Medicines Optimisation Update

Emollient Prescribing

Partners in improving local health

NHS Cumbria Clinical Commissioning Group

What this includes:

Emollients cost per 1000 patients: Ensuring emollients are prescribed in a cost-effective manner. Includes emollients in BNF section 13.2.1, cost per 1000 patients from list size. Does NOT include bath and shower preparations or barrier preparations.

Identifying the problem:

- A care bundle to support this update is available on the NECS medicines optimisation website: http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/
- Shared decision making for patients with skin conditions - Dermatology Quality of Life Index: http://sites.cardiff.ac.uk/dermatology/quality-of-life/dermatology-quality-of-life-index-dlqi/

Suggested actions:

- An emollient should only be prescribed following assessment, diagnosis and recording of a medical condition requiring treatment, such as eczema or psoriasis. Emollients should not be prescribed where the patient has not been assessed by a healthcare professional e.g. 'dry skin' requests from patients or carers (until assessment and diagnosis has taken place).
- Consider and optimise trigger avoidance and contributing factors for skin conditions, including: allergies and skincare (inhalants and irritants); medication; adequate hydration and nutrition.
- Patients and clinicians should be aware that emollients are the mainstay of treatment and control for a range of chronic skin conditions, forming the basis of the treatment plan. Correct and frequent use can prevent complications, reduce severity of and aid recovery from flares.
- Waste can be reduced and outcomes improved by supporting patient understanding of and compliance with their emollients:
  - Forming a treatment plan using shared decision making. The DLQI can be uploaded as a template on clinical systems, then used to agree a treatment plan with the patient to address their areas of concern and suit their routine.
  - Demonstrations, verbal or written advice at the time of prescribing.
  - Directions: Where, When and Why on the label.
  - Regular reviews for chronic conditions, involving the patient in updating their treatment plan.
- Considerations to support choice of emollient:
  - Greasiness – Ointments, although greasier, are preferable for eczema due to their higher lipid content, although creams may be more socially acceptable. Ointments tend to cause fewer problems with skin sensitivity as, unlike creams, ointments usually do not contain preservatives. Lotions have a low lipid content and are not as effectives as other formulations.
  - Cost – Can vary widely between very similar products that may be equally acceptable to the patient. Use Cumbria formulary choices as a guide, bearing in mind cost when choosing first line.
  - Patient preference – Take into account patient lifestyle and social acceptability of treatments.

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Suggested actions:

- A wide range of advice and treatments for skin conditions are available from community pharmacies, where patients can buy over the counter, or access via the minor ailments scheme:
  - Patients with new acute, non-specific or mild conditions are groups suitable for signposting to pharmacies prior to seeing a GP.
  - Pharmacies and dispensaries can reinforce advice given by the clinician to the patient on how to use their emollients.
- Target prescribing of emollients with active ingredients: those with antimicrobials, urea, menthol etc. are more costly, some have an increased risk of irritation and should only be used for specific groups of patients.
- Use of soap can worsen dry or inflamed skin, so an emollient should be used instead for washing and bathing. This should usually be the patient's regular emollient, again those with a higher lipid content are preferable. Bath and shower formulations are available, however these are generally less cost-effective and should not be a first line option.
- Clerical staff and clinicians should be alert to unusual patterns of repeat requests that might indicate duplication or excess, which should be checked with the patient or carer prior to prescribing:
  - Mass requests via 'managed repeat' systems.
  - Mass requests for multiple patients from care homes or agencies.
  - Requests for multiple different emollients for the same patient.
- Discuss with patients that paraffin-based ointments should not be used while smoking, in the presence of a naked flame or anything else that may cause a fire. Paraffin-based ointments are flammable and may catch fire, especially when soaked into dressings or clothing.

Resources and references:

- Pathways for a wide range of skin conditions that may be treated with emollients, guiding clinicians through the patient journey - Map of Medicine: http://mapofmedicine.com/access-map/
- Patient leaflets and reviewing emollients-Prescqipp, Dermatology Webkit: https://www.prescqipp.info/dermatology/projects/dermatology-webkit
- Emollients as part of a stepped approach to eczema treatment, product choice, application – NICE Clinical Knowledge Summary, Atopic Eczema: http://cks.nice.org.uk/eczema-atopic#!prescribinginfosub:1

Resources and references:

- Current choices for creams and ointment bases – first line are most cost effective – Lothian Joint Formulary, 13.2.1, Emollients: http://www.ljf.scot.nhs.uk/LothianJointFormularies/Adult/13.0/13.2/13.2.1/Pages/default.aspx
- Resources on fire risk of paraffin-based emollients – MHRA Drug Safety Update, April 2016: https://www.gov.uk/drug-safety-update/paraffin-based-skin-emollients-on-dressings-or-clothing-fire-risk
- Emollients as part of a stepped approach to psoriasis treatment, product choice, application - NICE Clinical Knowledge Summary, Psoriasis: http://cks.nice.org.uk/psoriasis#!prescribinginfosub

NECS medicines optimisation website. Available at http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/

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