

## Emollients

Emollients have a key role in treating dry skin conditions, including eczema and psoriasis.<sup>1-4</sup> Further resources on emollients can be found in the dermatology webkit at <https://www.prescqipp.info/our-resources/webkits/dermatology/>

### Key recommendations

- A locally agreed emollient formulary should be available as a starting point for prescribing.
- Consider the risk of severe and fatal burns with paraffin-containing and paraffin-free emollients. Advise patients who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding, dressings, and other fabric that have dried residue of an emollient product on them.<sup>5</sup> Further information is available at <https://www.prescqipp.info/our-resources/bulletins/bulletin-228-emollients-paraffin-content-and-fire-risk/>
- Ensure that the indication is a documented dermatological condition:
  - » Prescribing of emollients for non-clinical cosmetic purposes is not recommended and should be reviewed.
  - » Mild dry skin can be managed via self-care.<sup>6</sup>
- Choose an emollient from the locally agreed formulary after discussion with the person being treated in order to match choice to their lifestyle and increase adherence.<sup>7</sup> Consider the person's preference and needs when selecting a product, taking into account the severity of the condition and site of application.<sup>1</sup>
- Check sensitivities and previous emollients that have been unsuccessfully tried before prescribing.
- Initially, prescribe a small quantity of emollient on an acute prescription to gauge suitability for the individual. Once a suitable emollient is found, prescribe a sufficient amount that can be included on a repeat prescription.
- For repeat prescriptions of emollients, it is usually preferable to select the largest pack size, which often cost less per gram or millilitre.
- Do not prescribe moisturisers and creams that are not licensed medicines, or medical devices (listed as appliances in part IXA of the Drug Tariff). These are considered to be cosmetic treatments. Note: There are a small number of exceptions where products are classified as borderline substances.

### Key recommendations




- People with eczema conditions should be advised to wash with a regular leave-on emollient that is suitable for use as a soap substitute. A lower acquisition cost option should be chosen. Warn people that they make surfaces slippery.<sup>2</sup>
- Aqueous cream carries a higher risk of causing skin irritation particularly in children with eczema, possibly due to its sodium lauryl sulphate (SLS) content.<sup>8</sup> Some authorities advise avoiding its use entirely.<sup>3,7</sup> Many emollients have been reformulated to remove SLS, so there are several lower acquisition cost alternatives to aqueous cream (NB. emulsifying ointment contains SLS).
- Avoid routine or long-term use of emollients containing antimicrobials. NICE recommend using topical antiseptics as adjunct therapy to decrease bacterial load in children who have recurrent infected atopic eczema. However they can be irritant and occasionally cause contact allergic dermatitis.<sup>1</sup>
- Prescribe pump dispensers to minimise the risk of bacterial contamination, when they are available for the person's selected emollient. For emollients in pots, a clean spoon or spatula should be used (rather than fingers) to remove the required amount.<sup>2,3</sup>
- 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 optimal in accordance with NICE guidance.<sup>1</sup>
- Prescriptions for adults should generally be reviewed annually, although this may not be necessary in very mild conditions.<sup>3</sup>

### National cost savings (based on NHSBSA ISP data August to October 2019)

In England and Wales, the annual spend on emollients (including bath and shower emollients) is over £95.4 million. Review of emollient prescribing could lead to an **annual cost saving across England and Wales of approximately £24.4 million**. This equates to **£39,327 per 100,000 patients**.

## References

1. National Collaborating Centre for Women's and Children's Health. Atopic eczema in children. Management of atopic eczema in children from birth up to the age of 12 years [full NICE Guideline] [CG57]. National Institute for Health and Care Excellence. Issued December 2007. Accessed 30/12/19 via <https://www.nice.org.uk/guidance/cg57/evidence>
2. Scottish Intercollegiate Guidelines Network (SIGN). Management of atopic eczema in primary care. SIGN no.125. March 2011. Accessed 30/12/19 via <http://www.sign.ac.uk/sign-125-management-of-atopic-eczema-in-primary-care.html>
3. National Institute for Health and Care Excellence. Clinical Knowledge Summary – Eczema, atopic. Last updated January 2018. Accessed 30/12/19 via <https://cks.nice.org.uk/eczema-atopic>
4. National Institute for Health and Care Excellence. Clinical Knowledge Summary – Psoriasis. Last updated March 2018. Accessed 30/12/19 via <https://cks.nice.org.uk/psoriasis>
5. Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients. Drug Safety Update December 2018; vol 12, issue 5: 3. <https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>
6. NHS England. Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs. Issued 29/03/18. Accessed 30/12/19 via <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>
7. Moncrieff G, Cork M et al. Use of emollients in dry-skin conditions: consensus statement. Clinical and Experimental Dermatology 2013;38:231-238. Accessed 30/12/19 via <https://onlinelibrary.wiley.com/doi/epdf/10.1111/ced.12104>
8. Aqueous cream: may cause skin irritation. Drug Safety Update March 2013; vol 6, issue 8: A2. Aqueous cream: may cause skin irritation. <https://www.gov.uk/drug-safety-update/aqueous-cream-may-cause-skin-irritation>

Additional resources available	 Bulletin	<a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-239-emollients/">https://www.prescqipp.info/our-resources/bulletins/bulletin-239-emollients/</a>
	 Tools	
	 Data pack	<a href="https://pdata.uk/#/views/B239_Emollientsupdate/FrontPage?iid=1">https://pdata.uk/#/views/B239_Emollientsupdate/FrontPage?iid=1</a>

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