

Practical tips on the use of soap substitutes and emollients

Soap substitutes

Patients with dry skin conditions like psoriasis and eczema, or patients with itch should avoid soaps, shower gels or any products that foam. Detergents contained within these products will strip the skin of moisture and natural oils and impair the barrier effect of the epidermis. Soap substitutes are creamy lotions that are applied to wet skin and rinsed off. They are typically available in large pump dispensers or more convenient shower size containers. It is often reasonable for patients to still use a soap or shower gel for the groin or armpits and use the soap substitutes for all other areas. Examples include Doublebase wash, Dermol lotion, Aqueous cream or E45 wash.

Bath additive

Patients with dry skin should avoid foams in the bath. Medicated bath oils or plain water and soap substitute creams are a better alternative. Examples of bath oils include Oilatum, Dermol 600, Emulsiderm

Types of emollients

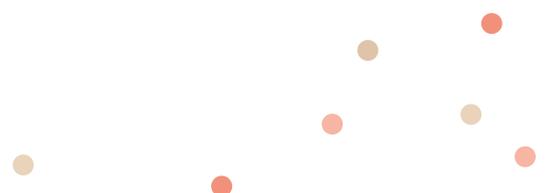
Emollients or moisturisers are available in creams, ointments or sprays. Cream products tend to soak in quickly and need to be reapplied frequently. Creams also contain more preservatives and may therefore sting more. They are usually more cosmetically acceptable to patients and easier to use under clothing as they soak in quicker. Ointments are much thicker and have better barrier properties. They generally contain fewer preservatives and have a longer shelf life. They are more effective as emollients and need to be re-applied less frequently. Sprays are available which may be useful for hard to reach places like the back.

Daytime use

For children and working adults, daytime emollients are often a compromise. A lighter cream will soak in before clothes need to be worn. Ideally creams should be re-applied during the day or after work or school. Some cream emollients such as Doublebase Dayleve are formulated to last longer and are useful when re-application is difficult. Patients often require two or more tubs to keep at home, work or school. Examples include Aveeno, Balneum, Cetraben, Doublebase, Diprobace, E45 and Oilatum cream. It is important for patients to try different ones and find one that suits them.

Evening use

Most patients find it easier to use the thicker emollients in the evening. Paraffin based emollients are more effective and often sting less and are a useful addition to a patient's regime. Examples include Emulsifying ointment, Epaderm and Hydromol



How to apply, how much and how often?

Emollients should always be applied down the limbs in one direction. They should not be rubbed in a circular motion or back up the limbs, as this is likely to induce a folliculitis. They should be applied generously all over. Patients are often confused about how much to apply as they are constantly given messages relating to steroid creams (e.g. using sparingly). It should be reinforced that these can be used **liberally**. Emollients should be applied regularly and at least two to three times daily.

Added ingredients

Some creams have added ingredients such as urea, lauromacrogols, benzalkonium chloride and chlorhexidene. Urea is particularly useful in those with more mature skin and those with thickened scaly skin. Emollients containing urea can be used to soften actinic keratoses before applying the active AK treatment. Lauromacrogols have some local anaesthetic properties are used for itchy skin. Benzalkonium chloride and chlorhexidene are anti-septic agents aimed at decreasing bacterial load and decreasing common skin commensals and contaminants such as Staph. Aureus. Added ingredients often give the manufacturer their USP (unique selling point) but they often increase cost and the additional ingredients may act as contact sensitisers or irritants.

The perfect regime

- Tailor to the individual, find out what they currently use and when it is practical to apply.
- Soap substitute and/or bath emollient to wash with.
- Day time emollient with a pot for home and work or school.
- Morning application + midday or after school.
- Re-application of emollient at the end of the day, ideally with a thicker emollient.
- If crusting and infection is a recurrent problem consider products with additional antiseptics, both in the bath and in the cream.
- In elderly patients or patients with thickened sun damaged skin consider creams containing urea.
- In itchy skin, creams containing lauromacrogols may be helpful in addition to soap substitutes

