

Counselling points for patients/parents/carers

WHAT is an Emollient?

Emollients (sometimes called moisturisers) are creams, ointments and lotions which help to prevent dry skin and itching by keeping it soft and moist and reduce the number of skin “flare ups”.

What is the DIFFERENCE between emollients?

The difference between lotions, creams and ointments is their content of oil (lipid) and water. The oil content is lowest in lotions, intermediate in creams and highest in ointments. The higher the oil content, the greasier and stickier it feels and the shinier it looks on the skin.

As a general rule, the higher the oil content (the more greasy and thick the emollient), the better and longer it works but it may be messier to use.

Ointments: greasiest, usually do not contain preservatives (ingredients to help protect the product from bacteria/germs and increase its shelf-life) therefore are associated with less skin sensitivities, good for moderate-severe dry skin and night time application.

Creams: less greasy, normally contain preservatives so may cause skin irritation, usually need to be applied more often than ointments, good for day time application and weeping eczema.

Lotions: good for mildly dry skin, hairy areas of skin, face or weeping eczema; normally contain preservatives so may cause skin irritation.

WHICH Emollient is best?

There is **no “best emollient”**. The type (or types) to use depends on the dryness of the skin, the area of skin involved and patient preference.

More than one emollient may be required for use at different times of the day or for when the skin condition is more active.

HOW and WHEN to USE/APPLY an emollient?

Wash & dry hands before applying emollients to reduce the risk of introducing germs to the skin.

If using a tub, remove the required amount of emollient from the tub onto a clean plate/bowl using a spatula/teaspoon to prevent introduction of germs to the container.

Apply emollients whenever the **skin feels dry / as often as you need**. This may be 2-4 times a day or more.

Apply emollients immediately after washing or bathing when skin has been dabbed dry. Emollients can and should be applied at other times during the day e.g. in extreme weather to provide a barrier from the cold. Emollients should continue to be **used after the skin condition has cleared** if the clinical condition justifies continued use. This will be assessed by your doctor or nurse.

Apply by smoothing them into the skin **in the direction the body hair naturally lies**, rather than rubbing them in.

Emollients should be **used as a soap-**

substitute, as normal soap tends to dry the skin.

Mix a small amount (around a teaspoonful) of soap substitute in the palm of your hand with a little warm water and spread it over damp or dry skin. Rinse and pat the skin dry, being careful not to rub it.

You can use soap substitutes for hand washing, showering or in the bath. They don't foam like normal soap but are just as effective at cleaning the skin.

Intensive use of emollients can reduce the need for topical corticosteroids, the quantity and frequency of use of emollients should be far greater than that of other therapies given.

If a **topical corticosteroid** is required, emollients should be applied at least 15-30 minutes before or after the topical corticosteroid.

Paraffin-based emollients are flammable; take care near any open flames or potential causes of ignition such as cigarettes.

WHERE to go for FURTHER INFORMATION

NHS Choices: www.nhs.uk

National Eczema Society: www.eczema.org

British Skin Foundation: www.britishskinfoundation.org.uk

National Psoriasis Foundation: www.psoriasis.org

Primary Care Dermatology Society – atopic eczema:

www.pcds.org.uk/clinical-guidance/atopic-eczema#management

British Association of Dermatologists: www.bad.org.uk