
Skin Moisturisers in Atopic Eczema

What are emollients?

Emollients are moisturisers and are an important daily treatment for atopic eczema. They are not the same as cosmetic moisturisers. Emollients should be used at least daily all over the body, even when the skin appears “clear” in order to help prevent future eczema flares. Emollients can be used on their own for dry skin only. But if the skin becomes inflamed (red and itchy), then steroid creams will need to be used to control the inflammation. Emollients should be used in larger amounts than other eczema skin treatments. They can be used for moisturising, washing and bathing.

How do they work?

The smoothness and softness of the skin depends partly on the amount of water in the surface layer of the skin. The skin provides a protective barrier, which prevents the loss of water and prevents the penetration of irritants (soaps, detergents, foods, extremes of temperature, infections) and allergens (pollens, house dust mite) from the environment which may make eczema flare. In atopic eczema this barrier is damaged, both in areas of skin where there is eczema and in areas of skin where the skin looks normal. Emollients protect this outer layer of skin by covering it with a protective coat. This keeps the water in the skin where it is needed and also helps to keep other things like irritants and allergic substances out. Emollients may also help eczema by dampening down inflammation a bit and by preventing eczema from flaring up.

How often can emollients be used?

Ideally, emollients should be used at least once a day for the whole body. Of course, you can use them more than this, especially on exposed areas of the skin such as the hands and face during daytime. Emollients should be put on exposed areas of the skin before your child comes into contact with things that may make the eczema worse such as cold weather, pollen in a grassy field, swimming, wet or dusty activities at school or home such as painting or gardening, and washed off after the exposure has ended. For babies, it is a good idea to protect their hands and cheeks with an emollient before meal times to stop them getting sore from food and drinks. It is also a good idea to keep small pots/tubes of emollient at home, nursery, and/or at school, so it can be used regularly. A good time to put emollients on is after having a bath when the skin has cooled down (5-10 minutes after the bath) and the water content of the

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2016 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen’s Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH

Page 1 Ref: 01MOIS0916

skin is the highest. Emollients are very safe. Very occasionally, creams may sting the skin when first applied to very dry skin, especially if the underlying eczema has not been treated first with anti-inflammatory treatments such as steroid creams or ointments. This stinging normally settles down after a few days of treatment, but if it carries on, please tell your doctor or nurse as it is possible that your child is having a reaction to a preservative used in making the cream, or that your child's eczema needs a different treatment. Sometimes, thick emollients can block the pores on hair-bearing skin such as the legs leaving red sore spots with little yellow heads on them. This is called folliculitis. If these spots don't settle on their own or get worse rather than better, antibiotics may be needed and you should see your doctor or nurse.

Which one do I use?

Each person is different and the emollient that suits your child best is really a matter of personal choice. Emollients are available in a variety of formulations (ointments, creams, lotions, gels and aerosol sprays). Ointments, such as white soft paraffin and liquid paraffin in a 50/50 mixture, are greasy in nature whereas creams and lotions contain water and are usually more acceptable cosmetically. It does not really matter which one your child uses as long as they use it regularly. Greasier emollients last longer on the skin and they usually give the best results on a very dry skin. Some people find that creams are more pleasant to put on, but they do contain a lot of water, so you may need to apply them more often. You may find you need a choice of very greasy ones and lighter emollients for different times of day or at different times of year. Aqueous cream should not be used as a leave-on emollient or as a wash product because recent research has shown that it can weaken the skin barrier.

How should they be applied?

Apply in the direction of the hair as it lies in the skin this prevents folliculitis (blocked and inflamed hair follicles).

What can I use for washing?

Emollients should be used instead of soaps, bubble baths and shower gels which can irritate the skin. Emollients can either be applied to the skin before going in the bath or shower or put on to wet skin and rinsed off with water, as you would do normally when washing with soap. Emollients also come as bath oils and shower products. They can all make the bath or shower slippery, so always use a non-slip bath mat. After bathing or showering clean the bath/ shower with hot water, washing up liquid, rinse well and dry with kitchen towel. This prevents a build up of grease and helps to clean the drains.

How do I wash my child's hair?

Emollients should be used instead of shampoo in children under 1 year old. If your child uses shampoo, it should be unperfumed, ideally labelled as being suitable for people with atopic eczema, and not used in the bath.

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2016 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH

Page 2 Ref: 01MOIS0916

Handy tip

If your emollient comes in a pot without a pump, please do not put hands in and out of pot as there is a risk of infection, use a clean spoon or spatula to get out the emollient you need from the pot.

Summary

- Emollients are an important part of managing the dry skin associated with atopic eczema and they help to prevent eczema flares.
- Emollients will help to protect the skin from outside irritants such as cold weather, water and detergents.
- If your child doesn't like a particular emollient or it irritates the skin, you should try a different one.
- Your nurse can show you how to put the emollient on.
- If any other treatment is being put on the skin at the same time of day, it doesn't matter which is applied first. You should leave at least 2 hours between applying your emollients and other treatments.
- Always keep plenty of emollients. Get a refill from your doctor or chemist when your tub is quarter full.
- Emollients need to be used regularly throughout the year and not only when the eczema is bad.
- As with other creams, apply in the direction of the hair as it lies in the skin. This prevents folliculitis (blocked and inflamed hair follicles).
- When using an emollient in the bath or shower, use a bath mat to prevent slipping.
- Aqueous cream should not be used as a leave on emollient or as a wash product

Important safety message:



Bandages, dressings and clothing in contact with paraffin based products, for example White Soft Paraffin, White Soft Paraffin plus 50% Liquid Paraffin or Emulsifying ointment are easily ignited with a naked flame or cigarette. So please take care near naked flames. If in any doubt please contact your healthcare professional for more details.

Updated September 2016

Written by Professor Hywel Williams, Dr Jane Ravenscroft, Nurse Consultant Sandra Lawton and parents on behalf of the Nottingham Support Group for Carers of Children with Eczema

Website – www.nottinghameczema.org.uk

email – enquiry@nottinghameczema.org.uk

© 2016 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from Paediatric Team, Queen's Medical Centre, Nottingham University Hospitals NHS Trust, Nottingham, NG7 2UH

Page 3 Ref: 01MOIS0916