

Primary Care Emollient Options

*This guideline has been developed for the management of patients with a **diagnosed** dermatological condition. NHSE recommend that patients with mild dry skin can be successfully managed using OTC products on a long term basis.*

Product	Pack size	Cost/pack Drug Tariff April 19	Container	Notes (Please note: Alternatives are based on paraffin % and does not compare excipients or sensitisers)
CREAMS & GELS (Moderate dry skin)				
Epimax® Cream ^{SS}	500g	£2.49	Flexidispenser	Alternative to DIPROBASE CREAM (£6.32)
Isomol® Gel ^{SS}	500g	£2.92	Flexidispenser	Alternative to DOUBLEBASE GEL (£5.83)
ExCetra® Cream ^{SS}	500g	£2.95	Flexidispenser	Alternative to CETRABEN CREAM (£5.39)
Epimax® Oatmeal Cream ^{SS}	500g	£2.99	Flexidispenser	Alternative to AVEENO CREAM (£6.47)
ZeroAQS® Emollient Cream ^{SS}	500g	£3.29	Tub	Alternative to AQUEOUS CREAM (£3.85)SLS Free
Cetomacrogol Formula A Cream	500g	£3.99	Tub	
Aquamax® Cream ^{SS}	500g	£3.99	Tub	
Aproderm® Gel	500g	£3.99	Pump dispenser	Alternative to DOUBLEBASE GEL (£5.83)
Zerocream®	500g	£4.08	Pump dispenser	Alternative to E45 CREAM (£5.62)
AproDerm® Emollient Cream ^{SS}	500g	£4.95	Pump dispenser	
OINTMENTS (Severe dry skin)				
Epimax® Ointment ^{SS}	500g	£2.99	Tub	
Fifty:50 Ointment	500g	£3.66	Tub	NOTE: not suitable for use as a soap substitute
AproDerm® Ointment	500g	£3.95	Tub	NOTE: not suitable for use as a soap substitute
Zeroderm® Ointment ^{SS}	500g	£4.10	Tub	
Hydromol® Ointment ^{SS}	500g	£4.96	Tub	Alternative to EPADERM OINTMENT (£6.53) NOTE: Hydromol Cream (£12.02)
Epimax® Paraffin-Free Ointment ^{SS}	500g	£4.99	Tub	
UREA CONTAINING CREAMS (Dry, scaling skin conditions)				
Balneum Plus® Cream	100g	£3.29	Tube	Urea 5%, Lauromacrogols 3%
	500g	£14.99	Pump dispenser	
ImuDERM® Emollient	500g	£6.55	Pump dispenser	Urea 5%, Glycerol 5%
Hydromol® Intensive Cream	100g	£4.41	Tube	Urea 10%
Dermatonics® Once Heel Balm	75ml	£3.60	Tube	Urea 25%.
<ul style="list-style-type: none"> Specific patient groups only e.g. those with scaling skin. Urea is a keratin softener and hydrating agent used in the treatment of dry, scaling conditions (including ichthyosis). May cause stinging and irritation. 				
ANTIMICROBIAL CONTAINING EMOLLIENT - AVOID unless infection is present (see BNF) ².				
Dermol® 500 Lotion	500ml	£6.04	Pump dispenser	Benzalkonium chloride 0.1%, Chlorhexidine 0.1%
Dermol® Cream	500g	£6.63	Pump dispenser	Benzalkonium chloride 0.1%, Chlorhexidine 0.1%
<ul style="list-style-type: none"> Preparations containing an antibacterial should be avoided unless infection is present or is a frequent complication ⁸. Avoid routine use and avoid long term use, except on dermatology advice. 				
BATH AND SHOWER EMOLLIENTS - Lack of evidence to support efficacy ⁶.				
<ul style="list-style-type: none"> Patients should be advised to wash with their normal emollients as a soap substitute where appropriate. Most emollients are suitable for use as a soap substitute. Those marked SS above are specifically endorsed for use as a soap substitute. 				
AQUEOUS CREAM - AVOID prescribing due to sodium lauryl sulphate (SLS) content ⁸.				

Suggested suitable quantities to prescribe ²

Area of body	Creams or Ointments		Lotions	
	For twice daily application - Adult		For twice daily application - Adult	
	One week Supply	One month supply	One week supply	One month supply
Face	15g -30g	60g - 120g	100ml	400ml
Both hands	25g -50g	100g – 200g	200ml	800ml
Scalp	50g - 100g	200g – 400g	200ml	800ml
Both arms / both legs	100g - 200g	400g – 800g	200ml	800ml
Trunk	400g	1600g	500ml	2000ml
Groin and genitalia	15g - 25g	60g – 100g	100ml	400ml
For children reduce quantity approximately by half. Recommended quantities for the whole body are 800g/week for adults or 250-500g/week for children.				

Primary Care Emollient Choice

*This guideline has been developed for use in the management of patients with a current **diagnosed** dermatological condition. NHS England recommend that patients with mild dry skin, **without** a current dermatological condition can be successfully managed using over the counter products on a long term basis.*

Considerations before prescribing

- Ensure that the indication is a documented dermatological condition. Prescribing for non-clinical cosmetic purposes is not recommended and should be reviewed.
- There is **no evidence** from controlled trials to support the use of one emollient over another (www.bad.org.uk).
- **Choice:** Compliance is likely to be poor if the patient does not like the product. Try small quantities initially on an acute prescription, until an acceptable emollient is found¹.
- **Sensitivities** to excipients can occur but rarely cause problems². Individual product ingredients and excipients can be found in Summaries of Product Characteristics.
- **NICE (CG57)** recommends healthcare professionals should **review repeat prescriptions** with children with atopic eczema at least once a year to ensure that therapy remains optimal³.
- Pump dispensers may minimise the risk of bacterial contamination. For emollients that come in pots, using a clean spoon or spatula (rather than fingers) to remove the emollient helps to minimize contamination⁴.



MHRA WARNING: Risk of severe and fatal burns is being extended to **all paraffin and paraffin-free emollients regardless of paraffin concentration**.

Advise patients to keep them away from fire or flames and to not smoke when using them. Patients' clothing and bedding should be changed regularly (preferably daily) as emollients will soak into fabric and can become a fire hazard⁵.

Bath and Shower emollients

- ❖ There is limited evidence to support the use of bath additives as an essential component of emollient therapy. In childhood eczema, adding bath emollients provided no additional benefit over standard eczema care when already using a leave-on emollient as a wash product (BATHE trial)⁶.
- ❖ **Patients should be advised to take care when entering/leaving the bath/shower if emollients have been used - risk of slipping.**

Aqueous Cream

Aqueous cream is **no longer recommended** as either an emollient or a soap substitute⁷ due to its sodium lauryl sulphate content which carries a higher risk of causing skin irritation particularly in eczema⁸.

Emollients with Antibacterials

Emollients with antibacterials (such as Dermalol) should be **avoided** unless infection is present or is a frequent complication². Use should be targeted and short term, unless long term use is recommended by a dermatologist.

1. NICE, Eczema- atopic, Jan 2018 <https://cks.nice.org.uk/eczema-atopic#prescribinginfosub:1>
2. BNF, Nov 2018 <https://bnf.nice.org.uk/>
3. NICE, CG57, 2007 <https://www.nice.org.uk/guidance/cg57>
4. PresQIPP, B76 Emollients 2015 <https://www.presqipp.info/media/1307/b76-emollients-briefing-20.pdf>
5. MHRA, Fire risk, Dec 2018 <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. BMJ, BATHE Study, 2018 <https://www.bmj.com/content/361/bmj.k1332>
7. National Eczema Society, Emollients factsheet, 2018 <http://www.eczema.org/emollients>
8. MHRA, Aqueous cream, Dec 2014 <https://www.gov.uk/drug-safety-update/aqueous-cream-may-cause-skin-irritation>