


Emollient Prescribing Guidelines & Formulary

Dry skin (xerosis) is a common symptom of a number of skin conditions: atopic dermatitis/eczema; irritant contact dermatitis; asteatotic eczema; psoriasis and ichthyosis. Dry skin can be aggravated by: frequent washing, use of harsh detergents and exposure to low-humidity (e.g. air-conditioned) environments. Left untreated, dry skin can aggravate the underlying condition such as atopic eczema.

[Emollients](#) are essential in the management of diagnosed dermatological conditions but are often underused. When used correctly, emollients can help maintain and/or restore skin suppleness, prevent dry skin & itching, reduce the number of flare-ups there-by reducing the need for corticosteroid treatment, in addition to other benefits. They should continue to be used even after the skin condition has cleared if the clinical condition justifies continued use e.g. evidence of chronic relapsing eczema.

Prescribing Recommendations

- Choose a cost effective emollient taking into consideration patient preference as well as the history, severity of condition and site of application before making a suitable choice.
- Check sensitivities and previous emollients that have been unsuccessfully tried before prescribing.
- Initially, prescribe a small amount of emollient on an acute prescription to gauge suitability to patient.
- 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. Prescribing of emollients for non-clinical cosmetic purposes at NHS expense is not recommended and should be reviewed.
- 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.
- 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. [MHRA drug safety update April 2016](#)

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.

Choosing an 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. Sometimes warming or cooling can make the product more acceptable

- **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. They may be preferred for very mildly dry skin, as well as for hairy areas of skin.
- **Aerosol formulations** such as sprays and a mousse are also available. They are generally more costly, but sprays may have a role where application without touching the skin is advantageous.
- **Humectants** (specifically reduce trans-epidermal water loss - TEWL)
Emollients containing humectants such as urea can also be applied to more severe dry skin (e.g. ichthyosis)

Some of the excipients are [potential skin sensitisers](#) and should be checked before prescribing; excipients are also listed in the SPC.

Suitable quantities to prescribe (for children reduce quantity approximately by half).

Recommended quantities for the whole body are 800g/week for adults or 250-500g/week for children.

Body Site	Creams or Ointments For twice daily application - Adult		Lotions For twice daily application - Adult	
	One week supply	One month supply	One week supply	One month supply
	Face	15-30g	60-120g	100ml
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

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 within 3 minutes of 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 (lukewarm) 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 apart from 50:50 can be used in this way, most cost effective marked). 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.

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/ml)	Pack size	Additional Information
Epimax® ointment 	YSP 30%:LP 40%: EW 30%	£2.99	125g/500g	Alternative to Epaderm® (manufacturing process produces a creamier texture, Hydromol® £4.89 and Zeroderm®£4.10 (WSP)
Fifty:50® ointment	WSP 50%: LP 50%	£3.66	250g / 500g	Price will vary if prescribed as 50:50 or generically
Emollin® spray	WSP 50%: LP 50%	£13.31	150ml, 240ml aerosol	Covers x3 skin area as equivalent volume of cream/ointment. Only for difficult to reach areas
Epimax® Paraffin-Free ointment	Polyoxyethylene(40) Hydrogenated Castor Oil 38% w/w	£4.99	500g	May be suitable where flammability is an issue

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 & 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 containing emollients may be considered for children who are sensitive to other emollients but should not be used routinely. It is important to note that Aveeno® is a borderline substance & may only be prescribed in accordance with the advice of the Advisory Committee on Borderline Substances (ACBS) for endogenous and exogenous eczema, xeroderma, ichthyosis and senile pruritus associated with dry skin.
Epimax® Oatmeal Cream (£1.99/100g, £2.99/500g) most cost effective formulation

Name	Ingredients	Cost (500g/ml)	Pack size	Additional Information
Epimax® Original Cream 	WSP 15%: LP 6%	£2.49	100g tube / 500g Dispenser	Mimics Diprobase
Epimax® ExCetra Cream	LP 10.5%: WSP 13.2%	£2.95	100g/ 500g dispenser	Equivalent to Cetraben
Epimax® Isomol Gel	Isopropyl myristate 15% / LP 15%	£2.92	100g tube / 500g Dispenser	Alternative to Aproderm, Doublebase & Zerodouble
Oilatum® cream	WSP 15%: LP 6%	£5.28	150g, 350ml, 500ml, 1050ml	Contains povidone which confers a TEWL of 12hrs

Emollients with antimicrobials


Risk of infection

- Reserve for where there is a concern about Staph colonisation.
- Intermittent use can reduce frequency of infection related flares of atopic eczema.
- This should not be used long term.

Name	Ingredients	Cost (500g/ml)	Pack size	Additional Information
Dermol® cream	Benzalkonium 0.1% Chlorhexidine 0.1% LP 10% Isopropyl myristate 10%	£6.63	100g, 500g pump dispenser	Use should be targeted and short term.

Emollients containing urea (Humectants)

For severe dry, scaling skin (e.g. ichthyosis)

Name	Ingredients	Cost (500g/ml)	Pack size	Additional Information
imuDERM® 	Urea 5% Glycerine 5%	£6.62	500g pump dispenser	
Balneum® cream	Urea 5% Ceramide 0.1%	£9.97	50g,500g pump dispenser	Ceramide is a lipid lamella mimicking agent resulting in a TEWL of 24hrs

WSP: White soft paraffin LP: Liquid paraffin YSP: Yellow soft paraffin EW: Emulsifying wax

Lotions

Lotions have a higher water content than creams, which makes them easier to spread but less effective as emollients. They may be preferred for hairy areas of skin. **Diprobase® lotion** £3.49/300ml could be considered if the other emollients are unsuitable

Bath 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 should be used as soap substitutes. Apply emollient to the skin before showering or bathing. Regardless of the type of product the person uses to wash with, it should not replace the regular use of a leave-on emollient. Advise people to continue using standard emollients in addition to any bath/ shower product or soap substitute used.

References

<https://www.prescqipp.info/media/1306/b76-emollients-20.pdf>

<https://cks.nice.org.uk/eczema-atopic#!prescribinginfosub:6>

<http://www.eczema.org/emollients>

<https://www.telfordccg.nhs.uk/your-health/medicines-management/prescribing-guidelines/dermatology-2/5605-emollient-prescribing-guidelines-tw-feb-19/file>