Surrey & North West Sussex Area Prescribing Committee

Emollient Prescribing Guidelines

Background

Emollients are essential in the management of **diagnosed** dermatological conditions but are often underused. When used correctly, emollients can help maintain and restore skin suppleness, preventing itching and reducing the number of flares therefore reducing the need for corticosteroid treatment.

Emollients should only be prescribed for the management of **diagnosed dermatological conditions** such as eczema or psoriasis.

Patients who do not have a diagnosed dermatological condition or risk to skin integrity should be advised to purchase over the counter emollients.

A prescription for the treatment of *mild* dry skin should not be offered routinely in primary care as the condition is appropriate for self-care. Patients with mild dry skin can be successfully managed using over the counter products on a long-term basis

Conditions for which over the counter items should not routinely be prescribed in primary care – Guidance from NHS England for CCGs – April 2018

Care must also be taken to adhere to the exemptions laid out in the OTC prescribing policy statement

This document is intended to guide cost effective prescribing and preferred emollient choice when initiating or changing emollient therapy. Prescribing may involve trialing different emollients (in small quantities) until a suitable preparation that is acceptable to the patient is found.

Recommendations

- Choose a cost-effective emollient from the suggested list (Table 1) after discussion with the patient in order to match choice to patient lifestyle and therefore increase compliance. Patient preference as well as severity of condition and site of application should be considered when making a suitable choice. Suggestions have been made in this guidance based on cost per 100g of product since there is limited evidence comparing the efficacy of different emollients.

- Ensure that the indication is a documented dermatological condition. Prescribing of emollients for non-clinical cosmetic purposes is not recommended and should be reviewed.

- Initially, prescribe a small amount of emollient on an acute prescription to gauge suitability to patient. Check previous emollients trialed and sensitivities.

- Once a suitable emollient is chosen, a sufficient amount appropriate for a repeatable prescription should be prescribed – see table 2.

- Do not prescribe moisturisers and creams not listed in the Drug Tariff. Unlicensed specials should not be prescribed first line and only on the recommendation of a specialist. Only prescribe a

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special if it is listed in the British Association of Dermatologists recommended list.

- Prescriptions for adult patients should generally be reviewed annually, although this may not be necessary in very mild conditions such as those with small areas of mild eczema that require minimal intervention. Stop emollients where continued use is not justified such as where the skin condition has improved and there is no evidence of chronic relapsing eczema or if the condition has resolved completely and does not require ongoing emollient therapy for maintenance.

Considerations before prescribing

- Patient preference, health education and their expectations from treatment are key to compliance. Try small quantities initially, until an acceptable emollient is found. 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)
- 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 to the patient.
- 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 and can cause folliculitis when overused. 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 higher water content than creams and so are not recommended for use as they are less effective as emollients.
- Sensitivities to excipients can occur and should be checked before prescribing. Excipients are listed in the SPC. The BNF indicates the presence of some specific excipients that are associated with sensitisation to topical preparations.

Counselling points for patients and carers

- If a topical corticosteroid is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.
- Emollients should ideally be applied as frequently as possible at least three times a day and ideally four to six times a day (every three hours) and use continued even when the condition appears to have improved.
- Wash and dry hands before applying an emollient to reduce the risk of introducing contaminants 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 into the container.
- Emollients should be applied in the direction of the hair growth.
- Apply emollients after bathing while water is still trapped in the skin to increase skin hydration.

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Flammability risk with emollient use

All patients and their families should be warned regarding the risk of fire when using large quantities of emollients. Patients should be counselled to keep away from gas fires, hobs and naked flames. They should also be reminded to avoid smoking when using paraffin containing preparations.

Patients on medical oxygen who require an emollient should not use any paraffin based products.

New guidance from the MHRA suggests that all emollients pose a fire risk whether or not they contain paraffin. Patients should be advised to wash both clothing and bedding regularly at a temperature of 60 degrees to minimize the buildup of impregnated paraffin which could become a fire hazard. Resources are available here

Aqueous cream – not to be prescribed

Aqueous cream carries a higher risk of causing skin irritation particularly in children with eczema, due to its sodium lauryl sulphate content according to MHRA guidance. As well as sodium lauryl sulphate, other ingredients used in aqueous cream formulations are known to cause skin irritation. These include the preservatives parabens, chlorocresol and cetostearyl alcohol. Repeated, prolonged exposure to dilute solutions may cause drying and cracking of the skin as well as contact dermatitis development. Sodium lauryl sulphate is a known skin irritant and as a surfactant it could remove protective oils from skin

Some patients with eczematous conditions may develop adverse skin reactions (burning, stinging, itching or redness) if aqueous cream is used as a leave-on emollient, often within 20 minutes of application.

Emollients containing urea

Emollients with urea are useful where a keratolytic is required such as in hyperkeratosis or ichthyosis. There are no products that cost below the £1 per 100ml/100g threshold (see table 1).

If emollients containing urea are recommended, specify the duration and area that they are to be trialed on. Urea is a keratin softener and hydrating agent used in the treatment of dry, scaling skin conditions. 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 such as those with scaling skin, or those who have tried other emollients without success.

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Cost effective emollients

Items listed in the most cost effective column of the table below cost less than £1per 100g/100ml (based on the largest pack size available)

Pharmaceutical form		Most cost effective	Medium cost effective	Least cost effective	Points to note
Gel		• **Epimax Isomol gel (59p/100g)**	MyriBase gel (93p/100g) Zerodouble gel (98p/100g)	Doublebase gel(£1.20/100g) Doublebase Dayleve gel (£1.26/100g)	
Creams	Light – (less than 25% WSP)	• **Epimax Original cream 21% paraffin (49p/100g)** • **Epimax Excetra cream (59p/100g)**	ExoCream 15% WSP(80p/100g) ZeroAQS emollient cream (66p/100g)	Cetraben cream (£1.20/100g) Diprobase cream(£1.26/100g E45 cream (£1.20/100g) Oilatum cream (£1.06/100g) Oilatum Jr cream (£1.06/100g) QV cream (£1.19/100g) Ultrabase cream (£1.39/100g) Zerobase cream(£1.05/100g)	
	Medium – heavy (more than 25% WSP)	• **Aquamax cream (80p/100g)**	Zerocream(82p/100g)	Epaderm cream(£1.40/100g) Hydromol cream(£2.40/100g)	Aqueous cream **NOT** recommended due to sodium lauryl sulphate content MHRA guidance on Sodium Lauryl Sulphate
Lotions		Have a higher water content than creams and so are **not recommended** for use as they are less effective as emollients			
Ointments	Greasy Ointment >30%WSP	• **Epimax ointment (50p/100g)**	Aquaderm hydrous ointment 83p/100g Emulsifying ointment 86p/100g Hydromol ointment 99p/100g Hydrous ointment 83p/100g Zeroderm ointment (82p/100g)	Cetraben ointment £1.20/100g Diprobase ointment £1.20/100g Epaderm ointment £1.25/100g	Good for night-time use. Very scaly patches or acute flares

	Very greasy ointment 50%+ WSP	• **50:50 - White Soft Paraffin 50%/Liquid Paraffin 50% Ointment (44p/100g)**	Hydromol ointment 99p/100g		No excipients therefore less likely to cause sensitivities. Good for night-time use. Useful for very scaly patches or acute flares
Colloidal oat products		• **Epimax Oatmeal cream (59p/100g)**	AproDerm colloidal oat cream 99p/100g	Aveeno cream 1.29/100g Aveeno lotion 1.33/100g Zeroveen cream 1.18/100g	Only use where other creams/gels have failed
Urea containing products			ImuDERM cream 5% (£1.30/100g)	Aquadrate 10% cream(£4.40/100g) Balneum cream (£1.99/100g) Balneum Plus cream (£3/100g) Calmurid cream (£5.75/100g) Dermatonics Once Heel balm (£4.25/100g) E45 itch relief 5% cream (£3/100g) Eucerin Intensive 10% cream (£3.17/100g) Flexitol 10% Urea cream (2.36/100g) Flexitol 25% Urea Heel balm (£2.95/100g) Hydromol Intensive cream 10% (£4.37/100g) Nutraplus 10% cream (4.37/100g)	Only use after other emollients have been tried
Low paraffin products (<15%)		• **Epimax Excetra cream (59p/100g)** • **ZeroAQS cream (66p/100g)**	Epimax Paraffin-Free ointment(0% paraffin) 99p/100g	Cetraben ointment (£1.20/100g)	Fire risk increased with high paraffin content although all emollient carry some risk MHRA Dec 2018

Prices correct as of June 2019 Mims online . Price per 100g in brackets- green column is <£1 per 100g

Emollient guidance Jul 2019 (updated Aug 2020) – Ameena Hafeez, Medicines Optimisation Pharmacist – Review date July 2022

Quantities to be prescribed for Adults

Table 2 shows the suitable quantities of dermatological preparations to be prescribed for specific areas of the body. As a general rule, if you need to treat the whole body, the recommended quantities used are 800g per week per adult and 250-500g per week for a child. These recommendations do not apply to corticosteroid preparations; see BNF chapter on prescribing topical corticosteroids for guidance on suitable quantities.

Table 2: Suitable quantities of emollients for prescribing for an adult for a week or a month – twice daily application

Body site	Creams or ointments	
	One week supply	One month supply
Face	15-30g	60-120g
Both hands	25-50g	100-200g
Scalp	50-100g	200-400g
Both arms or legs	100-200g	400-800g
Trunk	400g	1600g
Groins & genitalia	15-25g	60-100g

Summary

When prescribing emollients the key to success is considering patient preference, tolerability and ensuring that the emollient prescribed fits in with their lifestyle. Regular review of how the patient is getting along with their emollient also helps improve patient compliance and ensures early detection of any issues or infections. Best use of resources can be made by having a range of cost effective options available in order to cover patient preference, and ensuring that products for more specialised use (such as those containing antimicrobials, urea or in spray formulations) are only used where appropriate.

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References

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.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf

http://www.bad.org.uk/shared/get-file.ashx?itemtype=document&id=1848

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

https://www.prescqipp.info/media/1268/b49-emollients-20.pdf

http://www.mhra.gov.uk/safety-public-assessment-reports/CON251956

https://www.nice.org.uk/guidance/cg57

https://www.nice.org.uk/guidance/qs44

http://www.pcds.org.uk/clinical-guidance/atopic-eczema

https://cks.nice.org.uk/eczema-atopic

https://cks.nice.org.uk/dermatitis-contact

http://www.eczema.org/emollients

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