

Bath additives and Shower Emollients Area Prescribing Committee Position Statement

The prescribing of bath additives and shower emollients is not supported by Barnsley Area Prescribing Committee (APC) for any indication. Bath additives and shower emollients have a grey non formulary classification.

In line with NHS England guidance:

- No new patients should be initiated on bath additives and shower emollients.***
- Patients currently prescribed bath additives (e.g. Zerolatum[®]; Aveeno[®] bath/shower oil) and shower emollients (e.g. E45[®] shower cream; Oilatum[®] shower emollient) should have their prescription reviewed and bath additive and/or shower emollients should be deprescribed in all patients.***
- Patients advised to use a shower emollient (e.g. Dermal[®] 200) as a shampoo by a consultant dermatologist may continue to be prescribed their shower emollient on prescription. The dermatological condition it is prescribed for should be documented in the clinical notes.***

Bath additives and shower emollients are included in the NHS England guidance '***Items which should not routinely be prescribed in Primary Care***' with no exceptions.¹

In Barnsley, primary care expenditure on bath additives and shower emollients between July 2019 and June 2020 was approximately £20,000.

The Medicines Management Team can support primary care prescribers in reviewing patients and deprescribing bath and shower emollients.

Background^{1,3}

Bath additives and shower preparations are routinely prescribed for dry and pruritic skin conditions including eczema and dermatitis.

Evidence indicates that the quantities of emollients deposited on the skin from the bath additives and shower emollients are likely to be lower than emollients used as soap substitutes. Using emollients as soap substitutes will provide better moisturising of the skin.

Rationale for deprescribing bath and shower emollients^{1,2,3}

- NHS England guide to CCGs stated that prescribers in primary care should not initiate bath additives and shower preparations for any new patient and that bath and shower preparations should be substituted with "leave-on" emollients where appropriate.**
- NICE guideline CG57 on treatment of atopic eczema in children aged under 12 years (2007) recommends that health professionals should offer children with atopic eczema a choice of unperfumed emollients to use every day for moisturising, washing and bathing. This may include a combination of products or one product for all purposes.**

- A multi-centre pragmatic parallel group RCT looking at emollient bath additives for the treatment of childhood eczema ([BATHE](#)) showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema. It is recognised that this trial was only undertaken in children however in the absence of other good quality evidence it was agreed that this evidence could be extrapolated to adults until further evidence emerges.

Deprescribing ^{1,2,4,5}

- Bath additives and shower emollients are included within the NHS England guidance on items which should not be routinely prescribed in primary care.
- Counsel the patient to help them understand that using bath additives and shower emollients is unlikely to help relieve their eczema. 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. Minor conditions associated with mild dry skin or patients with no diagnosed dermatological condition should receive signposting to self-care options for treatment. See the Barnsley Self-Care guidance at: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Self_Care_Guidance.pdf
Please note the general exceptions to the guidance on page 2.
- Antimicrobial containing emollient bath additives and shower preparations should be avoided unless infection is present. They should only be used short term and not be repeatedly prescribed. Patients should be signposted to self-care options for treatment.
- Where a prescription for an emollient is appropriate, e.g. where the condition is not minor and/or there is a documented dermatological condition a first line formulary choice should be prescribed as a leave-on emollient/soap substitute in preference to a bath/shower emollient.
<http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=13&SubSectionRef=13.02.01&SubSectionID=A100&drugmatch=2771#2771>
- If patients prefer not to wash with an emollient cream or ointment, bath additives and shower emollients may be purchased from community pharmacies and retail outlets as part of patient self-care with the support of the community pharmacist.

Patient information ^{4,5,6}

- A patient information leaflet explaining the changes to bath additives and shower emollient prescribing can be found at:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Bath%20additives%20PIL.pdf>
- Caution - counsel the patient that creams and emollients can make the surfaces of baths/showers slippery, therefore care is required when getting out of the bath/shower.
- Regardless of the type of product the person uses to wash with, it should not replace the regular use of a leave-on emollient. Advise people to continue using standard emollients as a leave-on moisturiser in addition to any bath/ shower product or soap substitute used.
- Counsel patient on use of an emollient as a soap substitute. Patient should be advised to mix a small amount (around a teaspoonful) of emollient in the palm of their hand with a little warm water and spread over the skin. They should then rinse and pat the skin dry, being careful not to rub the skin. Emollients as soap substitutes can be used for hand washing, showering or in the bath.
- Counsel all patients that emollients carry a fire risk whether they contain paraffin or not.
 - Patients need to be aware that fabrics which have come into contact with an emollient can be highly inflammable even after washing. Washing may reduce build up but not totally remove it.
 - Risks are greater when emollients are applied in large quantities or to large areas of the body.
- Patients should be told to keep away from flames or fire and not to smoke when using these preparations. During the COVID pandemic government guidance on hand washing should be followed by everyone including those with eczema. Soap is considered to be more effective than emollient at breaking the lipid envelope surrounding coronavirus particles and removing the virus from the skin. Patients should use emollients after hand washing and frequently throughout the day when the skin

feels dry and sore.

Summary

Patients should be advised to:

- Use an emollient cream or ointment both as a soap substitute during baths and showers and regularly as a leave-on moisturiser.
- Alternatively, if patients prefer not to wash with an emollient cream or ointment, bath additives and shower emollients may be purchased from community pharmacies and retail outlets as part of patient self-care.

References

1. NHS England guidance 'Items which should not routinely be prescribed in Primary Care: Guidance for CCGs'. Available at: [items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf \(england.nhs.uk\)](#) <Accessed September 2020>
2. NICE Atopic eczema in under 12s: diagnosis and management. Available at: <https://www.nice.org.uk/guidance/cg5> <Accessed September 2020>
3. Bath additives for the treatment of childhood eczema trial (BATHE). Available at: <https://www.bmj.com/content/361/bmj.k1332> <Accessed September 2020>
4. PrescQipp bulletin. Available at: <https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f1306%2fb76-emollients-20.pdf> <Accessed September 2020>
5. MHRA safe use of emollients. Available at: <https://www.gov.uk/government/news/skin-creams-dried-on-fabric-can-lead-to-fire-deaths#:~:text=In%202018%2C%20following%20new%20evidence,the%20risk%20of%20severe%20burn> <Accessed September 2020>
6. National Eczema society. Available at: <https://eczema.org/blog/advice-on-coronavirus-covid-19-for-people-with-eczema/> <Accessed September 2020>

Development Process

This position statement was ratified at the Area Prescribing Committee on 13th January 2021.