

## **Emollient wash product prescribing for eczema: information for patients**

### **Are you finding it difficult to get emollients on prescription for washing your skin?**

Over the last year, National Eczema Society has heard from many people with eczema who are no longer being prescribed bath or wash emollients like they used to. Often people are now expected to use their main leave-on emollient for washing with, or buy their own wash emollients.

### **Why is this happening?**

A recent research study called 'BATHE' assessed the benefits of bath emollients when used as part of the treatment regime for children with mostly mild-to-moderate eczema. The research found that if children had good routine skincare, then adding bath emollients to bath water did not provide additional benefit. (The parents of all the children who took part in the study were asked to use a leave-on emollient regularly to moisturise their children's skin and also to use the leave-on emollient as a soap substitute to wash the children with.) It's important to be aware that the study did not evaluate the effectiveness of bath emollients as a soap substitute, only the **additional benefit** when used in conjunction with these other eczema treatments. Nor did the study compare the effectiveness of different kinds of soap substitute. Some GPs have incorrectly interpreted the study to mean that they should stop prescribing emollient wash products, even though these may be beneficial in certain circumstances.

### **Why are soap substitutes important?**

It is very important that people with eczema use some form of emollient wash product to wash with, whether that's a leave-on emollient, an emollient soap substitute or a bath emollient. Ordinary wash products such as soap, bubble bath and other cosmetic creams and gels for the bath and shower should be avoided. These products are alkaline and contain detergent and fragrance that have the potential to dry and irritate the skin.

**It's likely you will find it hard to get bath emollients on prescription. However, you or your child should still be able to get sufficient quantities of a leave-on emollient on prescription that works effectively and is acceptable to you for washing purposes. If you find that the leave-on emollient you've been prescribed doesn't work effectively for washing, you can ask for an alternative emollient wash product on prescription.**

### **Some common issues with using leave-on emollients for washing**

In an attempt to save costs, you or your child may have been prescribed a different leave-on emollient by your GP. This alternative emollient may be less easy or acceptable to use for washing purposes than the emollient you used previously.

Prescribing smaller quantities of emollient is seen as another way of saving costs. Sometimes people are asked to make their emollient last longer, and the numbers of pumps/tubs prescribed each month are reduced. This can mean you don't have enough emollient for both moisturising and washing.

Please show your GP or pharmacist the information overleaf, which sets out why you or your child are entitled to obtain sufficient quantities of emollient on prescription that you are happy to use for washing purposes.

## Emollient wash product prescribing for eczema: information for primary care prescribers

The BATHE study, the results of which were published in May 2018, found that children with eczema did not benefit from adding bath emollients to their bath water when used in conjunction with leave-on emollient as a soap substitute in order to standardise soap avoidance. Partly as a result of this study, many Clinical Commissioning Groups (CCGs) are recommending that GPs do not prescribe bath emollients for children or adults.

The BATHE study did not evaluate the use of bath emollients as soap substitutes but only as products added to the bath water. The study did not compare the effectiveness of different methods of soap substitution either. There is no good evidence on optimal products for soap substitution so this should be based on patient preference.

It remains **essential** that patients with eczema are prescribed acceptable emollient products in sufficient quantities to achieve optimum eczema management. Some people with eczema find leave-on emollients acceptable for both moisturising and washing. Others prefer different types of emollients for these different purposes.

### The NICE guideline for children on 'Atopic eczema in under 12s: diagnosis and management' states:

- Healthcare professionals should offer children with atopic eczema a choice of unperfumed emollients to use every day for moisturising, washing and bathing. This should be suited to the child's needs and preferences, and may include a combination of products or one product for all purposes.
- Healthcare professionals should inform children with atopic eczema and their parents or carers that they should use emollients and/or emollient wash products instead of soaps and detergent-based wash products.

CCG formularies advise using emollients with the lowest acquisition costs. However, emollients are unlike other medications, which are switched to lower cost generics, as there are no 'generic' emollients. Switching to a cheaper emollient might not save costs for the following reasons:

- There is no evidence that all emollients are equivalent. The best emollient is therefore the one that the patient will actually use. Different emollients may be needed for moisturising and washing, as not all leave-on emollients will be acceptable to the patient for washing purposes.
- If an alternative emollient does not suit a patient, it will not be used and the patient is more likely to have a flare-up of their eczema, leading to more frequent consultations.
- Cost differences in emollients are relatively small and likely to be outweighed by more patient appointments and consulting.

### References:

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- NICE (2007, reviewed 2016): [www.nice.org.uk/guidance/cg57/chapter/1-Guidance](http://www.nice.org.uk/guidance/cg57/chapter/1-Guidance)
- Antonijević M.D. et al, 'Emollient product design: objective measurements of formulation structure, texture and performance, and subjective assessments of user acceptability' (2018) Clinical and Experimental Dermatology: <https://onlinelibrary.wiley.com/doi/full/10.1111/ced.13364>
- Moncrieff G. et al, 'Cost and effectiveness of prescribing emollient therapy for atopic eczema in UK' (2018) BMC Dermatology Journal: [www.ncbi.nlm.nih.gov/pubmed/30373584](http://www.ncbi.nlm.nih.gov/pubmed/30373584)