

EMOLLIENT GUIDE

ANY CREAM OR OINTMENT BELOW CAN BE USED AS A SOAP SUBSTITUTE IN THE BATH/SHOWER
Prices correct at May 2017

	MILD DRYNESS	MODERATE DRYNESS	SEVERE DRYNESS
1 ST Line	Epimax cream (500g pump) £2.49 (100g) 75p ZeroAQS cream (500g tub) £3.29	Isomol Gel (500g pump) £2.92 (100g) £1.99 Aquamax cream (500g tub) £3.99 (100g) £1.89 Zerocream cream (500g pump) £4.08 (50g) £1.17	Emulsifying ointment (500gtub) £2.92 Zeroderm ointment (500g tub) £4.10 (125g) £2.41
2 nd Line	Exocream (500g pump) £3.99 (125g) £2.33 Ultrabase cream (500g pump) £5.96 (50g) £2.20	Zerodouble gel (475g bottle) £4.71 (100g) £2.25 Aproderm cream (450g pump) £4.74 (50g) £1.70 Zerobase cream (500g pump) £5.26 (50g) £1.04 Oilatum cream (500g pump) £5.28 (150g) £3.06	Hydromol ointment (500g tub) £4.89 (125g) £2.88
Other options note: higher cost	Cetraben Lotion (500g) £5.64	Doublebase Gel (500g) £5.83 Cetraben cream (500g) £5.99 Diprobbase cream (500g) £6.32	Cetraben Ointment (450g) £5.39 Zeroguent cream (500g) £6.99

Consider switching (similar) :			
Diprobase → Zerobase	Doublebase → Isomol Gel	Aqueous cream → ZeroAqs or Epimax	E45 → Exocream
With urea - for twice a day use as an add-on therapy to regular emollient - can cause stinging Imuderm® Urea Emollient (5% glycerine and 5% urea) 500g only £6.50 Balneum Plus cream (urea 5% + ceramides 0.1%; for itchy skin) 100g £3.29 Hydromol intensive (10% urea) 100g £4.37 Calmurid cream (10% urea and lactic acid) 100g £5.75		with antiseptic Do not routinely prescribe emollients with antimicrobials - avoid long term use (NICE CG57) - reserve for decreasing bacterial load, where recurrent infection is a contributory factor to relapse Dermol 500 lotion (500g – pump) £6.04 (LP 2.5% + benzalkonium chloride 0.1% + chlorhexidine dihydrochloride 0.1% + isopropyl myristate 2.5%) Dermol cream (500g – pump) £6.63 (LP 10% + benzalkonium chloride 0.1% + chlorhexidine dihydrochloride 0.1% + isopropyl myristate 10%)	

GUIDANCE NOTES FOR CHOOSING THE CORRECT EMOLLIENT FOR YOUR PATIENT

Emollient application and use	Considerations before prescribing
<ul style="list-style-type: none"> - Emollients should be used during washing and applied after washing to maximise hydrating effect. - Apply regularly to keep the skin hydrated. - Avoid bubble baths and soaps. - Advise to apply gently and smoothly in downward strokes in the direction of hair growth – rubbing can exacerbate itch and thicker products applied upwards can lead to folliculitis. - Where relevant, ensure that emollients are fully absorbed into the skin before continence pads are used. - Other topical preparations e.g. corticosteroids should be applied 30 minutes before or after emollients to prevent dilution, or spread to unaffected skin. <p>Emollient preparations contained in tubs should be removed with a clean spoon or spatula to reduce bacteria contamination of the emollient</p>	<ul style="list-style-type: none"> - Patient lifestyle and preference - may prefer light moisturiser during day and greasy one at night. - Previous emollients - may have tried other moisturisers with little benefit. - Prescribing amounts - prescribe sufficient quantities once patient has settled on an emollient. - Review patients applying emollients only for cosmetic use. - 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. - 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. <p>Pump dispensers for creams and lotions may be preferable as they are cleaner and reduce the risk of antimicrobial contamination</p> <ul style="list-style-type: none"> - Bath and shower emollients should not be prescribed due to lack of evidence to support their routine use. Patients should be advised to wash with a soap substitute.

AVEENO - Please note this is ACBS only: Endogenous and Exogenous eczema, Xeroderma, Ichthyosis and Senile Pruritus associated with dry skin.

Sunscreens should not be routinely prescribed other than for the conditions detailed in the current BNF