additional benefit from adding emollients to the bath water if patients used a leave-on emollient to wash with.

Bath or shower products should not be initiated in patients unless recommended by specialists for severe eczema or infants under 1 year.

Patients should use a normal emollient applied directly to the skin when washing.

Existing patients receiving bath emollients started prior to 2019 should have a routine structured medication review, looking to deprescribe.

Continued usage may still be appropriate in a small number of cases of patients with severe eczema. Advice and guidance/Consultant Connect should be used for advice if unsure.

See here for more formulary details, including the In Focus for bath emollients and soap substitute leaflet

Choice of formulations:

- **Water-miscible creams** - for moist or weeping areas.
- **Ointments** - for dry, thickened or scaly lesions, or where more occlusive effect is required.
- **Lotions** – for minimal applications to a large or hair-bearing area are required or for the treatment of exudative lesions.
- Lotions and ointments tend to have less sensitising excipients but refer to BNF if needed.

First line choices of emollients

There is no evidence from controlled trials to support the use of one emollient over another therefore selection is based on the known physiological properties of emollients, patient acceptability, dryness of skin, area of skin involved and lowest acquisition cost.

Local dermatologists support the use of lower cost emollients in primary care and the list below summarises the most cost-effective choices for primary care use. Dermatology teams may recommend alternative emollients for patients where these initial choices have not been effective.

When considering switching between emollients to first line choices please do not switch stable patients with serious dermatological conditions who are receiving specialist input.

If patients have trialled a first-line choice but this has proven to be less effective or they have not tolerated the first-line product, then the decision to "switch back" remains with the prescriber.

NHS England have issued “Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs” which recommends:

“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. A prescription for treatment of dry skin should not routinely be offered in primary care as the condition is appropriate for self-care.”

Very Light moisturisers for mild dry skin			
Isomol gel (instead of Doublebase)	Isopropyl myristate 15%, LP15%	£2.92 (500g)	500g
Creams for mild to moderate dry skin			
Epimax cream (instead of Diprobase)	WSP,LP (excipient P 60, CA, P)	£2.49 (500g)	100g and 500g
Oilatum cream	LLP 6%, WSP 15% (excipient BA, CA)	£5.28 (500ml)	150g and 500ml
Greasy moisturisers for severe dry skin			
Emulsifying oint	EW 30%, WSP 50%, LP 20% (excipient CA)	£3.97/4.15 (500g)	500g
Zeroderm ointment	WSP 30%, LP 40% (excipients CA, P 60)	£4.10 (500g)	125g 500g
Very greasy moisturisers for severe dry skin and/or acute flares			
WSP/LP 50:50 oint	WSP 50%, LP50%	£4.57 (500g)	500g
Very light moisturisers for VERY sensitive mild dry skin, if Isomol gel has been tried and failed			
AproDerm Colloidal Oat cream	Colloidal oatmeal 1% (excipients CA)	£5.80 (500ml)	500ml

EW – emulsifying wax, WSP – white soft paraffin, LP - liquid paraffin, LLP – light liquid paraffin
Excipients: P 60 – polysorbate 60, CA – cetosteryl alcohol, P – phenoxyethanol, BA – benzyl alcohol.

N.B. MHRA – Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients