

Prescribing of bath and shower preparations for dry and pruritic skin conditions

This bulletin reviews the use of emollient bath and shower preparations such as pour in bath additives and shower wash or gels with a view to discontinuing their use.

Recommendations

- Review and discontinue all prescribing of emollient bath additive and shower preparations for dry and pruritic skin conditions.
- Where patients have a diagnosed dry skin condition, they should be advised to use leave-on emollients as an alternative to soap.
- Advise patients or their carers who wish to continue using these preparations that they can purchase proprietary emollient bath and shower products over the counter.
- Antimicrobial containing emollient bath and shower preparations should be avoided unless infection is present or a frequent complication.
- Prescribers in primary care should not initiate emollient bath and shower preparations for any new patient.

National guidance

National Institute for Health and Care Excellence (NICE) guidance from 2007 states that eczema should be managed according to the severity of the condition.¹ This stepped approach allows treatment to be tailored to the individual, taking into account likely flare-ups.

Application of leave-on emollients (including their use as soap substitutes) should be the mainstay of treatment for eczema and need to be used even when the skin is clear.¹ A choice of unperfumed emollients should be offered, and a combination may be used every day to moisturise, wash and at bath-time.¹ Corticosteroid creams of varying strengths are used depending on the severity of flare-ups.¹ In severe eczema, other systemic treatments are used including phototherapy.¹

Since the development of this clinical guideline, the National Institute for Health Research (NIHR) has funded a year-long trial assessing the value of pour in bath emollients, the Emollient bath additives in the treatment of childhood eczema (BATHE) trial.²

NHS England has subsequently reviewed the outcome of this trial and also any other evidence available and determined that bath and shower preparations for dry and pruritic skin conditions are items which should not be routinely prescribed in primary care. This is based on the lack of evidence of clinical benefit.³

It is recognised that the BATHE trial looked at use in children. However, in the absence of other good quality evidence it was agreed that it is acceptable to extrapolate this to also apply to adults until good quality evidence emerges.³

NHS prescribing of emollients is not recommended for patients with no diagnosed dermatological condition.

Clinical effectiveness

The BATHE trial was conducted in 2018 as a multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness.² It included 483 children with atopic dermatitis and randomised one group of children to use pour in bath additives for 12 months and the other group were asked to use no bath additives for 12 months.² Both groups continued with standard eczema management, including soap avoidance and leave-on emollients. This trial found no evidence of clinical benefit from including pour in emollient bath additives in the standard management of childhood eczema.²

There is currently insufficient evidence of clinical effectiveness to support the use of bath or shower emollient preparations.³

The effectiveness of adding antiseptic agents to bath emollients has also not been demonstrated.⁴ Two small randomised studies compared using a bath emollient with using a bath emollient plus an antiseptic but there were no significant differences between groups, including colony counts of *Staphylococcus aureus*.⁵

Preparations containing an antibacterial should be avoided unless infection is present or is a frequent complication. They should only be used short term and repeat prescribing avoided.⁵

Safety

Some of the excipients in emollient preparations, including bath preparations, are themselves potential skin sensitisers and can cause worsening of symptoms.⁶ It has been reported that emollient bath preparations can cause increase reddening, itching and burning as a potential adverse effect.⁷

Furthermore, dressings, clothing and bedding that have been in contact with an emollient can become contaminated with the emollient leading them to ignite rapidly, so patients should keep away from fire, flames and cigarettes when using all types of emollients (both paraffin-based and paraffin-free). Washing fabrics at high temperatures may reduce the build-up of emollients but does not remove it entirely.⁸

Specifically related to bath and shower emollient preparations, there are some concerns that they can increase the risk of slipping due to the oil film on the skin and the oil film in the bath or shower.⁸ Consequently, this is listed as a precaution for use in the Summary of Product Characteristics of some of the leading brands.^{7,9,10} Care is required not to slip when using emollients in a bath or shower, or on a tiled floor.⁸ Patients should be advised to protect the floor with a non-slip mat, towel or sheet, wear protective gloves and wash the bath or shower afterwards with hot water and washing up liquid, then dry with a kitchen towel.⁸

Some ingredients in emollients are known to cause sensitisation and this should be suspected if an eczematous reaction occurs.⁷

Patient factors

Some believe that using an emollient bath additive is an easy way to apply an emollient to a large area of skin, particularly for children, who may not cooperate with having topical emollients applied frequently.¹¹ However, the quantities of emollient deposited on the skin during bathing are likely to be far lower than with directly applied emollients.¹¹

Should emollient bath additive still be desired by the patient or their caregiver, they are available to purchase over the counter.

It is still really important that patient's with a diagnosed dry skin condition use a leave-on emollient moisturiser and avoid soap. Emollients can be used as a soap substitute and patients can be advised to mix a small amount (around teaspoonful) of emollient in the palm of their hand with a little warm water and spread it over damp or dry skin. They should then rinse and pat the skin dry, being careful not to rub it. Emollients as soap substitutes can be used for handwashing, showering or in the bath.⁸

Costs

There is a significant difference in cost between different bath and shower emollient preparations. Table 1 below illustrates the cost differences.

Table 1: Bath and shower emollient product and price comparison¹²

Product*	Cost
Hydromol® Bath and Shower Emollient	£3.91/350ml, £4.46/500ml, £8.87/1000ml
LPL 63.4® Bath Additive and Emollient	£3.10/500ml
QV® Bath Oil	£2.93/250ml, £4.79/500ml
QV® Gentle Wash	£3.19/250ml, £5.32/500ml
Zerolatum® Emollient Bath Additive	£4.79/500ml
Zeroneum®® Bath Additive	£4.48/500ml
Aquamax® Wash	£2.99/250g
Oilatum® Shower Gel Fragrance Free	£5.27/150g
Balneum® Bath Oil	£5.38/500ml, £10.39/1000ml

*Please note this is not an exhaustive list

Discontinuation

Newly diagnosed patients should not be initiated on bath or shower emollient preparations.³ Existing patients prescribed these preparations should be reviewed with a view to discontinuing these products, instead use suitable 'leave-on' emollients as moisturisers and soap substitutes.³

If patients or their caregivers wish to continue with bath additive or shower emollient preparations, they should be advised to purchase them over the counter and counselled on their use and their risks. The risk of fire hazard, skin irritation and the risk of slipping should be fully explained.^{3,7}

Savings available

There is a significant cost associated with the prescribing of emollient bath and shower preparations. In England and Wales, around £6.03 million is spent on these preparations per year. **Stopping or reducing the prescribing of these products by 80% could release savings of up to £4.9 million. This equates to savings of £7,663 per 100,000 patients.**

Summary


There is no data to suggest that emollient bath or shower preparations provide any clinical benefit.^{2,3} Proprietary products are expensive and should not be used due to the lack of evidence to support their use.³ The mainstay of therapy for dry skin conditions such as eczema should be suitable 'leave-on' emollients used as moisturisers and soap substitutes.

References

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Additional PrescQIPP resources

	Audit https://www.prescqipp.info/our-resources/bulletins/bulletin-244-bath-and-shower-emollient-preparations/
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