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 thereby 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

<table>
<thead>
<tr>
<th>Body Site</th>
<th>Creams or Ointments</th>
<th>Lotions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One week supply</td>
<td>One month supply</td>
</tr>
<tr>
<td>Face</td>
<td>15-30g</td>
<td>60-120g</td>
</tr>
<tr>
<td>Both hands</td>
<td>25-50g</td>
<td>100-200g</td>
</tr>
<tr>
<td>Scalp</td>
<td>50-100g</td>
<td>200-400g</td>
</tr>
<tr>
<td>Both arms or legs</td>
<td>100-200g</td>
<td>400-800g</td>
</tr>
<tr>
<td>Trunk</td>
<td>400g</td>
<td>1600g</td>
</tr>
<tr>
<td>Groin and genitalia</td>
<td>15-75g</td>
<td>60-100g</td>
</tr>
</tbody>
</table>

### 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). 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.

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**Emollient Prescribing Guidelines & Formulary**  
Author: Alison Jones  
Last updated: December 16
# Formulary

## Greasy/Very Greasy Ointments
For very dry skin and/or acute flares. Low risk of sensitivity (usually contain no excipients)

<table>
<thead>
<tr>
<th>Name</th>
<th>Ingredients</th>
<th>Cost (500g or 500ml)</th>
<th>Pack size</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zeroderm® ointment</td>
<td>WSP 30%:LP 40%: EW 30%</td>
<td>£4.10</td>
<td>125g/500g</td>
<td>Alternative to Epaderm® (manufacturing process produces a creamier texture) and Hydromol® £4.89 but with WSP not YSP</td>
</tr>
<tr>
<td>Fifty:50® ointment</td>
<td>WSP 50%: LP 50%</td>
<td>£3.66</td>
<td>250g / 500g</td>
<td>Price will vary if prescribed as 50:50 or generically</td>
</tr>
<tr>
<td>Emollin® spray</td>
<td>WSP 50%: LP 50%</td>
<td>£13.31</td>
<td>150ml, 240ml aerosol</td>
<td>Covers x3 skin area as equivalent volume of cream/ointment. Only for difficult to reach areas</td>
</tr>
</tbody>
</table>

## 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 are borderline substances & may only be prescribed in accordance with the advice of the Advisory Committee on Borderline Substances (ACBS) for the clinical conditions listed (see current BNF). They may be considered for children who are sensitive to other emollients but should not be used routinely.

<table>
<thead>
<tr>
<th>Name</th>
<th>Ingredients</th>
<th>Cost (500g or 500ml)</th>
<th>Pack size</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epimax® Cream</td>
<td>WSP 15%: LP 6%</td>
<td>£2.49</td>
<td>100g tube / 500g Dispenser</td>
<td>Mimics Diprobase</td>
</tr>
<tr>
<td>Zerocream®</td>
<td>LP 12.6%: WSP 14.5%</td>
<td>£4.08</td>
<td>50g, 500g pump dispenser</td>
<td>Could be considered if the Epimax flexi-dispenser cannot be managed. Mimics E45</td>
</tr>
<tr>
<td>Isomol® Gel</td>
<td>Isopropyl myristate 15% / LP 15%</td>
<td>£2.92</td>
<td>100g tube / 500g Dispenser</td>
<td>Alternative to Doublebase® &amp; Zerodouble®</td>
</tr>
<tr>
<td>Oilatum® cream</td>
<td>WSP 15%: LP 6%</td>
<td>£5.28</td>
<td>150g, 350ml, 500ml, 1050ml</td>
<td>Contains povidone which confers a TEWL of 12hrs</td>
</tr>
</tbody>
</table>
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.

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

Emollients containing urea (Humectants)
For severe dry skin (e.g. ichthyosis)

<table>
<thead>
<tr>
<th>Name</th>
<th>Ingredients</th>
<th>Cost (500g or 500ml)</th>
<th>Pack size</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>imuDERM®</td>
<td>Urea 5% Glycerine 5%</td>
<td>£6.50</td>
<td>500g pump dispenser</td>
<td></td>
</tr>
<tr>
<td>Balneum® cream</td>
<td>Urea 5% Ceramide 0.1%</td>
<td>£9.97</td>
<td>50g, 500g pump dispenser</td>
<td>Ceramide is a lipid lamella mimicking agent resulting in a TEWL of 24hrs</td>
</tr>
</tbody>
</table>

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

The use of bath and shower emollients is controversial and evidence to inform practice is lacking. It is, however, generally accepted that soap is drying and potentially irritating to skin and is best avoided by those with dry skin conditions. Therefore people with dry skin conditions should be offered an alternative to soap to wash with; any ointment (except 50:50) can be dissolved in some hot water and added to the bath water as a bath additive and/or use of a cream emollient as a soap substitute in the bath will offer similar emollient effect. 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://cks.nice.org.uk/eczema-atopic#1prescribinginfosub:6
http://www.eczema.org/emollients
http://www.telfordccg.nhs.uk/dermatology