



British Association of Dermatologists

Position statement on the place of bath emollients in the treatment of atopic dermatitis (AD)

There is now evidence that harsh surfactants such as sodium lauryl sulfate (SLS) are damaging to the skin barrier and are an important environmental factor exacerbating AD. It is recommended that people with AD use a very mild wash product with some emollient ingredients. An emollient cream (not containing SLS) can be used as a soap substitute or, as an alternative, an emollient bath oil or shower product may be preferred. NICE has advised that the patient or parent should be allowed to choose either an emollient or a bath/shower product, as there was no evidence to separate the two choices.

www.nice.org.uk/guidance/cg57/chapter/1-Guidance#/treatment

1.5.2.1 Healthcare professionals should offer children with atopic eczema a choice of unperfumed emollients to use every day for moisturising, washing and bathing. This should be suited to the child's needs and preferences, and may include a combination of products or one product for all purposes. Leave-on emollients should be prescribed in large quantities (250-500 g weekly) and easily available to use at nursery, pre-school or school

1.5.2.3 Healthcare professionals should inform children with atopic eczema and their parents or carers that they should use emollients and/or emollient wash products instead of soaps and detergent-based wash products.

1.5.2.4 Healthcare professionals should advise parents or carers of children aged under 12 months with atopic eczema to use emollients and/or emollient wash products instead of shampoos for the child. If shampoo is used for older children with atopic eczema it should be unperfumed and ideally labelled as being suitable for eczema; washing the hair in bath water should be avoided.

1.5.2.6 Healthcare professionals should offer an alternative emollient if a particular emollient causes irritation or is not acceptable to a child with atopic eczema.

The following is the link to the NICE quality standards related to provision of emollients in AD:

www.nice.org.uk/guidance/QS44/chapter/Quality-statement-4-Provision-of-emollients

The NIHR has funded a study assessing the value of bath emollients. The BATHE trial (Bath Additives in the Treatment of childhood Eczema www.southampton.ac.uk/bathe) led by Southampton University should report its findings at the end of 2017. Once these results are available a more evidence-based approach should be used to develop prescribing policies.

In the meantime, AD patients should be given a choice as to which product they prefer to use. To avoid wasting resources it is reasonable to offer the low-cost, SLS-free, paraffin-based ointments, creams or lotions which can be prescribed in 500 g containers. However, some patients require more expensive bath oils, more complex creams or ointments due to irritation, allergy or recurrent infection, and these needs should be understood and reflected in any local prescribing policy. A wide range of products should be readily available on the NHS to facilitate this.