

Emollient Prescribing Guideline

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

Considerations before prescribing

- When initiating prescribing, patient preference as well as severity of condition and site of application should be considered.
- Ensure that the indication is a documented dermatological condition. Prescribing of emollients for non-clinical cosmetic purposes is not recommended and the patient should be advised to self care.
- Initially prescribe a small amount to gauge suitability to patient. Once a suitable emollient is found, prescribe a sufficient amount.
- Sensitivities to excipients are not uncommon and should be checked before prescribing; the BNF lists all excipients in emollient preparations.
- Pump dispensers be preferable as they are cleaner and reduce the risk of antimicrobial contamination.
- Regular review of how the patient is getting along with their emollient would also help improve patient compliance and ensure early detection of any issues or infections.

Formulary Choices

	Formulary 1 st Line	Formulary 2 nd Line
Light	Epimax	Zerocream* Zerodouble Gel Oilatum* Cetraben*
Rich	Hydrous ointment	
Greasy	Emulsifying Ointment	50:50 WSP/LP Zeroderm
No Paraffin**	Neutrogena Dermatological Cream	

*Available in a pump dispenser

**For use in patients on oxygen or those who require an emollient with no paraffin

Emollients with antimicrobials should only be used where infection is clinically significant in flare ups. Use should be targeted and short term.

Formulary choices; Dermol 500, Dermol cream

Urea / lauromacrogols (antipruritic) containing emollients vary widely in their content and licensed indications. Consequently such products are not interchangeable. The use of products containing urea should be limited to specific patient groups; e.g. those with scaling skin

Formulary choices; Balneum Plus cream, E45 itch relief cream, Nutraplus cream

Bath and shower emollients offer no advantages over emollients and they should not be used in place of directly applied emollients to the skin before washing.

Suitable quantity of emollient for prescribing

Body site	Creams or ointments		Lotions	
	One week supply	One month supply	One week supply	One month supply
Face	15-30g	60-120g	100ml	400ml
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
Groins & genitalia	15-25g	60-100g	100ml	400ml

These recommended amounts are twice daily application for an adult. To keep the skin well hydrated, leave-on emollients should be applied in adequate amounts to sufficiently cover dry and inflamed areas. Quantities required will vary with the size of the patient, the severity and extent of skin dryness. For children approximately half this amount is suitable.

Application Technique

- Patients should be advised to apply emollients liberally and frequently. It is particularly important to use emollients during or after bathing.
- 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.
- Apply as often as needed to keep the skin supple and moist, usually at least 2 - 4 times a day but some people may need to increase this to up to every hour if the skin is very dry.
- If a topical steroid is used in conjunction with an emollient it is important the patient is instructed to leave at least half an hour between the two treatments to avoid diluting the strength of the steroid.
- Emollients can become contaminated with bacteria. The use of pump dispensers minimises the risk of microbial contamination. 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.

Patient Resources

[National Eczema Society](http://www.eczema.org) (www.eczema.org)

- Wide variety of fact sheets on subjects including: emollients, topical steroids, allergies, complementary medicine and sunscreens.
- Information on types of eczema including management and treatment.
- Eczema in schools – information for teachers to help promote better understanding of the condition and how it affects children.

[NHS Choices](http://www.nhs.uk) (www.nhs.uk)

- Eczema (atopic) includes information on diagnosis, treatment and helpful hints for living with the disease, plus video interview with a doctor.

[British Association of Dermatologists](http://www.bad.org.uk) (www.bad.org.uk)

- Patient information leaflets include: atopic eczema and contact dermatitis.

References:

- National Institute for Health and Clinical Excellence (NICE): Atopic eczema in children - Management of atopic eczema in children from birth up to the age of 12 years. [CG57] London: National Collaborating Centre for Women's and Children's Health; 2007. Accessed via: <http://www.nice.org.uk/guidance/CG57/chapter/1-Guidance> Accessed 29/02/2016
- Scottish Intercollegiate Guidelines Network (SIGN). Management of atopic eczema in primary care SIGN no. 125. March 2011. Accessed via: <http://www.sign.ac.uk/pdf/sign125.pdf> Accessed 29/02/2016
- British National Formulary. London: British Medical Association and The Royal Pharmaceutical Society of Great Britain; Accessed via: <https://www.medicinescomplete.com/mc/bnf/current> / Accessed on February 2016