Position statement on the prescribing of bath and shower emollients on GP FP10 prescription

Cambridgeshire and Peterborough CCG do NOT support the prescribing of bath and shower emollients due to the lack of evidence of efficacy. Patients should be advised to:

- Use an emollient cream or ointment both as a soap substitute during baths and showers and regularly as a leave-on moisturiser.
- Alternatively, if patients prefer not to wash with an emollient cream or ointment, bath and shower emollients may be purchased from community pharmacies and retail outlets as part of patient self-care.

Rationale

NHS England supports deprescribing of bath and shower preparations for dry and pruritic skin conditions and recommends these products are not initiated for any new patient.\(^1\)

Although evidence supports the use of leave-on emollients and there is clinical consensus around soap substitutes, less agreement exists around the benefits of shower and bath emollients to treat eczema.\(^2\)

A randomised controlled trial (BATHE, 2018) found no evidence of clinical benefit from including emollient bath additives in the standard management of eczema in children.\(^3\) There is no consensus of clinical opinion that such therapy is effective.

The evidence indicates that the quantities of emollients deposited on the skin from the bath and shower emollients are likely to be lower than emollients used as soap substitutes. Using emollients as soap substitutes will provide better moisturisation of the skin.\(^4\)

All emollient creams and ointments may be used as a soap substitute or a substitute in the bath or shower (except for Liquid and White Soft Paraffin 50:50 ointment.) Patients should be instructed to apply to the skin before bathing / showering, then rinse it off completely.\(^4\)

<table>
<thead>
<tr>
<th>Soap Substitutes</th>
<th>Patient to consider self-care where willing and able</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Creams</strong></td>
<td>(Costs as per March 2019 Drug Tariff)</td>
</tr>
<tr>
<td>Size</td>
<td>Cost</td>
</tr>
<tr>
<td>Epimax® Cream*</td>
<td>500g</td>
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</tbody>
</table>

*First line formulary choices in Primary Care

Caution: creams and emollients can make surfaces and objects very slippery, therefore extra care is required when getting in and out of the bath / shower.\(^4\)

As with other types of emollient, patient acceptability is likely to be key in finding a suitable product.\(^4\) Where a patient expresses a preference for bath or shower emollients they should...
be directed to self-care. A range of bath and shower emollients can be purchased from local community pharmacists or retail outlets should the patient prefer to use these products.

Regardless of the type of product the patients use to wash with, it should not replace the regular use of a leave-on emollient. Advise patients to continue using standard emollients in addition to any soap substitute used. Patients should be encouraged to purchase emollients where they are willing and able. If there is concern that the patient will not purchase an emollient cream or ointment, and they have a diagnosed dermatological condition an FP10 prescription should be considered in line with Cambridgeshire and Peterborough formulary choices as above (LINK).

**WARNING:** All emollients carry a fire risk - this advice applies to all emollients whether they contain paraffin or not.

- Patients need to be aware that fabrics which have come into contact with an emollient can be highly flammable, even after washing.
- The risk is greater when emollients are applied in large quantities or to large areas of the body.
- Patients should be told to keep away from the fire or flames, and not to smoke when using these preparations.
- People who use emollient creams should also be warned that residue can build up on fabrics such as clothing or bedding, and cause them to catch fire more easily.
- Washing clothing and bedding may reduce product build-up but may not totally remove it.

**References**

Guidance for clinicians

Recommendations

- Ensure dermatological condition is clearly documented. The prescribing of emollients for non-clinical cosmetic purposes are not recommended and should be reviewed.
- Bath and shower emollients are readily available to buy and should not be prescribed for any new patient.
- Existing patients should be reviewed and provided with information regarding the lack of evidence to support the use of bath and shower emollients.
- Existing patients should be advised that they may self-care and purchase emollients from their local community pharmacy, or where the patient is unable or unwilling to self-care switched to formulary emollients. Recommend using their regular emollient as a soap substitute as well as applying regularly (leave-on emollient).
- Provide advice on the risk of fire with all emollient products (See MHRA safety advice for information).

The GMC advises that prescribers should make good use of NHS resources and in most circumstances, it will be reasonable and appropriate for patients to obtain low cost over the counter medication direct from their community pharmacist.

Guidance for patients, carers and guardians

- Community pharmacists can offer advice on how to manage the symptoms of dry skin, including eczema and psoriasis, and when to seek medical advice.
- If you prefer not to wash with your normal emollient and would like to continue to use emollient shower gels or bath preparations, then these are available for you to buy from most community pharmacies and other retail outlets.
- You may wish to help your local NHS by buying your own leave-on emollients which are readily available to buy from most community pharmacies and other retail outlets.