

Bath emollients support document

Background

Following national guidance from NHS England, bath and shower preparations for dry and pruritic skin conditions are not recommended for use due to a lack of robust evidence of clinical effectiveness. Prescribers should not initiate bath and shower preparations for dry and pruritic skin conditions for any new patient.

The [BATHE study](#) found that there was no evidence of clinical benefit for using bath and shower emollients in the standard management of childhood eczema, and the recently updated [NICE guideline atopic eczema in under 12s: diagnosis and management \(CG57\)](#) asks that prescribers “do not offer emollient bath additives to children with atopic eczema”. ‘Leave-on’ emollient moisturisers should be used for treating eczema and these emollients can also be used as soap substitutes. Patients should be counselled on the use of any emollients as soap substitutes, and the risk of slipping when using bath and shower emollients should be fully explained.

Most emollients (apart from white soft paraffin in liquid paraffin 50:50) can be used as soap substitutes.

Recommendation

- Bath or shower products should not be initiated in patients unless recommended by specialists for severe eczema or infants under the age of 1 year.
- Existing patients receiving bath emollients should have their treatment reviewed as part of a routine structured review.
- Where a patient has a diagnosed dry skin condition and is not currently prescribed a leave on emollient, prescribe a leave on emollient from the table below or please refer to the [emollient prescribing guidelines](#).
- Epimax original cream/ointment are first line formulary choices; please note Epimax should be used as a body wash only and not be used on the face.
- In patients currently prescribed a leave on emollient, amend the dose instruction to ‘and to be used as a soap substitute or body wash’

Patients initiated by secondary care (dermatology or paediatrics):

- If within the last 3 years, leave on bath or shower emollient.
- If more than 3 years ago and seen by secondary care within the last 2 years, check letter and if appropriate leave on bath emollient

- If more than 3 years ago and not seen by secondary care with in the last 2 years, suggest stop bath emollient.

Formulary choice of emollients

Product	Cost per 500g/ml	Appropriate as a soap substitute	Advice
Epimax ointment (500g tub)	£2.99	Yes (body wash)	Dry skin in eczema and psoriasis, other dry skin conditions
Zeroderm ointment (500g tub)	£4.10	Yes	Dry skin in eczema and psoriasis, other dry skin conditions
EPIMAX® Original Cream (500g flexidispenser tube)	£2.49	Yes (body wash)	A light moisturiser good for daytime use. Contains preservatives (to avoid in patients with venous leg ulcer).
EPIMAX® ExCetra Cream (500g flexidispenser tube)	£2.95	Yes	Lasting relief for more severe symptoms due to higher lipid contain.
Zerobase (500g pump)	£5.26	Yes	Moderately dry skin. Less greasy than ointments. Good for everyday use.
EPIMAX® Isomol Gel (500g flexi-dispenser tube)	£2.92	Yes (unlicenced)	None

Information for patients on using emollients as soap substitute

- To use when washing, put a half to one teaspoonful in the palm of your hand and mix with small amount of water.
- If having a bath or shower, creams, lotions or gels can be rubbed “neat” directly into the skin and then rinsed off with water.
- If using a thick ointment in the bath or shower, this should be mixed with a small amount of water and applied to wet skin.
- Soap substitutes do not lather, but they are still effective at cleaning the skin
- Emollients can make the bath or shower cubicle slippery so take care.
- Clean the bath or shower cubicle after use with washing up liquid and hot water to prevent build up.

Anti-microbial

Some products contain antimicrobials which are effective at reducing skin bacteria. They should be avoided for long term use, and they can sensitise the skin causing reactions and increase the risk of antibiotic resistance.

Dermol products should be restricted for skin infection only and for a limited time period. Review the prescribing of Dermol products to ensure that there is an ongoing clinical need for an antibacterial containing emollient.

Appendix 1: Letter template

Your repeat prescription for [*insert name of drug*]

The practice has been reviewing its prescribing of [*insert name of drug*]. A clinical trial from 2018 has shown, and local dermatology consultants agree, that there is little or no benefit from using emollient bath additives and shower products in the treatment of eczema. Because of the lack of benefit, we will not continue to prescribe [*insert name of drug*] and we have therefore removed this medication from your repeat prescription. This choice is supported by NHS Cornwall and Isles of Scilly Integrated Care Board.

The National Institute for Health and Care Excellence (NICE) recommends that you continue to liberally apply the leave-on emollient [*insert name of emollient/s*] that you are currently prescribed to relieve your symptoms. This can also be used as a soap substitute.

OR- delete as needed.

The National Institute for Health and Care Excellence (NICE) recommends that you liberally apply a leave-on emollient, [*insert name of emollient/s*] this has been added as a repeat medication list, xxxxxx is to be used as a soap substitute and will relieve your symptoms.

If you prefer not to wash with your normal emollient and would like to continue to use emollient shower gels or bath preparations, then these are available for you to buy from pharmacies and supermarkets.

For information on using emollients as a soap substitute and more, please refer to the page 2 below.

If you have any queries regarding this letter please contact [*insert name of contact, practice*]

All medicines should be safely stored out of the reach of children.

Yours sincerely

Using emollients (moisturisers) as soap substitutes

How to use emollients as soap substitutes:

- Most emollients can be used as a soap substitute (apart from white soft paraffin in liquid paraffin 50:50). Use the product you have been advised or the one you find works best if specific advice has not been given.
- To use when washing, put a half to one teaspoonful in the palm of your hand and mix with a small amount of warm water. This can then be applied to wet skin and rinsed off with water.
- If having a bath or shower, creams, lotions or gels can be rubbed 'neat' directly into the skin and then rinsed off with water.
- If using a thick ointment in the bath or shower, this should be mixed with a small amount of water and applied to wet skin.
- Soap substitutes do not lather, but they are still effective in cleaning the skin.
- Emollients can make the bath or shower cubicle slippery so take care.
- Clean the bath or shower cubicle after use with washing-up liquid and hot water to prevent build-up.

Where can I find more information and support?

- You can speak to your local pharmacist, GP or the person who prescribed the medication to you.
- NHS website <https://www.nhs.uk/conditions/emollients/>
- The Patients Association can also offer support and advice: <https://www.patients-association.org.uk> or call 020 8423 8999
- British Medical Journal. Results of the BATHE study including patient video. <https://www.bmj.com/content/361/bmj.k1332>
- Find out more about the medicines that are being stopped or reduced: <https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/2020>