

South Staffs Area Prescribing Group Emollient Guide

For diagnosed dermatological conditions, emollients should be prescribed in large quantities (use BNF fingertip unit guide for guidance) and applied as liberally and frequently as possible.

Name	Constituents (WSP=white soft paraffin, YSP=yellow soft paraffin, LP=liquid paraffin, LLP= light liquid paraffin, EW=emulsifying wax	Excipients. Associated rarely with sensitisation
Very Greasy		
50% liquid soft paraffin and 50% white soft paraffin(50:50)	WSP/LP 100%	None used
Greasy		
Emulsifying Ointment	WSP/LP 70%, EW 30%	None used
Zeroderm Ointment	WSP/LP 70%	Cetearyl Alcohol, Polysorbate 60
Hydrous Ointment	Wool alcohols ointment 50% (lanolin)	Dried magnesium sulfate 0.5%, phenoxyethanol 1%,
Moderately Greasy		
ZeroDouble Gel	LP 15%, isopropyl myristate 15%	Phenoxyethanol, glycerin, acrylates, sorbitan Laurate, triethanolamine
Lowest Greasy (Refer below to WSP/LP % range)		
Aquamax Cream	WSP/LP 28%	Cetostearyl alcohol, polysorbate 60
Zerocream Cream	WSP/LP 27.1%	Cetyl alcohol, hydroxybenzoates, anhydrous lanolin
ZeroAQS Cream	WSP/LP 21%	Macrogol cetostearyl ether, cetostearyl alcohol, chlorocresol
QV Cream	WSP/LP 15%	Cetostearyl alcohol, hydroxybenzoates, glycerin
Cream with urea		
Balneum, Aquadrate, Dermatronics	Urea 5% (Balneum) , 10% (Aquadrate) & 25% (Dermatronics)	Refer to BNF
Soap Substitute		
Emulsifying Ointment	WSP/LP 70%, EW 30%	None used
ZeroAQS Cream	WSP/LP 21%	Macrogol cetostearyl ether, cetostearyl alcohol, chlorocresol
Bath Additive / Shower (not generally recommended –see below)		
Hydromol	LLP Isopropyl myristate 13%, LLP 37.8%	



Emollient Prescribing Guidelines

The table below suggests suitable quantities of emollients to be prescribed for an adult for a minimum of twice daily application for one week. For children approximately half this amount is suitable (BNF65 September 2013)

Area affected	Creams and ointments (grams)	Lotions (mL)
Face	15–30	100
Both hands	25–50	200
Scalp	50–100	200
Both arms <i>or</i> both legs	100–200	200
Trunk	400	500
Groin and genitalia	15–25	100

- Patient preference, health education and their expectations from treatment are key to compliance and it is appropriate to prescribe small quantities initially until one that is acceptable to the patient can be found.
- 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.
- Emollients should be applied as frequently as possible
- Ointments do not contain preservatives and may be more suitable for those with sensitivities
- **There is no evidence to support the use of bath and shower emollients.** Patients should be advised to wash with their normal emollient as a soap substitute (but not 50:50) as this is more cost effective and provides better moisturisation. Bath emollients leave the bath very slippery and there is a risk of falling.
- If a topical steroid is used in conjunction with an emollient it is important the patient is instructed to leave at least half an hour between the two treatments to avoid diluting the strength of the steroid
- There is limited evidence to support the use of urea containing products. If required they can be used for dry, thickened skin for short term use as an adjunct to emollient therapy
- Antimicrobial products should be used as an adjunct to emollient therapy for short term use only
- Emollients should be applied gently in the direction of hair growth to reduce the risk of folliculitis