

Rubefacients, benzydamine cream, mucopolysaccharide and cooling products (excluding topical NSAIDs* and Capsaicin)

Barnsley Area Prescribing Committee Position Statement

**This guidance does not relate to topical non-steroidal anti-inflammatory drug (NSAID) items such as ibuprofen and piroxicam*

The routine prescribing of rubefacients, benzydamine cream, mucopolysaccharide and cooling products is not supported by Barnsley Area Prescribing Committee (APC). Rubefacients have a grey non formulary classification.

In line with NHS England guidance:

- **New patients should not be initiated on rubefacients.**
- **Patients currently prescribed rubefacients, benzydamine cream, mucopolysaccharide and cooling products should have their prescription reviewed and the rubefacient should be deprescribed.**
- **Rubefacients may be prescribed only if no other item or intervention is clinically appropriate or available.**

Rubefacients, benzydamine cream, mucopolysaccharide and cooling products are included in the NHS England guidance '**Items which should not routinely be prescribed in Primary Care**'.¹

In Barnsley, primary care expenditure on rubefacients between August 2022 and July 2023 was approximately £3,600.

The Medicines Management Team can support primary care prescribers in reviewing patients and deprescribing rubefacients, benzydamine cream, mucopolysaccharide and cooling products.

Background¹

Rubefacients are topical preparations that cause irritation and reddening of the skin due to increased blood flow. They act by counter-irritation. Pain, whether superficial or deep-seated, is relieved by any method that itself produces irritation of the skin. They may contain nicotine compounds, salicylate compounds, essential oils and camphor. Miscellaneous products that do not fit precisely into any other group include benzydamine cream (Difflam® cream)**, mucopolysaccharide** (Movelat Relief® cream / gel) and cooling gels/spray (Radian-B® pain relief spray / muscle rub / muscle lotion, Deep Heat® pain relief spray / heat rub / patch / roll on lotion, Deep Freeze® pain relief cold spray / cold gel / patch / glide-on gel and Ralgex® muscle rub cream).

Rationale for deprescribing Rubefacients^{1,2,3}

- The National Institute for Health and Clinical Excellence's (NICE) clinical guideline on osteoarthritis ([NG226](#)) does not recommend rubefacients for treating osteoarthritis.
- The BNF states that the evidence available does not support the use of topical rubefacients in acute or chronic musculoskeletal pain.
- A Cochrane review published in 2014 looked at salicylate-containing rubefacients for acute and chronic musculoskeletal pain in adults and found that any evidence of efficacy came from the older, smaller studies, while the larger, more recent studies showed no effect.

Deprescribing ^{1,2,4,5,6}

- Counsel the patient to help them understand that using rubefacients, benzydamine cream, mucopolysaccharide and cooling products is unlikely to help relieve their musculoskeletal pain.
- Ensure patients with ongoing symptoms have the opportunity to have a review to discuss **alternative treatment options** suitable for the patient's current condition if appropriate. This may involve self-care with an over-the-counter treatment option purchased with the support of the community pharmacist. Minor conditions associated with pain, discomfort and/fever (e.g. aches and sprains, back pain) are included within the NHS England guidance on conditions for which over the counter items should not routinely be prescribed in primary care. SY ICB Self-Care guidance can be found at: [South Yorkshire Self-Care guidance](#) Please note the general exceptions to the guidance on page 2.
- Where a prescription is appropriate, e.g. where the condition is not minor, or where the general exceptions to the self-care guidance apply then consider a **switch** from a rubefacient, benzydamine cream, mucopolysaccharide or cooling products to a NSAID gel or capsaicin cream (in line with NICE guidance) if clinically appropriate.
- NICE guidance [NG226](#), Osteoarthritis in over 16s: diagnosis and management advises that:
 - A topical NSAID should be offered to people over 16 years with knee osteoarthritis and considered in patients with osteoarthritis that affects other joints. Fenbid 5% gel (Ibuprofen 5% gel) is the first line topical NSAID in SY ICB Barnsley place. Piroxicam 0.5% gel may be prescribed as an alternative formulary choice.
 - Alternatively consider **non-drug treatment options**, including activity and exercise, intervention to achieve weight loss and local heat or cold treatments (in the form of ice massage, hot/cold packs).
- NICE guidance [CG 173](#), Neuropathic Pain states: Consider capsaicin cream*** for people with localised neuropathic pain who wish to avoid, or who cannot tolerate oral treatments. Prescribe as capsaicin 0.075% cream which is licensed for use in postherpetic neuralgia, and painful diabetic neuropathy (under expert supervision). See local guidance on Drug management of neuropathic pain: <https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Neuropathic%20Pain%20Drug%20Management.pdf>
- If the patient still wishes to use a rubefacient, benzydamine cream, mucopolysaccharide or cooling product they should be advised that they can be purchased as self-care over the counter (OTC) with the support of the community pharmacist.

Patient information

- A patient information leaflet explaining the changes to rubefacient prescribing is available (note: this does not mention the miscellaneous products):
<https://www.prescqipp.info/media/1404/patient-information-changes-to-rubefacients-prescribing.pdf>

**Although benzydamine cream (Difflam® cream) can be classified as a non-steroid for topical use, it has activities which differ from those of the aspirin-like NSAIDs and is only a weak inhibitor of prostaglandin synthesis. Mucopolysaccharide polysulphate (Movelat®) is described as a non-steroidal drug with anti-inflammatory activity however, it only has a weak inhibitory effect on prostaglandin E2 synthesis based on in vitro studies. Both drugs are therefore pharmacologically different from those routinely referred to as NSAIDs in current practice (such as ibuprofen and piroxicam), so it cannot be presumed that the clinical evidence relating to NSAIDs can be extrapolated to benzydamine or mucopolysaccharide polysulphate containing products.

*** Note that at the time of updating this position statement, capsaicin cream was unavailable in the UK.

References

1. BNF <https://bnf.nice.org.uk/treatment-summary/soft-tissue-disorders.html> <Accessed Oct 2023>
2. NICE NG226 <https://www.nice.org.uk/guidance/ng226> Osteoarthritis in over 16s:diagnosis and management <Accessed Oct 2023>
3. Cochrane review https://www.cochrane.org/CD007403/SYMPT_topical-rubefacients-acute-and-chronic-musculoskeletal-pain-adults <Accessed Oct 2023>
4. NHS England guidance 'Items which should not routinely be prescribed in Primary Care: Guidance for CCGs'. Available at:<https://www.england.nhs.uk/long-read/items-which-should-not-routinely-be-prescribed-in-primary-care-policy-guidance/> <Accessed Oct 2023>
5. NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings <https://www.nice.org.uk/guidance/cg173> <Accessed Oct 2023>
6. PrescQipp bulletin Rubefacients and miscellaneous topical analgesics <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f5652%2f287-rubefacients-20.pdf> <Accessed Oct 2023>

Development Process

This position statement was ratified at the Barnsley Area Prescribing Committee on 14th February 2024.

Date Approved: February 2024

Review Date: February 2027

Page 2 of 2