

# Eczema and emollients



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## What is eczema?

Eczema (also called dermatitis) is a non-contagious skin condition, where the skin is dry and itchy. It may become red, inflamed and sore. It can affect anyone at any age, but often starts in childhood.

There are different types of eczema, which may range from very mild to severe. The common factor is dry, itchy skin.

## What is atopic eczema?

The most common type of eczema is 'atopic eczema' which often runs in families. The word 'atopic' describes a group of conditions including eczema, asthma and hayfever. Some people only have eczema and others may have asthma and hayfever as well. Atopic eczema may affect one or two areas of the body, like hand eczema, or it may be present all over the body. There are often times when eczema flares up and then subsides.

It's usually a long-term (chronic) condition, but it can improve significantly, or even clear completely in some children as they get older. However, even if childhood eczema does clear, the skin may still remain sensitive.



## What is contact dermatitis?

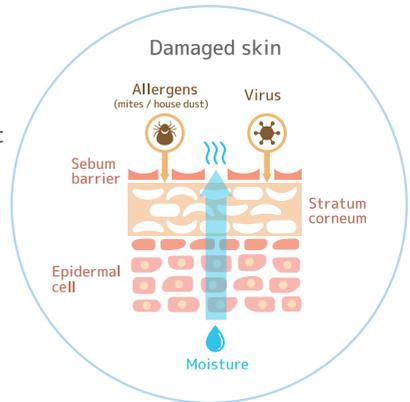
Contact dermatitis (also known as contact eczema) is caused by exposure to an irritant such as soap, hair colour or detergent. It may also develop over a period of time after repeated contact with a specific substance like nickel or perfumes.

It can affect anyone especially people with a history of atopic eczema and those who use products containing irritants in their workplace.

It is commonly found on the face and hands.

## What causes eczema?

When a person has eczema, the skin does not function effectively as a protective barrier to outside irritants. Water is lost, leading to dry skin and inflammation. Also, external irritants can pass more easily through the skin barrier, which may trigger inflammation.<sup>1</sup>



## How should eczema be managed?

Everyone with eczema will have dry and itchy skin, which needs to be treated daily with emollients to help prevent eczema flares.

A good skincare routine is an essential part of managing eczema and should include the following:

- Avoid soap, wipes, bubble bath, cosmetic creams and gels for the bath and shower as they may dry and irritate the skin
- Use an emollient or soap substitute for washing
- Have a bath or shower daily to keep the skin clean
- Gently pat the skin dry – don't rub vigorously
- Use an emollient for washing and moisturising the skin
- Continue to use emollients even when the skin is clear<sup>2</sup>



To find out more about eczema phone the National Eczema Society helpline on **0800 089 1122** or visit [www.eczema.org](http://www.eczema.org)

## Which emollient should I use?

There are lots of emollients to choose from and you might need more than one type to suit different times of the day and different areas of your body. You may like to alternate between a lighter one during the day and when it's warmer, and a greasier one at night and when the weather is cooler.

Emollients soothe and relieve itching. They form an oily layer over the surface of the skin, which traps water beneath it. This helps restore the skin's barrier function.

The best emollients are the ones that suit you and your life style, because then you will use them more frequently. Your healthcare professional may be able to give you different samples to try.

Types of leave-on emollients include:

### Lotions

With a higher water content, lotions spread easily and are cooling, but are not so effective at moisturising very dry skin. Useful for hairy areas, weeping eczema and for quick absorption in a hurry.

### Creams

Having a higher fat content than lotions, creams still feel light and cool on the skin. They are not as greasy as ointments so may be preferred for daytime use.

### Gels

Are similar in consistency to creams. Some gels contain additional natural moisturising ingredients, which means they may be effective for longer.

### Ointments

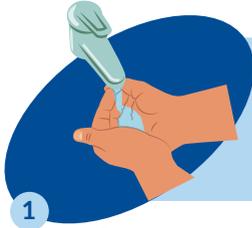
Ointments are useful for dry areas or if a heavier emollient is needed at night.

#### Note

Guidance from the National Institute for Health and Care Excellence (NICE) recommends using an emollient 'with a pump dispenser to minimise the risk of bacterial contamination.'<sup>3</sup>



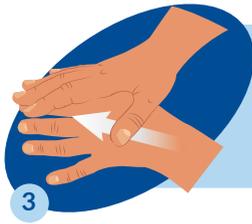
## How should emollients be applied?



Wash your hands to remove invisible bacteria.



Do not put fingers into tubs to scoop out the emollient as you may introduce bacteria. To reduce the risk of infection, transfer some emollient onto a clean plate using a clean spoon. If your emollient is in a pump dispenser, you can pump directly onto your hand.



Emollients should be applied gently to the skin following the direction of hair growth and left in a thin layer to soak in. Emollients should not be rubbed into the skin.

- Use your emollient for washing instead of soap or shower gel. Apply it all over your body before having a bath or showering, then simply soak or shower off and pat dry with a soft towel
- After a bath or shower is a good time to apply your emollient, pat the skin dry and apply the emollient, this helps trap moisture into the skin
  - Apply whenever your skin is dry and at least twice a day
  - Don't run out!

Topical treatments should be used after moisturising with emollients, remembering to leave a 20 minute gap between emollient and treatment.

### Can I get emollients on prescription?

If you've been diagnosed with eczema, you should be able to get your emollients on prescription in the quantities you need to manage your eczema. If you've been prescribed an emollient that isn't working for you, contact your healthcare professional to discuss changing to something more suitable. A useful information sheet about emollients on prescription is available from the National Eczema Society.



## Further information

National Eczema Society  
[www.eczema.org](http://www.eczema.org)

British Skin Foundation  
[www.britishskinfoundation.org.uk/eczema](http://www.britishskinfoundation.org.uk/eczema)

NHS  
[www.nhs.uk/conditions/atopic-eczema](http://www.nhs.uk/conditions/atopic-eczema)

## References

1. Moncrieff G, et al, Use of emollients in dry-skin conditions: consensus statement 2013, *Clinical and Experimental Dermatology*, 38, 231-238
2. NICE, 2013, <https://www.nice.org.uk/guidance/qs44/chapter/Quality-statement-2-Stepped-approach-to-management> accessed 13th September 2019
3. NICE 2018, <https://cks.nice.org.uk/eczema-atopic#!prescribingInfoSub:1> Accessed 13th September 2019

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