Best Practice Emollient Therapy

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Guidelines

• Primary Care Dermatology Society Guidelines 2010: General Principles of Maintaining Good Skin Integrity
• Best Practice Statement: Emollient Therapy 2007 Dermatological Nursing
• Best Practice Statement: Care of the Older Person’s Skin 2011 Wounds UK
Why emollients?

- All individuals who have dry vulnerable skin require regular treatment with moisturiser to maintain skin integrity.
- Can prevent skin breakdown:
  - Maintain optimal barrier function of the skin
  - Reduce the risk of development of irritant skin changes such as eczema
  - Prevent moisture loss or replenish moisture in the skin
Barrier Function
Other emollient functions

• Make the stratum corneum swell and flatten out surface irregularities.
• Increase the extensibility of the skin so that it cracks less.

Decrease binding forces between horn cells, thus less scaling.
Reduces itch.
Have anti-inflammatory properties.
Complete Emollient Therapy

Complete Emollient Regime
3 pronged approach

Soap Substitute
Bath Additive
Leave on emollient
At least twice a day
Emollient regimen

- Bathe in warm water with added emollient
- Use a soap substitute
- Pat dry with soft towel
- Apply emollient liberally and apply topical steroid.

(adapted from Davis R 2001)
Using a soap substitute

- Washing becomes an opportunity for moisturising
- Soap is alkaline, it has a drying effect and is a potential irritant
- Aids comfort and reduces stinging
- Usually oil and water based but may be grease based
  (adapted from Davis R 2001)
- Always ensure skin gently patted dry after washing
- Consider cost by prescribing same product for washing and moisturising
Using a bath additive/ shower gels

- Shower or bath?
- Choice depends on clinical picture ie: itchy? Recurrent infections?
- Be aware of potential sensitisers- Mims http://www.mims.co.uk/Tables/882437/
- Slipping hazard
- Use in conjunction with soap substitute.
Application of emollients

- Apply in direction of hair growth.
- Avoid vigorous rubbing.
- Apply after washing where possible.
- Decant from large pot.
- Reapply frequently and liberally: between 250g-600g per week is recommended (Britton 2003)
Choosing emollient products

- General rule is that the drier the skin, the greasier the emollient should be
- Patient preference
- Choice
- Consider antimicrobial products if recurrent infection a concern
- Be aware of local formulary recommendations.
Leave on emollients

Ointments

Gels

Creams

Lotions
Lotions BNSSG

- Aveeno Lotion £6.42
- Dermol 500 lotion (antimicrobial) £6.04
Creams / Gels BNSSG

• Aveeno cream  £6.80
• Cetraben Cream  £5.99
• Diprobase Cream  £6.32
• Doublebase Gel  £5.83
• Epaderm Cream  £6.62
• Hydromol Cream  £4.86
• E45 Cream  £4.89
• Zeroguent Cream  £6.99
Ointments BNSSG

- Emulsifying Ointment £2.10
- Hydrous ointment £3.10
- Yellow soft paraffin £2.70
- White soft paraffin £2.50
- Liquid and whist soft paraffin £6.09
- Emollin Spray * £12.10
Soap substitutes BSNNG

- Oilatum Shower emollient 150g £5.15
- Aqueous cream £1.72
- E45 emollient wash cream £3.19
  (250ml)
Emollients + urea

- Balneum Plus Cream £9.80
- Calmurid Cream £27.42
- Hydromol intensive cream (100g) £4.37
Bath additives/ shower emollients

- Aveeno Bath Oil 250ml £4.28
- Oilatum bath additive £4.57
- Hydromol bath and shower £4.11
- Balneum bath oil £5.38
- Balneum Plus bath oil £6.66
- Dermol 600 £7.55
- Oilatum plus £6.98
Emollient quantities

<table>
<thead>
<tr>
<th>BODY SITE</th>
<th>Light dose regime</th>
<th>Medium dose regime</th>
<th>High dose regime</th>
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<tbody>
<tr>
<td>Arm</td>
<td>2 pumps</td>
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<td>Shin</td>
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<tr>
<td>Total</td>
<td>20 pumps</td>
<td>50 pumps</td>
<td>100 pumps</td>
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1 pump = 1 g
2 pumps = 1 teaspoon; 5 pumps = 1 dessert spoon; 10 pumps = 1 tablespoon
• Mavis: 75 ears old, developed generally dry itchy skin.

• Main concerns

• Lower legs, thick and hyperkeratotic also raw and weepy.

• Not sure what to use on skin.

• Itch is the main concern.

• Using aqueous cream as moisturiser once daily.

• Has betnovate cream but reluctant to use this
Hyperkeratotic Eczema
Lichenification
Eczema Craquele
Extreme xerosis

- Ichthyosis
References


- Best Practice Statement: care of the older person’s skin. Wounds UK 2011


- www.pcds.org.uk

- www.bnssgformulary.nhs.uk/132-Emollient-and-barrier-preparations