

Position Statement on the prescribing of Drugs of Limited Clinical Value (DLCV): Bath and Shower preparations for Dry and Pruritic Skin Conditions.

Shropshire Telford and Wrekin Integrated Care Board (ICB) does not support the prescribing of bath and shower preparations for dry and pruritic skin conditions. This is in line with NHS England's national guidance on medicines which should no longer be prescribed due to low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or significant safety concerns.¹

Background and Rationale:

Emollient bath and shower preparations are used in patients with atopic eczema / dermatitis and a variety of other dry skin conditions. Bath and Shower preparations are listed in the updated NHS England Low Priority Prescribing guidance.¹ These products come under the category of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness. Recommendations for Bath and Shower Preparations include:

- Do not initiate in primary care
- Deprescribe in patients currently prescribed this item
- Prescribe only if no other item or intervention is clinically appropriate
- Prescribe only if no other item or intervention is available

There are three ways to apply emollients to the skin; as leave-on emollients, emollients being used as soap substitutes and emollient bath additives comprising of oil or emulsifiers, or both, designed to be added to bath water and thought to leave a film of oil over the skin. Evidence supports the use of leave-on emollients and there is clinical consensus around soap substitutes, however less agreement exists about the benefits of emollient bath additives to treat eczema in children.

In May 2018, The British Medical Journal (BMJ) published the results of the BATHE trial² which was a study into the clinical effectiveness of emollient bath additives in the management of eczema in children. The trial found no evidence of a clinically meaningful benefit from emollient bath additives, when used in addition to standard eczema management. In the absence of any robust evidence to contradict the findings of this RCT, this study provides sufficient assurance that there is good evidence to support not routinely using emollient bath additives in children with mild-to-moderate atopic dermatitis that are managed in primary care. It would seem appropriate to extrapolate the findings to older patients and those with other dry skin conditions, in the absence of any conflicting trial data. However, it is less clear whether it is appropriate to extrapolate the findings to patients with severe disease who may require a combination of treatment modalities.³

The effectiveness of adding antiseptic agents to bath emollients has also not been demonstrated. Two small, randomised studies compared using a bath emollient with using a



Ambition



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Focus

bath emollient plus an antiseptic but there were no significant differences between groups, including colony counts of *Staphylococcus aureus*.⁴

Advice for Prescribers/Practices:

- Review and deprescribe all prescribing of emollient bath additive and shower preparations for dry and pruritic skin conditions.
- Patients with a diagnosed dry skin condition should be advised to use 'leave-on' emollients as an alternative to soap.⁵
- Patients should be counselled on the use of 'leave on' emollients as soap substitutes.
- Patients can be signposted to purchase bath and shower products which are readily available from pharmacies, supermarkets, and online retailers.
- In cases where the preparations have been started by dermatologists, review and deprescribe, seek advice and guidance from dermatologists regarding alternative products.
- Anti-bacterial washing preparations (e.g. Dermol®) should be restricted to short-term use only for when skin is infected. Or a frequent complication. They should not be added as repeat medications.
- Details of locally agreed formulary emollients can be found in [Netformulary](#) ⁶

New patients

- Do not initiate emollient bath and shower preparations for any new patient.
- Advise patients of the lack of robust evidence to support use and the potential safety concerns e.g., slipping and risk of skin irritation.
- Advise patients with a diagnosed dry skin condition to use 'leave-on' emollients as an alternative to soap.
- Patients or carers who wish to use these preparations should be advised that they can purchase emollient bath and shower products OTC.
- Where requests are received from secondary care providers, advice and guidance should be sought for alternative products as appropriate.

Further Support

- A template letter can be sent to patients to help support the deprescribing of these products, please see the letter in [appendix 1](#).
- The Patients Association can also offer support and advice: www.patients-association.org.uk/ or call 0800 345 7115
- NHS website <https://www.nhs.uk/conditions/emollients/>

SAFETY: Paraffin-based emollients are flammable

Dressings and clothing that have contact with paraffin-based products are easily ignited by a naked flame. Advise patients to keep them away from fire or flames and not smoke when using them. The risk of fire should be considered when using any paraffin-based emollient. Data suggest there is also a risk for paraffin-free emollients. Patients on medical oxygen who require an emollient should not use any paraffin-based products as it can act as accelerant. Take care to not allow any oxygen equipment including mask or nasal cannula to come into contact with emollients.

Please refer to [MHRA guidance](#). Patients should be counselled to wash bedding/ clothing/ other fabrics that may have dried residue of an emollient product on them regularly to minimise the build-up which can be a fire hazard. [Further advice and resources](#).

References

1. NHS England. Items which should not routinely be prescribed in primary care: policy guidance [NHS England » Items which should not routinely be prescribed in primary care: policy guidance](#)
2. Emollient bath additives for the treatment of childhood eczema (BATHE): multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness. BMJ 2018; 361:1332. www.bmj.com/content/361/bmj.k1332/rapid-responses.
3. NHS Specialist Pharmacy Services. Clinical Evidence for emollient bath and shower preparations. <https://www.england.nhs.uk/wp-content/uploads/2017/11/annex-b-sps-evidence-review-bath-emollients.pdf>
4. Bath-Hextall FJ, Birnie AJ, Ravenscroft JC, Williams HC. Interventions to reduce Staphylococcus aureus in the management of atopic eczema: an updated Cochrane review. Br J Dermatol. 2010 Jul;163(1):12-26. doi: 10.1111/j.1365-2133.2010.09743.x. Epub 2010 Mar 5. PMID: 20222931.
5. PrescQIPP bulletin 244, September 2019 Prescribing of bath and shower preparations for dry and pruritic skin conditions <https://www.prescqipp.info/media/4240/b244-bath-and-shower-emollients-20.pdf>
6. Integrated Care System Shropshire Telford and Wrekin Net formulary <https://www.shropshireandtelfordformulary.nhs.uk/default.asp?siteType=Full>

Appendix 1 – Example letter to patient

[GP Practice Name & Address]

[Name and address of patient]

[Date]

Dear Mr/Mrs/Miss [Surname],

Changes to prescribing of bath and shower emollient products

NHS guidance states that bath and shower emollient (moisturising) products should not be routinely prescribed for dry and itchy skin conditions, such as eczema symptoms, as there is no good quality evidence to show that they are more effective than leave-on emollients that are also used as a soap substitute.

A study showed that using ‘pour in the bath’ emollients did not make any difference to eczema symptoms and therefore using these products is not a good use of NHS resources. There are also risks with using bath emollients such as skin irritation, if large amounts are used, particularly if antiseptic bath oils are used.

Which bath and shower preparations are affected?

Moisturising bath and shower preparations include bath oils that are poured into the bath water and bath and shower emollient products that are used to wash the body will no longer be prescribed.

What options are available instead of these bath and shower preparations?

It is still really important to use leave-on emollient moisturisers and avoid soap. This will be discussed with you at your next medication review, and these will continue to be prescribed. Leave-on emollients can be used as a soap substitute too. Mix a small amount (around one teaspoon) of emollient 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 handwashing, showering or in the bath. Emollients do not foam like normal soap but are just as effective at cleaning the skin.

If you wish to still use <insert name>, it is available for you to purchase over-the-counter.

Where can I find more information and support?

- You can speak to your local pharmacist, GP or the person who prescribed the medication to you.
- Your local patient group: [add details or remove].
- NHS website <https://www.nhs.uk/conditions/emollients/>
- The Patients Association can also offer support and advice: www.patients-association.org.uk/ or call 0800 345 7115
- British Medical Journal, 2018. Results of the BATHE study including patient video. <https://www.bmj.com/content/361/bmj.k1332>

Find out more about the medicines that are being stopped or reduced:

<https://www.england.nhs.uk/publication/items-which-should-not-routinely-be-prescribed-in-primary-care-policy-guidance/>