














Emollient Formulary

The prescribing of emollients for dry skin is not supported: patients are advised to purchase emollient products as part of self-care

Light Emollients – for mild dry skin (Consider self-care)	Medium Emollients – for moderate dry skin	Heavy Emollients – for severe dry skin
Epimax Original Cream* (100g £0.75, 500g pump £2.49)  Epimax Isomol gel* (100g £1.99, 500g pump £2.92)  Cetraben Lotion (200ml pump £4.00, 500ml pump £5.64)  Epimax Oatmeal Cream (100g £1.99, 500g £2.99) Zeroveen Cream (100g £2.74, 500g pump £5.89)	Epimax Isomol gel* (100g £1.99, 500g pump £2.92)  Oilatum Cream (50g £1.67, 150g £3.06, 500ml pump £5.28, 1050ml £9.98)  Cetraben Cream (50g pump £1.40, 150g pump £3.98, 500g pump £5.99, 1.05kg £11.62)  Epaderm Cream (50g pump £1.71, 150g £3.58 500g pump £7.00)  Ultrabase Cream (50g £2.20, 200g pump £3.98, 500g pump £5.96) 	Emollin Spray (150ml £4.00, 250ml £6.39) Emulsifying Ointment (500g £3.61)  Hydromol Ointment (125g £2.92, 500g £4.96, 1kg £8.20)  White Soft Paraffin / Liquid Paraffin 50:50 (Alliance) (500g £4.57)
Urea Containing Emollients	Emollients with antimicrobials	Emollients with anti-itch properties
Balneum Cream 5% (50g pump £2.85, 500g pump £9.97) Eucerin Intensive Lotion 10% (250ml £7.93) Flexitol Heel Balm (40g £2.75, 75g £3.80, 200g £9.40, 500g £14.75)	Dermol Cream (100g £2.86, 500g pump £6.63)  Dermol Lotion (500ml pump £6.04) 	Balneum plus cream (urea and lauromacrogols) (100g £3.29, 500g £14.99) Methoderm cream 0.5% (100g £3.12, 500g £14.59) 1% (100g £3.20, 500g £14.79) 2% (100g £3.85, 500g £14.99)

Products contain a variety of excipients, please check prior to prescribing if patients have any known sensitivities. Bath and shower products have not been included in the formulary due to the lack of evidence of efficacy, many of the emollients listed can be used for washing and these are denoted  * Name change (same formulation)



There is an increased fire risk with ALL emollients including low paraffin and paraffin free products



Considerations before prescribing emollients

There is no evidence from clinical studies to support the use of one emollient over another. Selection should be based on the properties and type of product, patient acceptability, dryness, area of skin involved and skin severity. It should not be purely based on cost alone.^{1,2,3}

Patient acceptability

Patient expectations should be addressed and health education provided to ensure they have a clear understanding about their skin condition and how emollients can be used alongside their other topical treatments (See patient information leaflet). Patient preference / tolerance / cosmetic acceptability and their previous experiences of unwanted effects such as stinging, burning and tingling should be taken into account.⁵ It may be worth trying small quantities initially, until one that is acceptable to the patient is found. Adequate quantities should then be prescribed and if the whole body is being treated adults should be prescribed 600g and children 250-500g per week. It is important that patients are happy with their emollient and know what to expect from it as they will be more likely to apply it frequently and gain maximum benefits. Life style factors and time of year may also influence choice and product use.

Properties and type of product

Emollients are available in a variety of formulations: creams, ointments, gels, lotions, sprays, washes, and bath and shower additives. Leave on emollients are applied directly onto the skin and are left to soak in. They should not be washed off. Many of the emollients can also be used as soap substitutes (except white soft paraffin alone) and these are highlighted within this formulary with a soap bar image.⁴ There is no evidence to support the routine use of bath emollients. Bath and shower emollients offer no advantages over leave on / standard emollients in children with eczema and they should not be used in place of emollients applied directly to the skin before washing.⁹ Patients should be advised to wash with their normal emollients as a soap substitute instead.⁶ Aqueous cream is no longer recommended as a soap substitute or emollient as it contains sodium lauryl sulphate (SLS), which has a detrimental effect on skin barrier function.

Products can be further classified as:

- Simple emollients - no additional ingredients. These put a fine moisture-retaining layer of non-physiologic lipid or oil, such as petrolatum or mineral oil, over the skin surface and thereby reduce water loss.
- Advanced emollients – these hold water in the skin by using additional ingredients such as
 - Humectants: propylene glycol, lactic acid, urea and glycerol
 - Lauromacrogols (have local anaesthetic properties, soothe, relieve itchy skin)
 - Antiseptics such as benzalkonium chloride and chlorhexidine hydrochloride

Patient Information:

Guys and St Thomas': <https://www.guysandstthomas.nhs.uk/resources/patient-information/dermatology/emollients.pdf>

NHS Choices Emollients: <https://www.nhs.uk/conditions/emollients/>

British Association of Dermatologists: <http://www.bad.org.uk/>

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Formulation Choice

Generally the greasier an emollient the more effective it is, as it is able to trap more moisture in the skin but they can often be less acceptable or tolerated.

Creams are less greasy but are generally more effective than light emollients and are often more cosmetically acceptable to patients than ointments.

Lotions are good for very mild dry skin and for the face and also for hairy individuals where ointments and thicker creams can be quite messy.

Ointments do not contain preservatives and may be more suitable for those with sensitivities but should not be used where infection is present.

Over application of greasy emollients can lead to folliculitis and overheating. Sensitivities to excipients are not uncommon and should be checked before prescribing; the BNF lists all excipients in emollient preparations. Pump dispensers for creams and lotions may be preferable as they are cleaner and reduce the risk of antimicrobial contamination.

When prescribing emollients there are safety issues which should be addressed:

- Patients or their carers should be advised not to put hands in pots but use a spoon or spatula to decant from the pot



- Care should be taken near naked flames. Bandages, dressings and clothing in contact with any emollient can be ignited with a naked flame: smoking, open or gas fires, hobs, candles etc. Patients and carers should be advised to wash clothing and bed linen regularly, preferably daily to reduce emollient build up although this will not totally remove it.

Changing to a lower paraffin or paraffin-free product will not reduce the fire risk. Caution should also be taken with patients on oxygen therapy.⁸ More information is available here: <https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>

Slippage - patients should be advised to take care when entering/leaving the bath/shower if emollients have been used due to the risk of slipping. Using emollients on a regular basis either at home or in a caring environment such as a care home or hospital setting increases the risk of slippage because there will be a build-up of grease on the floor or bathroom facilities unless measures are taken. The floor should be protected with a towel or bath mat and the bath/shower should be washed with hot water and washing-up liquid (detergent) after use, rinsed well and dried with paper towels.

References

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