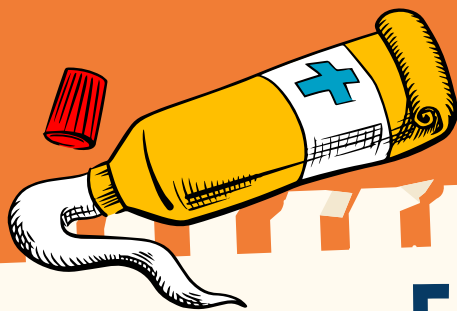
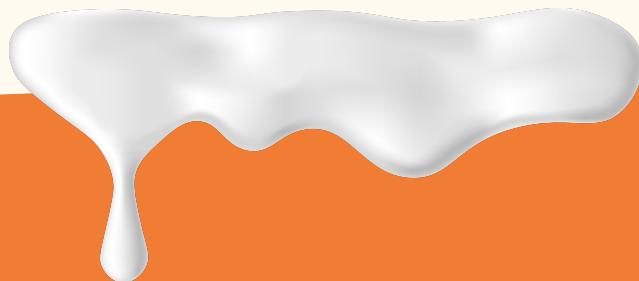


# GUIDE ON TYPES OF EMOLLIENTS



**Emollients**  
**...Ointments or**  
**Lotions or Creams?**



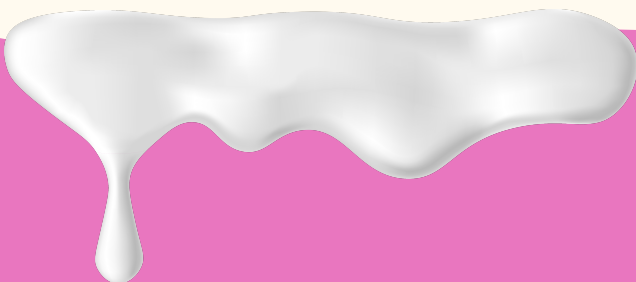


**Managing your child's skin is important for quick recovery and to ensure your child's comfort. When my daughter's skin flared up, the one thing that drove me nuts was that she was so uncomfortable; it was hard to watch her being so irritable and not enjoy being a baby. What made a difference was choosing the right skin care for her. So what options are out there, how do they work and how do they differ?**

# What are emollients?



**These are moisturising treatments applied to the skin to soothe and hydrate it. They cover the skin to ensure moisture is trapped under a protective film and are used in the management of dry, itchy or scaly skin... such as eczema. Emollients can help prevent inflammation and the resulting flare ups.**



# What are the different types of emollients?



Ointments are oily, greasy emollients best used at night. They are great for very dry skin as they are super moisturising and being free from preservatives makes them good for sensitive skin. However, they should not be used on weeping eczema. I used ointment for my daughter, day and night, as her skin was both very dry and super sensitive.

# What are the different types of emollients?



**Creams are not so greasy and are rapidly absorbed making them ideal for daytime use. Some creams can be used as soap substitutes since normal everyday soap and skin care can dry out the skin, worsening eczema. I use Zerobase® cream as a soap substitute for my daughter's skin.**



# What are the different types of emollients?



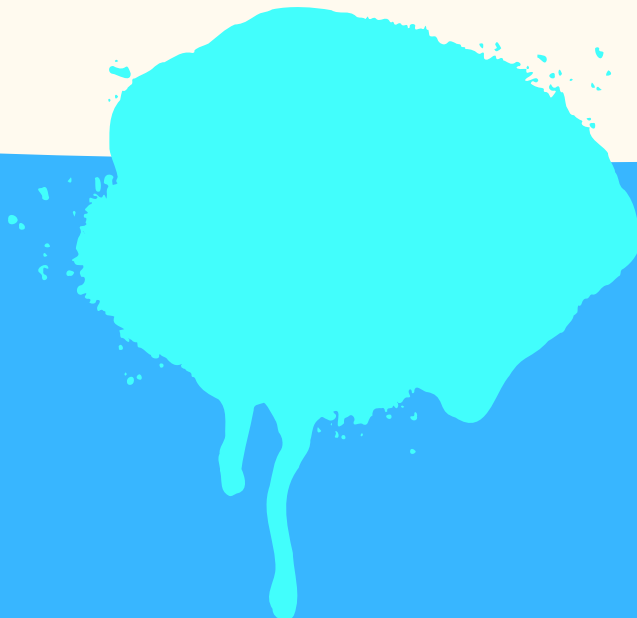
**Lotions are thin emollients that can spread easily and as such are suitable for hairy or damaged skin areas that are weeping. The downside is that they are not moisturising.**



# What are the different types of emollients?



Sprays are another type of emollient that are used for hard-to-reach areas as well as sore or infected skin that cannot be touched. They are absorbed quickly.





For more detailed explanation, check out  
the Visual summary from the British  
Medical Journal (BMJ) below.

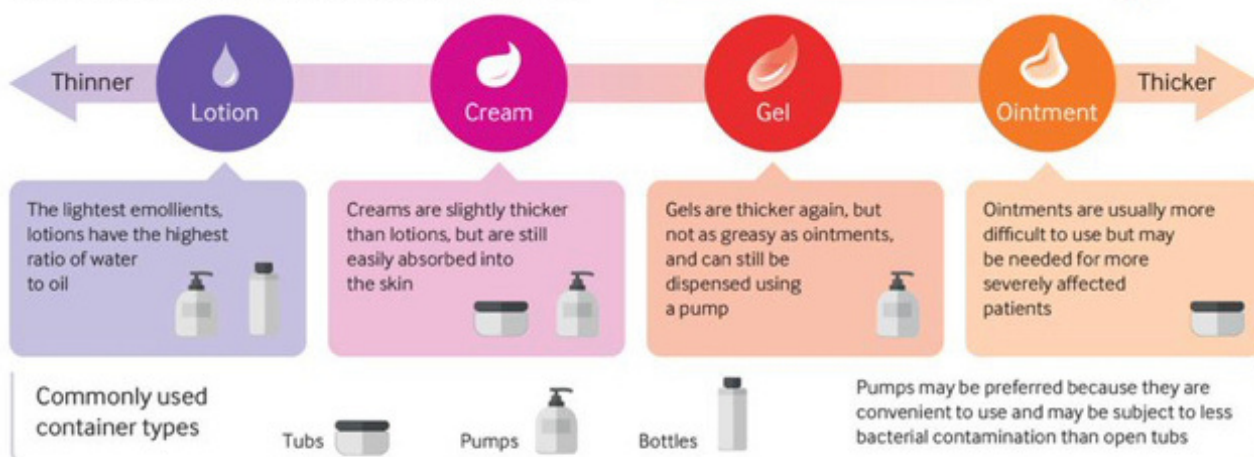




Dry, itchy skin is an unpleasant feature of eczema or atopic dermatitis. 'Leave on' emollients or moisturisers are commonly prescribed to treat dryness, alongside topical corticosteroids used to treat red, itchy inflammation caused by eczema. There are four main emollient types, but little evidence is available to recommend one type of emollient over another. This graphic describes factors that may help advise children and their carers when choosing an emollient.

### Choice of emollients

There are four main formulation types which patients could consider:



### Advantages of thinner emollients

- More quickly absorbed**  
Lotions absorb more quickly and easily, which may be more pleasant in summer or in hot climates
- Cosmetic acceptability**  
Lighter products may be more suitable for the face, while heavier products can be used more readily for trunk and limbs
- Less greasy**  
Lotions and creams are less likely to mark clothing and bedding

### Advantages of thicker emollients

- May be more effective**  
Ointments may be needed for more severe dryness
- Longer duration of action**  
Once applied, the effect of ointments may last longer, reducing the need for reapplication
- Lower risk of irritation**  
Ointments are simpler formulations, reducing the risk of irritation from preservatives and other components of thinner emollients

⚠ All emollients may be associated with slips or falls, and are fire hazards

### Tips for prescribing emollients (based on authors' clinical experience)

#### Prescribe emollients

- Start with emollients without urea or antimicrobials, to reduce risk of irritation
- Initially offer one or more emollients in 100g quantities as "testers", to try on different limbs
- Make preferred emollients available on repeat prescription, including supplies for nursery or school

#### Explain how they are to be used

- Talk about how best to apply emollients: with clean hands using downward strokes, allowing it to soak in rather than rubbing
- Specify frequency of application (usually at least twice daily and as required)
- Allow up to 60 minutes between application of emollients and topical corticosteroids to avoid dilution

#### Follow up

- Review in 2-4 weeks to re-assess disease severity, treatment use and the acceptability of emollients to the family
- Offer alternatives according to any reported problems
- Try to find an acceptable regimen which achieves the outcomes important to the family