

## Information sheet for GPs: Use of emollients, bath and shower preparations

### Need for emollient therapy?

Prescribing emollients is appropriate when used for a diagnosed medical condition and not for cosmetic purposes.

There is no good evidence to recommend a particular emollient over another.<sup>1</sup> Choice should take into account patient preference, site of application and extent and severity of condition.

### What emollients are recommended by the NWL formulary and what's the cost?

Preparation	Order of preference	Cost/500g
<b>Creams</b>		
Cetomacrogol (Formula A) cream	First line	£3.35
Zerocream	Second line	£4.08 (pump)
ZeroAQS cream	Third line	£3.29
Doublebase gel	Third line	£5.83 (pump)
Cetraben cream	Third line	£5.99 (pump)
Diprobace cream	Third line	£6.32 (pump)
<b>Ointments</b>		
Hydrous ointment	First line	£4.89
Hydromol ointment	Second line	£4.89
Diprobace ointment	Third line	£5.99
<b>Soap substitutes</b>		
Emulsifying ointment	First line	£2.41
ZeroAQS cream	Second line	£3.29
Aqueous cream*	Unspecified	£4.90
<b>Bath products</b>		
Dermalo bath oil	First line	£3.44
Zerolatum bath Same ingredients as Dermalo bath oil above.	Second line	£4.79
Hydromol bath and shower	Second line	£4.11
Oilatum bath emollient	Third line	£4.57
Balneum Plus bath oil	Second or third line	£6.66
<b>Creams containing urea</b>		
Aquadrate cream (10% urea)	First line	£4.37 (100g)
Hydromol Intensive (10% urea)	First line	£4.37 (100g)
Calmurid cream (10% urea and 5% lactic acid)	Second line	£9.27 (100g)
Dermatonics Once heel balm Excipients include beeswax, lanolin.	Only choice	£3.60 (75ml)
<b>Preparations with antimicrobials</b>		
Dermol cream	Only choice	£6.63 (pump)
<b>Barrier preparations**</b>		
Conotrane cream	Only choice	£3.51 (500g)

Prices correct February 2015 (MIMs, Drug Tariff and Dictionary of Medicines and Devices).

NICE's Clinical Knowledge Summary on atopic eczema suggests prescribing an emollient with a pump dispenser to minimize the risk of bacterial contamination. For emollients that come in pots, using a clean spoon or spatula (rather than fingers) to remove the emollient helps to minimise contamination.<sup>2</sup>

\* May contain sodium lauryl sulfate, a potential irritant when left on skin, and therefore not recommended for use as a moisturiser.

\*\* Also refer to local wound management guidelines for additional barrier preparations and advice.

### What quantities should a patient use?

Quantities of emollients usually suitable for an adult for twice daily application for one week.<sup>2</sup>

Area affected	Creams and ointments (g)	Lotions (ml)
Face	15-30	100
Both hands	25-50	200
Scalp	50-100	200
Both arms or both legs	100-200	200
Trunk	400	500
Groin and genitalia	15-25	100
<b>FOR CHILDREN REDUCE QUANTITIES BY HALF</b>		

### Regular review

NICE states that unless a patient has mild eczema requiring minimal intervention the repeat prescribing of emollients over long periods without review should be discouraged and annual reviews should be carried out.<sup>2</sup>

### Bath Emollients

The value of bath additives and shower preparations is questionable.<sup>3</sup> They do not moisturise as well as emollients. In the management of patients with atopic eczema, topical emollients applied directly to the skin are supported by long clinical experience and some published evidence. In addition, these preparations can make the bath or shower slippery. Patients should be warned of this potential hazard.

### Aqueous cream

Aqueous cream may cause local skin reactions, such as stinging, burning, itching and redness, when used as a leave-on emollient, particularly in children with atopic eczema.<sup>4</sup> The reactions are not generally serious and may be due to the presence of sodium lauryl sulfate. If a patient reports or shows signs of skin irritation with the use of aqueous cream, treatment should be stopped and an alternative emollient that does not contain sodium lauryl sulfate should be tried.

Further published evidence states that the high water content of aqueous cream makes it a less effective leave-on emollient for those with dry skin.<sup>5</sup> Also, in practical terms there may be little point in prescribing aqueous cream as a soap substitute as it will be an additional item to a leave-on product which, in many cases, can also be used as a soap substitute.<sup>5</sup>

NICE's Clinical Knowledge Summary on atopic eczema recommends that aqueous cream is not prescribed as it is thought to cause a disproportionate amount of skin reactions.<sup>2</sup> The [MHRA](#) has produced a patient article on potential skin reactions with aqueous cream. Patients and their carers should be warned of this risk during an eczema treatment consultation.

### Urea

Urea added to some products may help rehydrate thickened, scaly skin by acting as a humectant and drawing water from the dermis into the epidermis. However it can have an unpleasant odour and the potential to cause stinging in some patients, and therefore may be unsuitable for widespread use.

### Antiseptic/antimicrobial emollient preparations

These should only be used in widespread or recurrent infections where simple emollients have failed. Their routine use is NOT recommended and there is no evidence to support their continual, prophylactic use.<sup>2</sup>

### Paraffin-containing emollients

Paraffin-containing emollients (e.g. emulsifying ointment) are highly flammable and patients should be advised to avoid naked flames.

### References

1. MeReC (1998). The use of emollients in dry skin conditions. *MeRec Bulletin* 9(12):45–8.
2. Clinical Knowledge Summary for atopic eczema: <http://cks.nice.org.uk/eczema-atopic>.
3. DTB (2007). Bath emollients for atopic eczema: why use them? *Drug & Therapeutics Bulletin* 45(10):73-75.
4. Cork MJ, Timmins J, Holden C, Carr J, Berry V, Tazi-Ahnini T, Ward SJ (2003). An audit of adverse drug reactions to aqueous cream in children with atopic eczema. *The Pharmaceutical Journal* 271:747-748.
5. Ersser SJ, Maguire S, Nicol N, Penzer. R, Peters J (2012). Best practice in emollient therapy. *Dermatological Nursing (supplement)* 11(4):S2-S19.