

NHS England Guidance: Medicines of Low Value

BATH AND SHOWER PREPARATIONS FOR DRY AND PRURITIC SKIN CONDITIONS

Summary

- Prescribers in Primary Care should not initiate bath and shower preparations for any new patient with Atopic Eczema*.
- For existing patients prescribers are advised to de-prescribe bath and shower preparations where appropriate and substitute with "leave-on" emollients.

This is in line with the NHS England guidance of items, which should not routinely be prescribed in primary care.¹

NHS England category: Products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness or there are significant safety concerns.¹

Emollient bath and shower preparations are used in patients with atopic eczema/dermatitis and a variety of other dry skin conditions. There is no evidence of clinical benefit for including pour-in emollient bath additives in the standard management of eczema. A multicentre pragmatic parallel group randomised controlled trial (RCT) looking at emollient bath additives for the treatment of childhood eczema (BATHE) showed that there was no evidence of clinical benefit for including emollient bath additives in the standard management of childhood eczema.²

Soap avoidance and 'leave-on' emollient moisturisers should still be used for treating eczema and these emollients can still be used as soap substitutes.

It is recognised that BATHE trial looked at use in children, however in the absence of other good quality evidence it was agreed that it is acceptable to extrapolate this to apply to adults until good quality evidence emerges.

***Bath preparations initiated by a Specialist should continue until reviewed by the Specialist. Patients with skin conditions other than eczema e.g. ichthyosis may continue to need bath emollients. This should be noted on their clinical record and the reasons why.**

There is no data to suggest that emollient bath or shower preparations provide any clinical benefit. Proprietary products are expensive and should not be used due to the lack of evidence to support their use.

The mainstay of therapy for dry skin conditions such as eczema should be suitable 'leave on' emollients used as moisturisers and soap substitutes⁴.

De-Prescribing Advice

1. Where primary care prescribers have initiated bath preparations, these should be **reviewed, de-prescribed and substituted with leave-on emollients**.
2. Patients should be advised where appropriate, to purchase products over the-counter if still required.
3. Patients should be counselled on the use of any emollients as soap substitutes and the risk of using bath and shower emollients should be fully explained.
<https://www.nhs.uk/conditions/emollients/>

Version 1.0

Approved:

- Waltham Forest & East London Medicines Optimisation and Commissioning Committee: 27 November 2019
- NHS Tower Hamlets CCG Prescribing Delivery Board: 12th February 2020

References

1. **NHS England and NHS Clinical Commissioners.** Items which should not routinely be prescribed in primary care: Guidance for CCGs: NHS England, June 2019.
2. Santer M, Ridd MJ, Francis NA et al. **Emollient bath additives for the treatment of childhood eczema (BATHE):** multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness. British Medical Journal 2018; 361: k1332. Available at: <https://www.bmj.com/content/361/bmj.k1332>
3. **Specialist Pharmacy service (SPS).** Clinical evidence for emollient bath and shower preparations <https://www.england.nhs.uk/wp-content/uploads/2017/11/annex-b-sps-evidence-review-bath-emollients.pdf>
4. PrescQIPP Prescribing of bath and shower preparations for dry and pruritic skin conditions. Bulletin 224 <https://www.prescqipp.info/media/4240/b244-bath-and-shower-emollients-20.pdf>