

Guideline and Medal Ranking - Emollients

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Introduction

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.

- Assess patient to **diagnose a dermatological condition** such as eczema, psoriasis or symptomatic xerosis or pruritus caused by systemic disease that threatens skin integrity e.g. in older patients.

Costs

Emollients can be **purchased over the counter** by patients who do not have a diagnosed dermatological condition or risk to skin integrity. (For diagnostic criteria for atopic eczema refer to the [guidelines for the management of atopic eczema¹](#)).

There is **no evidence²** 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**.

Our CCGs spend over £1 million per year on emollient products. All **primary and secondary care prescribers** should where possible select the emollient with the **lowest acquisition cost** from the range available in our agreed preferred product list. Do not prescribe moisturisers and creams not listed in the Drug Tariff. These are considered to be cosmetic treatments.

Patient preference, health education and their expectations from treatment are key to compliance.

Newly diagnosed patients

- Offer the product with the lowest acquisition cost from the above preferred list appropriate to their condition.

Existing patients

For patients with a diagnosed dermatological condition prescribed an emollient outside the preferred product list:

- Review with a view to trialling a preferred emollient from the list above.
- If after discussion with the patient, they agree to switch existing emollient therapy, offer the product with the lowest acquisition cost from the above list by emollient formulation.
- If the patient prefers to continue on their existing product this choice should be respected.

Quantities

Try small quantities initially, until an acceptable emollient is found. 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).

Ointments		Most greasy = most effective emollient
Creams/gels		
Lotions		Least greasy = least effective emollient

The **quantity of emollient 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**
- As a guide, in *generalised eczema*, the recommended quantities used are **600 g/week for an adult** and **250-500 g/week for a child**.³
- Also offer smaller quantity packs for use at school or work in addition to the main prescription.

This table suggests suitable quantities to be prescribed for an **adult** for a **minimum of twice daily** application for **one week**.

Affected area	Face	Both hands	Scalp	Both arms or both legs	Trunk	Groin and genitalia
Creams	15–30g	25-50g	50-100g	100-200g	400g	15-25g
Lotions*	100ml	200ml	200ml	200ml	500ml	100ml

*Locally, lotions are not considered a standard component of 'total emollient therapy'

Factors to consider when making a choice

- 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.
- 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.
- *Lotions have a higher water content than creams, which makes them easier to spread but less effective as emollients. **Locally, emollient lotions are no longer considered a standard component of 'total emollient therapy'** and so should only be prescribed in the specified circumstances in the preferred list. They may be preferred for very mildly dry skin, as well as for hairy areas of skin.
- The amount of emollient deposited on the skin during bathing/showering is likely to be far lower than with directly applied emollient creams/ointments. Bath additive emollients will coat the bath and make it greasy and slippery. All bath additives are now commissioned black and should not be prescribed.

Aqueous cream is no longer considered suitable as a leave-on emollient or soap substitute for diagnosed dermatological conditions due to its tendency to cause irritant reactions and availability of emollient creams with a lower acquisition cost.⁴

Emollients containing urea, antimicrobials etc. are not generally recommended as the evidence to support their use is limited²; however they may be useful in a select group of patients (see preferred list).

Some colloidal oatmeal containing emollients such as Aveeno® Cream and Aveeno® Lotion 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 BNF⁵).

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.

Sensitivities to excipients can occur and should be checked before prescribing; excipients are listed in the SPC, the BNF⁵ indicates the presence of some specific excipients that are associated with sensitisation in topical preparations and there is a MIMS [online table](#)⁷ regarding potential skin sensitisers in emollients. Care should be taken when switching to any new preparation, particularly for patients with known allergies e.g.: to certain cosmetics.

*******FIRE RISK WARNING*******

All emollients are flammable – The risk of severe and fatal burns with emollients containing more than 50% paraffins was communicated in [January 2008](#) and [April 2016](#) via Drug Safety Update. The risk of severe and fatal burns has been extended to **all paraffin-based emollients** regardless of paraffin concentration and there is also a risk for 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.

The risk is greater when these preparations are applied to large areas of the body, and clothing or dressings become soaked with the ointment. Patients should be advised to:

- Keep away from fire or flames
- Not to smoke when using these preparations
- Change clothing and bedding daily to reduce the fire hazard.

The risk of fire should be considered when using large quantities of any paraffin-based emollient⁶. Incidents should be reported to NHS England's [Serious Incident Framework](#). Further information could be found on the [Drug Safety Update](#) from December 2018, and information on paraffin free emollients can be found on page 14 of this document.



References

1. Primary Care Dermatology Society & British Association of Dermatologists Guidelines for the management of atopic eczema, SKIN Vol 39 Oct 2009:
<http://www.pcids.org.uk/images/stories/pcidsbad-eczema.pdf>
2. NICE Clinical Knowledge Summaries:
<http://cks.nice.org.uk/eczema-atopic#!topicsummary>
3. NICE CG 57. Atopic eczema in under 12s: diagnosis and management
<https://www.nice.org.uk/guidance/cg57>
4. MHRA Drug Safety Update, Volume 6, issue 8, March 2013: Aqueous cream: may cause skin irritation, particularly in children with eczema, possibly due to sodium lauryl sulfate content; <https://www.gov.uk/drug-safety-update/aqueous-cream-may-cause-skin-irritation>
5. MHRA Drug Safety Update, Volume 12, issue 5, March 2018: Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients content; <https://www.gov.uk/drug-safety-update/aqueous-cream-may-cause-skin-irritation>
6. BNF March 2016 - <https://www.medicinescomplete.com/mc/bnf/current/752391715.htm>
7. NHS National Patient Safety Agency Rapid Response Report 4 Fire hazard with paraffin based skin products on dressings and clothing November 2007
<http://www.nrls.npsa.nhs.uk/resources/?entryid45=59876>
8. MIMS potential skin sensitisers ingredients <http://www.mims.co.uk/emollients-potential-skin-sensitisers-ingredients/dermatology/article/882437>

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Medal Ranking Emollients

Medal rankings provide prescribers with a quick overview on cost-effective prescribing in areas where the formulary product choices have little therapeutic difference.

Please routinely prescribe the agents offering greatest overall value to the health economy.

Greasy/ Very Greasy Ointments

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

Name	Ingredients	Cost per 500g/500ml	Pack sizes available	Extra info	Approval
Emulsifying ointment	WSP 50%: EW 30%: LP 20%	£3.57	500g		
Zeroderm® ointment	WSP 30%: LP 40%: EW 30%	£4.10	125g/500g	Branded Generic – similar to Hydromol® and Epaderm®	
Fifty:50	WSP 50%: LP 50%	£3.66	250g/500g		
Hydromol® ointment	YSP 30%: LP 40%: EW 30%	£4.96	125g/500g/1000g		

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Creams/Gel

- Less greasy than ointments, for everyday use, frequent application, can be used as soap substitutes.
- Please note lotions are NOT advised
- Choose a cost effective 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
- Aqueous cream is decommissioned and should not be used as an emollient nor as a soap substitute.

Name	Main Ingredients	Cost per 500g/500ml	Pack sizes available	Extra info	Approval
Epimax® cream cream	WSP 15%: LP 6%	£2.49	100g tube/500g flexi-dispenser	Branded Generic similar to DIPROBASE®	
Aquamax® cream®	LP 8%: WSP 20%	£3.99	100g, 500g tub	Thicker than Epimax®	
Zerocream®	LP 12.6%: WSP 14.5%	£4.08	50g, 500g pump dispenser	Branded Generic - similar to E45®	
Soffen® cream	WSP 13.2%: LP 10.5%	£4.79	500g	similar to CETRABEN® and ENOPEN®	
Zerodouble®	Isopropyl myristate 15% / LP 15% gel	£4.90	475g	Branded Generic - similar to DOUBLEBASE®	
Oilatum® cream And Oilatum Junior® (Junior = fragrance free)	WSP 15%: LP 6% (same as Diprobace®)	£5.28	50g, 150g, 500g pump and 1000g pump	similar to EPIMAX® AND DIPROBASE®	
Doublebase® gel	Isopropyl myristate 15% / LP 15% gel	£5.83	100g, 500g pump		
QV® cream	Glycerol 10%: LP 10%: WP	£5.96	100g, 500g, 1050g	Most cost- effective glycerol containing	

	5%			product	
Aproderm® colloidal oat cream	Avena Sativa Kernel Flour	£5.80	100ml and 500ml	similar to AVEENO®	
Ultrabase®	WSP 10%	£8.67	50g, 200g, 500g pump dispenser		
Neutrogena Norwegian Formula® Dermatological Cream	Glycerol 40%	£20.00	100ml		
Unguentum M® cream	LP 8%: WSP 4%	£8.48	50g, 60g, 100g, 200ml, 500g dispenser		
Aveeno® cream	Colloidal oatmeal in emollient base (glycerin and LP)	£6.66	100ml, 300ml and 500ml	See Aproderm colloidal® ACBS	
Hydromol® cream	Sodium pidolate 2.5%: LP 13.8%	£12.12	50g, 100g, 500g		

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Lotions

- NOT routinely recommended locally, as they do not provide enough of a barrier.
- In select circumstances, these may be useful for application to hairy areas, skin folds, face or scalp.

Name	Ingredients	Cost per 500g/500ml	Pack sizes available	Approval
E45® lotion	LP 4%: WSP 10%	£4.59	200ml/500ml pump	

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Urea containing Preparations

- For dry/scaly skin.
- Only use 10% urea containing products (5% not strong enough)
- 25% can be used for feet

Name	Ingredients	Cost per 500g/500ml	Pack sizes available	Approval
Flexitol 10% Urea Cream®	Urea 10%	£11.77	150g and 500g	
Balneum Plus® cream	Urea 5% Lauromacrogols 3%	£14.99	100g, 175g, and 500g	
Calmurid® cream	Urea 10%, lactic acid 5%	£33.40	100g and 500g pump pack	
Nutraplus cream	Urea 10%	£21.85	100g	
Eucerin Intensive® cream	Urea 10%	£37.95	100ml	
Flexitol Urea Heel Balm®	Urea 25%	£14.75	40g, 75g, 200g, 500g	

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Antimicrobial

- For short term use only for infected skin

Name	Ingredients	Cost per 500g/500ml	Pack sizes available	Extra info	
Dermol® cream	Benzalkonium 0.1%: Chlorhexidine 0.1%: LP 10%: isopropyl myristate 10%	£6.63	100g, 500g	Use ONLY for short term use for infected skin	
Dermol 500 Lotion	LP 2.5%, isopropyl myristate 2.5%, Benzalkonium chloride 0.1%, Chlorhexidine dihydrochloride 0.1%	£6.04	500ml	May be used as soap substitute or as a 'leave on' emollient	

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Bath Oil/Additives/Shower preparations

- Bath and shower preparations for dry and pruritic skin conditions are now included in the guidance for items which should not routinely be prescribed in primary care by NHS England.
- The BATHE trial showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. It is recognised that the trial looked at the use in children however in the absence of other good quality evidence it was agreed by NHS England, to extrapolate this to apply to adults until good quality evidence emerges.
- Soap avoidance and 'Leave-on' emollient moisturisers can still be used for treating eczema. These emollients can also be used as a soap substitute.
- Patients should be counselled on the use of any emollients as soap substitutes and the [risk](#) of using bath and shower emollients should be fully explained.

Name	Ingredients	Cost per 500g/500ml	Pack sizes available	Extra info	Approval
LPL 63.4%	LP 63.4%	£3.13	500ml		
Hydromol® bath and shower emollient	LP 37.8%: isopropyl myristate 13%	£4.46	350ml, 500ml, 1000ml		

Zeroneum® bath oil	Soya oil 83.35%	£4.48	500ml		
QV® bath oil	LP 85.13%	£4.76	250ml, 500ml		
Balneum® bath oil	Soya oil 84.75%	£5.38	500ml		
Zerolatum® emollient bath additive	LP 65%	£4.79	500ml		
Oilatum® Junior bath similar to Oilatum® but fragrance free	LP 63.4%	£5.75	150ml, 250ml, 300ml, 600ml		
E45® bath oil	LP 91%	£5.29	250ml, 500ml	ACBS	
Doublebase® emollient bath additive	LP 65%	£5.45	500ml		
Cetraben® bath	LP 82.8%	£5.75	500ml		
Aveeno® bath and shower oil	Colloidal oatmeal	£9.18	250ml	ACBS	
Dermol 600® bath emollient	LP 25%; isopropyl Myristate 25%; benzalkonium chloride 0.5%	£7.55	600ml		
Oilatum Plus®	LP 52.5%; benzalkonium chloride 6%; triclosan 2%	£7.22	500ml		

Dermol 200® shower emollient/ Dermol® wash emulsion (similar to Dermol® lotion)	LP 2.5%: isopropyl myristate 2.5%: benzalkonium chloride 0.1%: dihydrochloridine 0.1%	£3.55	200ml		
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Gel/Washes

- ALL these products are BLACK as all emollient creams can be used as soap substitutes for washing. Products marketed as shower gel or washes are very similar ingredients to the emollient products but considerably less cost effective.

Name	Ingredients	Cost per 500g/500ml	Pack sizes available	Extra info	Approval
ZeroAQS® emollient cream	LP 6%: WSP 15%	£3.29	100g and 500g		
Aqueous cream	EO 30%: WSP 15%: LP 6%	£5.00	100g, 500g		
QV® gentle wash	Glycerol 15%	£5.32	500ml		
Aquamax® wash	WSP 20%: LP 8%	£5.98	250g		
E45® wash cream	LP: YSP	£6.60	250ml pump		
Doublebase® emollient shower gel	LP 15%: isopropyl myristate 15%	£13.03	200g		
Oilatum® gel and Oilatum® shower gel (shower gel = fragrance free)	LP 70%	£17.56	150g		

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Sprays

Name	Ingredients	Cost per 500g/500ml	Pack sizes available	Approval
Dermamist® spray (Fire risk)	WSP 10% in LP base	£11.94	250ml unit	<p>Use ONLY when application without touching the skin is required</p> 
Emollin® spray (Fire risk)	LP 50%: WSP 50%	£13.31	150ml, 240ml	

 Use first line
  Use second line
  Use try to avoid, use third line if needed

 No formal commissioning position, avoid use
  Not commissioned. **Do not use**

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Cost effective emollients with no paraffin content

For patients who are at a high risk of fire, (e.g. heavy smokers or on oxygen tanks) it may be worth considering using a paraffin free emollient. The table below lists some options that can be used. Please note that paraffin-free emollients are still flammable.

Emollient	Cost
Calmurid® Cream	100g £5.75, 500g £33.40
Nutraplus® 10% urea cream	100g £4.37
Aproderm® Colloidal Oat Cream	100g £2.74, 500g £5.80
Neutrogena Norwegian Formula® Dermatological Cream	100ml £4.00

Counselling points for patients/parents/carers

What is an emollient?

Emollients (sometimes called moisturisers) are creams, ointments and lotions which help to prevent dry skin and itching by keeping it soft and moist and reduce the number of skin “flare ups”.

What is the difference between emollients?

The difference between lotions, creams and ointments is their content of oil (lipid) and water. The oil content is lowest in lotions, intermediate in creams and highest in ointments. The higher the oil content, the greasier and stickier it feels and the shinier it looks on the skin.

As a general rule, the higher the oil content (the more greasy and thick the emollient), the better and longer it works but it may be messier to use.

Ointments: greasiest, usually do not contain preservatives (ingredients to help protect the product from bacteria/germs and increase its shelf-life) therefore are associated with less skin sensitivities, good for moderate-severe dry skin and night time application.

Creams: less greasy, normally contain preservatives so may cause skin irritation, usually need to be applied more often than ointments, good for day time application and weeping eczema.

Lotions: good for mildly dry skin, hairy areas of skin, face or weeping eczema; normally contain preservatives so may cause skin irritation.

Which emollient is best?

There is **no “best emollient”**. The type (or types) to use depends on the dryness of the skin, the area of skin involved and patient preference.

More than one emollient may be required for use at different times of the day or for when the skin condition is more active.

How and when to use/apply emollients?

Wash & dry hands before applying emollients to reduce the risk of introducing germs to the skin.

If using a tub, remove the required amount of emollient from the tub onto a clean plate/bowl using a spatula or a teaspoon to prevent introduction of germs to the container.

Apply emollients whenever the **skin feels dry/ as often as you need**. This may be 2-4 times a day or more. Apply emollients immediately after washing or bathing when skin has been dabbed dry. 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. This will be assessed by your doctor or nurse.

Apply by smoothing them into the skin **in the direction the body hair naturally lies**, rather than rubbing them in.

Emollients should be **used as a soap substitute**, as normal soap tends to dry the skin.

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 after the topical corticosteroid.

All emollients have potential to be flammable, but take extra care with paraffin based emollients; take care near any open flames or potential causes of ignition such as cigarettes.

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Further 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>)
- ✓ Primary Care Dermatology Society – atopic eczema(<http://www.pcids.org.uk/clinical-guidance/atopic-eczema#management>)
- ✓ British Association of Dermatologists – patient information leaflets (<http://www.bad.org.uk>) (This is not an exhaustive list)

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