

## Position statement on the prescribing of bath and shower preparations for dry and pruritic skin conditions (including eczema and dermatitis) on GP FP10 prescription

SW London CCGs\* do not support the prescribing of bath and shower preparations for dry and pruritic skin conditions (including eczema and dermatitis) due to the lack of evidence of efficacy in line with NHS England's national guidance on medicines which should no longer be routinely prescribed<sup>1</sup>. Patients should be advised to:

- Use a cream or ointment listed below as a soap substitute during baths and showers.
- Alternatively, self-purchase bath and shower preparations from community pharmacies and retail outlets.

### Rationale

Although evidence supports the use of a leave-on emollients and there is clinical consensus around soap substitutes, less agreement exists around the benefits of shower and bath emollients to treat eczema<sup>2</sup>.

A randomised controlled trial (BATHE, 2018) found no evidence of clinical benefit from including emollient bath additives in the standard management of eczema in children<sup>3</sup>. There is no consensus of clinical opinion that such therapy is effective.

The evidence indicates that the quantities of emollients deposited on the skin from the bath and shower emollients are likely to be lower than emollients used as soap substitutes. Using emollients as soap substitutes will provide better moisturisation of the skin<sup>4</sup>.

The following creams and emollients can be used as a soap substitute or a bath substitute. Patients should be instructed to apply to the skin before bathing / showering, then rinse it off completely<sup>5</sup>.

Soap Substitutes (costs as per July 2019 Drug Tariff prices)					
Creams	Size	Cost	Ointments	Size	Cost
Epimax <sup>®</sup> Cream	500g	£2.49	Emulsifying Ointment	500g	£2.92
ZeroAQS <sup>®</sup> Emollient Cream	500g	£3.29	Zeroderm <sup>®</sup> Ointment	500g	£4.10
Aquamax <sup>®</sup> Cream	500g	£3.99	Hydromol <sup>®</sup> Ointment	500g	£4.96

**Caution:** creams and emollients can make surfaces and objects very slippery, therefore extra care is required when getting in and out of the bath / shower<sup>4</sup>.

As with other types of emollient, patient acceptability is likely to be key in finding a suitable product<sup>4</sup>. Regardless of the type of product the patients use to wash with, it should not replace the regular use of a leave-on emollient. Advise patients to continue using standard emollients in addition to any soap substitute used<sup>4</sup>.

**WARNING: Risk of severe and fatal burns with paraffin-containing and paraffin-free emollients.** Warnings about the risk of severe and fatal burns are being extended to all paraffin-based emollients regardless of paraffin concentration. Data suggest there is also a risk for paraffin-free emollients. See [MHRA guidance 2018](#). Advise patients who use these products not to smoke or go near naked flames (or be near people who are smoking or using naked flames), and warn about the easy ignition of clothing, bedding, dressings, and other fabric that have dried residue of an emollient product on them. Patients' clothing and bedding should be changed regularly—preferably daily—because emollients soak into fabric and can become a fire hazard. MHRA/CHM updates (April 2016).<sup>6</sup>

## References

1. NHS England's 'Items which should not be routinely prescribed in primary care: Guidance for CCGs', published on 30<sup>th</sup> November 2017, updated 27<sup>th</sup> June 2019 <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/> (Accessed 17<sup>th</sup> July 2019)
2. DTB (2007). Bath emollients for atopic eczema: why use them? Drug & Therapeutics Bulletin 45(10): 73 - 75
3. Emollient bath additives for the treatment of childhood eczema (BATHE): multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness - BMJ 2018;361:k1332
4. PrescQIPP (accessed July 2019): <https://www.prescqipp.info/resources/send/174-emollients/1951-bulletin-76-cost-effective-and-appropriate-prescribing-of-emollients>
5. Emollient Factsheet:  
<https://www.wandsworthccg.nhs.uk/aboutus/Prescribing%20Guidelines%20v20/Emollient%20Guidelines.pdf>
6. MHRA (accessed July 2019): <https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients>

## Guidance for clinicians

### Recommendations

- Ensure dermatological condition is clearly documented. The prescribing of emollients for non-clinical cosmetic purposes are not recommended and should be reviewed.
- Where appropriate, offer a range of soap substitute emollients (as above) available on formulary to the patient.
- Prescribe a preparation that is suitable for the patient and review the prescription frequently.
- Provide advice on the risk of fire with paraffin-based and paraffin-free products (See [MHRA](#) safety advice for information).
- Bath and shower preparations are readily available to buy and should not be prescribed for new patients.
- Existing patients should be reviewed and switched to more cost-effective formulary emollients.

## Guidance for patients, carers and guardians

- Community pharmacists can offer advice on how to manage the symptoms of dry skin, including eczema and psoriasis, and when to seek medical advice.
- Bath and shower emollients are readily available to buy from most community pharmacies and other retail outlets.

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