



Emollient & corticosteroid Prescribing Guidelines

Emollients should only be prescribed for patients with a diagnosed dermatological condition i.e. eczema, psoriasis. Patients with mild to moderate dry skin should be advised to purchase emollients over the counter.

Key points:

- Intensive use of emollients can reduce the need for topical corticosteroids, the quantity and frequency of use of emollients should be far greater than that of other therapies given.
- If a topical corticosteroid is required, emollients should be applied at least 15-30 minutes (ideally) before the topical corticosteroid to avoid diluting the steroid.
- The greasier an emollient, the more effective it is at retaining hydration, but the formulation is not as cosmetically acceptable.
- Prescribe up to two different types of emollient to use at different times of day / different body areas / for when condition severity varies - one of which can be used as a soap substitute as well.
- Patients need to be informed of the fire risk associated with paraffin-based emollients.

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.

- **Choosing the right product for the patient, consider:**
 - 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 the skin, **area** of skin involved and **lowest acquisition cost**.
 - Patient lifestyle and preference - discussing emollient choice with the patient will help improve compliance.
 - Previous emollients – patient may have tried other moisturisers with little benefit. Check compliance.
 - Sensitivities to excipients are not uncommon - check sensitivities before prescribing (page 2).

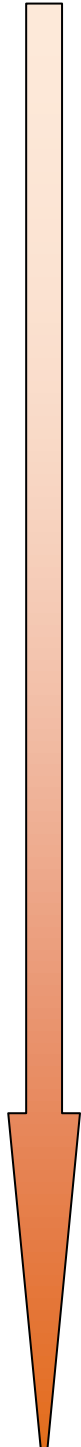
Prescribe the right quantity

Sufficient quantities should be prescribed to allow liberal application as frequently as required. The quantity prescribed will vary depending on:

- the **size of the person**
- **extent and severity** of the dermatological condition
- if the emollient is also being used as a **soap substitute**



Light emollient



Heavy emollient

Formulation type	Formulary choice Pack size & NHS price*		Excipients that are potential skin sensitisers (ref. Mims Oct 2017)	Notes
Lotions High water content	Not recommended for prescribing		N/A	NEE does not support the prescribing of lotions. Patients should be advised to self-purchase.
Soap substitute A mix of oil in water	Aquamax Wash 250g tube £2.99	Liquid paraffin 8%, white soft paraffin 20%	Cetostearyl alcohol, phenoxyethanol	For washing as conventional soaps/wash products strip the skin of natural oils & cause shedding of skin cells. “Aqueous cream” is no longer recommended due to its sodium lauryl sulphate (SLS) content which causes skin drying and irritation.
	ZeroAQS 500g tub* £3.29	Liquid paraffin 6%, white soft paraffin 15%	Cetostearyl alcohol, chlorocresol	
Light or creamy A mix of oil in water	Epimax (1 st line) 100g tube 75p 500g squeezey bottle £2.49	Liquid Paraffin 6%, white soft paraffin 15%	Cetostearyl alcohol, phenoxyethanol	Easily absorbed. <ul style="list-style-type: none"> • Oatmeal based emollients. • Restricted to paediatrics who are unable to tolerate other emollients.
	Zerobase 50g tube £1.04 500g pump £5.26	Liquid Paraffin 11%, white soft paraffin 10%	Cetostearyl alcohol, chlorocresol	
	Aquamax cream 100g tube £1.89 500g tub* £3.99	Liquid paraffin 8%, white soft paraffin 20%	Cetostearyl alcohol, phenoxyethanol	
	Zeroveen 100g tube £2.74 500g pump £5.89	Avena Sativa (oat) kernel flour, glycerol, isopropyl palmitate, liquid paraffin	Cetyl alcohol, benzyl alcohol, isopropyl palmitate, myristyl alcohol	
Gel Mixture of light oils, water and gelling agents	Isomol (1 st line) 100g tube £1.99 500g squeezey bottle £2.92	Isopropyl myristate 15%, liquid paraffin 15%	Triethanolamine, isopropyl myristate	<ul style="list-style-type: none"> • Slightly greasier than a cream • Easily absorbed into the skin • Oil retained on the skin for longer. • Minimal preservatives • May cause transient stinging to inflamed skin
	Zerodouble 100g tube £2.25 500g pump £4.90	Isopropyl myristate 15%, liquid paraffin 15%	Triethanolamine, phenoxyethanol, isopropyl myristate	
Ointments Mixtures of soft paraffin, liquid paraffin, emulsifying wax and other oils	Zeroderma tub* 125g £2.41 500g £4.10	Liquid paraffin 40%, white soft paraffin 30%	Cetearyl alcohol	<ul style="list-style-type: none"> • More greasy. • Do not contain preservatives and may be more suitable for those with sensitivities. • Good for night time application, very dry skin or scaly patches that need softening. • Not as cosmetically acceptable as other emollients and can stain fabric. • May cause a transient prickly heat sensation. • Flammable.
Very Greasy	Emulsifying ointment BP 500g tub* Liquid paraffin & white soft paraffin 50:50 500g tub* White soft paraffin BP 500g tub* Yellow soft paraffin BP 500g tub* Smaller pack sizes available, some as tubes.		N/A	

*Patients colonised with *Staphylococcus aureus* (including MRSA) should not be prescribed tubs, but offered an alternative size or product.

**Spray emollients:**

Recommended only for patients with very painful/ fragile skin where there is difficulty with 'hands on' application of creams / ointments. Formulary choice is: Dermamist spray containing White soft paraffin 10% (base contains liquid paraffin and fractionated coconut oil).

Urea based emollients:

Urea is a keratin softener and hydrating agent. Emollients containing urea are useful where a keratolytic is required e.g. hyperkeratosis, ichthyosis.

Formulary choice	Pack sizes & NHS price*	Active Ingredients	Excipients that are potential skin sensitisers
Balneum plus cream	100g £3.29 500g £14.99	Urea 5% and laurmacrogols 3%	benzyl alcohol
ImuDERM cream	500g £6.50	Urea 5% and glycerol 5%	Cetearyl alcohol, benzyl alcohol, phenoxyethanol, cetrimonium bromide
Nutraplus cream	100g £4.37	Urea 10%	Propylene glycol, hydroxybenzoates (parabens)

Emollients with antimicrobials:

- Do not routinely prescribe emollients with antimicrobials.
- Reserve for where infection is clinically significant in flare ups.

Formulary choice	Pack sizes & NHS price*	Active Ingredients	Excipients that are potential skin sensitisers
Dermol lotion	500ml pump £6.04	Liquid paraffin 2.5%, isopropyl myristate 2.5%, benzalkonium chloride 0.1%, chlorhexidine hydrochloride 0.1%	Cetostearyl alcohol, phenoxyethanol, benzalkonium chloride, chlorhexidine
Dermol cream	100g £2.86 500g £6.63	Liquid paraffin 10%, isopropyl myristate 10%, benzalkonium chloride 0.1%, chlorhexidine hydrochloride 0.1%	Cetostearyl alcohol, phenoxyethanol, benzalkonium chloride, chlorhexidine
Dermol Bath Emollient	600ml £7.55	Benzalkonium chloride 0.5%, Isopropyl myristate 25%, liquid paraffin 25%	benzalkonium chloride, Isopropyl Myristate, Sorbitan Stearate
Oilatum Plus Liquid	500ml £7.22	Benzalkonium chloride 6%, triclosan 2%, light liquid paraffin 52.5%	benzalkonium chloride, Acetylated lanolin alcohols, triclosan

Application Technique

- Patients should be advised to apply emollients liberally and frequently to keep the skin supple and moist, usually at least 2 - 4 times a day. The quantity supplied should be based on the surface area where the emollients are to be applied.
- Apply emollients immediately after washing or bathing when skin has been dabbed dry.
- If a topical corticosteroid is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid to avoid diluting the steroid.
- Emollients can and should be applied at other times during the day e.g. in extreme weather to provide a barrier from the cold.
- Emollients should continue to be used after the skin condition has cleared if the clinical condition justifies continued use.
- The emollient should be applied smoothly in the general direction of growth of body hair in order to prevent accumulation at hair bases which might predispose to folliculitis.
- Emollients can become contaminated with bacteria. If the emollient is in a pot the required amount should be removed with a clean spoon or spatula. Fingers should not be inserted into pots. Emollients should not be shared with others.



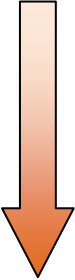
Shower and bath products:

- Shower emollients are **not recommended**. They offer no advantages over emollients and they should not be used in place of directly applied emollients to the skin before washing.
- Avoid prescribing bath emollients
 - Lack of evidence to support their routine use. Sufficient time (10-20 minutes) **must** be spent in the bath to allow absorption into the skin.
 - Patients should be advised to wash with a soap substitute such as Aquamax wash[®].
 - Where bath products are considered appropriate use a formulary choice and continue only where a clear benefit has been found.

Formulary choice	Pack sizes & NHS price*	Active Ingredients	Excipients that are potential skin sensitisers
LPL 63.4 Bath Oil	500ml £3.10	Light liquid paraffin 63.4%. Equivalent to Oilatum (& Junior)	Isopropyl palmitate, lanolin, acetylated wool alcohols
Balneum Bath Oil	500ml £5.38 1000ml £10.39	Soya Oil 84.75%	Fragrances, propylene glycol, butylated hydroxytoluene
Balneum Plus Bath Oil	500ml £6.66	Soya Oil 82.95%, Lauromacrogols 15%	Fragrances, propylene glycol, butylated hydroxytoluene

Corticosteroids

- Continuous use of topical corticosteroids may result in permanent skin damage and other adverse effects.
- Apply thinly, avoiding normal skin and use for the least amount of time necessary to control symptoms.
- Various areas of the skin may be affected differently – ensure that potency of treatment is tailored according to the severity of each affected part.
- Start as soon as signs and symptoms appear. Continue for +/- 48 hours after symptoms subside.
- Ideally use the emollient first, then leave about 15–30 minutes before applying the topical corticosteroid.
- Always check for and reinforce avoidance of trigger factors (e.g. soap).



Potency	Formulary choice
Mild	Hydrocortisone 0.5% or 1% cream / ointment
Moderate	Clobetasone Butyrate 0.05% (Eumovate) cream / ointment 30g Betamethasone valerate 0.025% cream / ointment 100g
Potent	Betamethasone valerate 0.1% cream / ointment (Betnovate) Fluocinolone 0.025% Mometasone 0.1%
Very Potent	Clobetasol proprionate 0.05% cream / ointment (Dermovate) Difluorocortolone 0.3%

The quantity to be applied is specified as a Finger tip unit (FTU). As a guide, one FTU is enough to cover the palms of both hands. It is measured out by squeezing the tube from the first crease of the index finger to the tip of the finger (this is an average adult fingertip) where ~2.5cm is equivalent to 0.5g of cream/ointment. The following chart shows the recommended amount for a single application to cover the entire area specified. Smaller areas will need correspondingly lower amounts of cream/ointment.

	3-12 months	1-2 years	3-5 years	6-10 years	Adult
Face & neck	1	1.5	1.5	2	2.5
Arm & hand (each)	1	1.5	2	2.5	4
Leg & foot (each)	1.5	2	3	4.5	8
Trunk (front)	1	2	3	3.5	7
Trunk (back & buttocks)	1.5	3	3.5	5	7

Reference: NICE CKS. Eczema – atopic. March 2017. <https://cks.nice.org.uk/eczema-atopic#!prescribinginfosub:7>

*Prices taken from Mims December 2017

Further sources of information:

NHS Choices <http://www.nhs.uk>

National Eczema Society <http://www.eczema.org>

British Skin Foundation <http://www.britishskinfoundation.org.uk/Home.aspx>

National Psoriasis Foundation <http://www.psoriasis.org>

British Association of Dermatologists – patient information leaflets <http://www.bad.org.uk>

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