10 MINUTE CLINIC PODCAST

EMOLLIENT USE IN DRY SKIN CONDITIONS

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Dry skin is very common and all healthcare professionals should be aware of the place of emollient therapy in managing mild-to-moderate dry skin conditions. This 10 minute clinic podcast looks at the role of emollients in treating dry skin, the principles of complete emollient therapy, which types of emollients to use and how much to prescribe as well as what preparations should always be avoided when treating dry skin.

Key points

- An emollient is defined as a lipid or oil that hydrates and improves the appearance of the skin, reduces clinical symptoms of dryness and scaling and improves sensations, including itching and tightness
- Humectant ingredients such as urea can enhance the moisture-retaining ability of emollients and therefore their effectiveness
- Patient education and patient choice are both equally important for treatment adherence and achieving the best possible outcomes for managing the symptoms of dry skin conditions
- Complete Emollient Therapy (CET) is essential daily management for chronic inflammatory skin conditions, where dry skin is a key symptom
- The key principle of CET is that everything that goes on the skin should be emollient based
- Aqueous cream BP should not be prescribed or used at all for people with dry skin, even as a soap substitute – it actually weakens the epidermal barrier and appears to cause more skin damage
- Explain the importance of skin barrier repair and why emollients are necessary to achieve it; the skin barrier requires constant repair, achieved by the daily use of emollients for washing and moisturising known as Complete Emollient Therapy (CET)
- Ask the patient which emollient(s) they are using, how much they use, and how often; it is important to understand the quantities and frequency of emollient use, to help develop accurate treatment plans
- Offer the patient a choice of emollients: sometimes more than one product may be required to achieve CET, e.g. ointment for night time use and a cream for during the day.
- **Give precise instructions:** revise application techniques with the patient, including how and when to apply
- **Prescribe in generous amounts:** patients should be prescribed emollients as first-line therapy for dry skin conditions, and it's important to ensure they have enough to last until their next prescription

• Review the patient to assess the effectiveness of CET: patient review is very important to assess the effectiveness of emollient therapy, check the patient is happy with their emollient choice, and revise application techniques and amounts applied

Prescribing advice

- If Complete Emollient Therapy (CET) in combination with topical treatments is not controlling your patient's skin condition, or it is becoming more severe and you are confident that they are adhering to your treatment guidelines, then referral to a dermatology specialist should be considered.
- Emollients should be applied all over the body, not just the affected areas
- Application of emollients is a maintenance treatment, used as a means of preventing future flares
- Emollients should be used at least twice daily to help keep the skin smooth and moisturised
- For full body use an adult should use at least 500g of emollient per week, a child should use at least 250g of emollient per week
- 4g is the equivalent of one pump from a pump dispenser or one teaspoon
- Patients should be offered smaller-quantity packs for use at work or school in addition to their main prescription
- Always ensure a gap of at least 15 minutes between application of emollients and topical steroids
- Emollients have a steroid-sparing effect and should be supplied in a 10:1 ratio of emollient to steroid in order to achieve the full benefit
- There is no place for aqueous cream products, even as washing agents
- Patients should be made aware of the NHS pre-payment option, where appropriate

References and resources

- British Association of Dermatologists www.bad.org.uk
- Primary Care Dermatology Society <u>www.pcds.org.uk</u>
- <u>Use of emollients in dry-skin conditions: consensus statement PubMed</u> (nih.gov)
- Emollients | Prescribing information | Eczema atopic | CKS | NICE