Emollients and Psoriasis

papaa®

A positive approach to psoriasis and psoriatic arthritis

Health & care information you can trust

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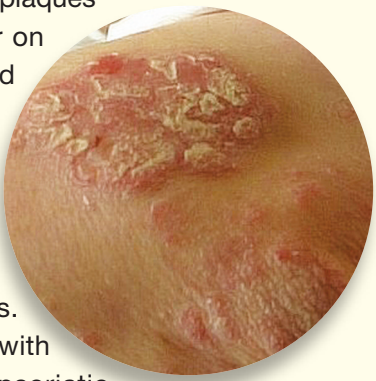
What are the aims of this leaflet?

This leaflet is written to help you understand how emollients can help psoriasis, their benefits, how they work, the choice available and their routine use.

What is psoriasis?

Psoriasis (sor-i'ah-sis) is a long-term (chronic) scaling disease of the skin that affects around 2% of the UK population. It usually appears as red, raised, scaly patches known as plaques. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. Nail changes, including pitting and ridging, are present in 40% to 50% of people with psoriasis. Around 30% of people with psoriasis will develop psoriatic arthritis. There appears to be little evidence linking the severity of the psoriasis affecting the skin and the severity of psoriatic arthritis. For more detailed information see our leaflets ***What is Psoriasis?*** and ***What is Psoriatic Arthritis?***



What happens in psoriasis?

Normally a skin cell matures in 21-28 days and during this time it travels to the surface, where it is lost in a constant, invisible shedding of dead cells. In patches of psoriasis the turnover of skin cells is much faster, around 4-7 days, and this means that even live cells can reach the surface and accumulate with dead cells. This process is the same wherever it occurs on the body. The extent of psoriasis and how it affects an individual varies from person to person. Some may be mildly affected

with a tiny patch hidden away which does not bother them, while others may have large, visible areas of skin involved that significantly affect daily life and relationships. Psoriasis is not contagious, therefore you cannot catch it from another person. The cause of psoriasis is currently unknown but it is thought to be an immune-mediated inflammatory disorder.

What are emollients?

An emollient is a lotion, ointment, spray cream or sometimes an additive for baths or showers. Emollients soothe, smooth and hydrate the skin and are used for all dry or scaling skin disorders. Their effects are short-lived and they should be applied frequently, even after improvement occurs.

Emollients - how they can help in psoriasis

Do emollients really help psoriasis? After months and sometimes years of applying a vast array of different creams, the patches may still be there - so why bother? Emollients cannot cure psoriasis, but they are important in managing its severity and offer considerable skin benefits. Unfortunately, many people are not told how to apply them correctly.

This information has been written to help you get the maximum benefit out of using emollients, regardless of whether you have just a few patches or extensive psoriasis.

Emollients - the benefits

Scale removal - Emollients clear superficial scale. This is helpful for several reasons. Cosmetically, the plaques look better and they are less troublesome when dressing etc. Scale removal also allows easier application, and possibly enhanced penetration, of other topical (applied to the skin) treatments.

Softening – Emollients lubricate and soften the patches, making them more comfortable and more flexible so they're less likely to crack.

Soothing – If your psoriasis is itchy, emollients could soothe and help relieve the irritation.

Research indicates that emollients may also slow down the rate of cell turnover, but further investigation into this is still required.

How emollients work

Emollients restore the natural barrier function of the skin in two ways. By replacing lost water (rehydrating), dry surface skin cells are 'plumped out' to create the bricks of the barrier.

The cement is provided by a protective film of lipids (oils) over the skin surface. In this way, emollients create a barrier, preventing further water loss as well as protecting the skin from bacteria and irritants.

Some emollients have elements that enhance the natural moisturising factor (NMF – a collection of water - soluble compounds that make up a proportion of the uppermost layer of skin) and so trap water and reduce dryness. They can also be used on the scalp; for further information see our ***Scalp Psoriasis*** leaflet.

Complete emollient therapy

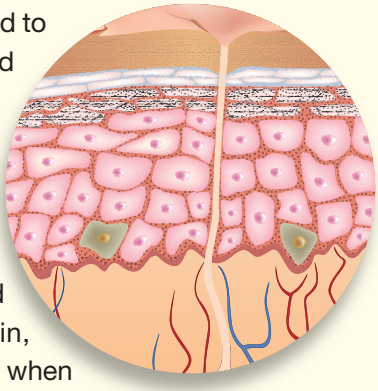
Emollients come in many different formats: creams, ointments, spray lotion, bath oils and soap substitutes. Dermatologists and dermatology nurses advise using a combination of emollients to form a daily skincare routine, known as complete emollient therapy. Through regular use of soap substitutes and bath oils, combined

with cream/ointment application, each emollient complements the actions of the other to keep the skin well hydrated, flexible and comfortable.

Emollients - a wide choice

The best emollient is the one you prefer, because then you will use it more frequently and gain more benefit. Your doctor, nurse or pharmacist may have samples for you to try.

Ointments/creams/lotions



Ointments are more suited to extremely dry, thickened or brittle skin and can be used at night. Lighter, less greasy creams or lotions are ideal for daytime use.

Sprays are light and don't require rubbing in, which makes them ideal when skin is sore and inflamed.

Creams, ointments or lotions should be used liberally and frequently, so the skin does not dry out. It may be that an all-over application in the morning can last all day, with further applications confined to dry patches. Apply the cream gently, in the direction of hair growth. Do not rub vigorously as this could trigger itching. If itching is a problem, some creams contain a topical anaesthetic to relieve the irritation. Products that contain liquid/soft paraffin are flammable, so you should be careful around any naked flame.

Bath oils

A warm bath with oils is a pleasant and easy way of hydrating the skin, leaving a fine film of oil on the skin surface. In this way, emollients create a barrier which prevents further water loss as well as protecting the skin from bacteria and irritants, keeping it soft and flexible and helping to prevent cracking. There are a number of bath products to choose between; some also have active anti-itch ingredients.

Try to avoid hot baths and highly foaming shower gels and bath foams as they dry the skin and are potentially irritating.

A warm bath in bath oils is an ideal way to prepare the skin, making it more receptive to topical drug treatment, particularly at night.

All bath oils make the bath slippery - an old towel in the bottom of the bath, a non-slip bath mat and grab rails are helpful to avoid slipping. Try wiping the bath clean with paper towels or tissue if you find it difficult to clean after using oils.

Bath oils can also be applied directly to the wet skin in the shower or on a sponge, but the hydration is not as good as a 10-minute soak in a warm bath. Make sure to avoid any contact with eyes.

Emollient soap substitutes/washes

Any cleaning product that foams a lot contains soap or detergent and, however mild, will have a drying effect on the skin as these ingredients remove the skin's natural oils. This is why dermatologists and dermatology nurses recommend emollient soap substitutes. Avoiding soap and switching to an emollient wash is an important part of a good skincare routine.

Soap substitutes don't foam, so washing with them feels different to normal soap and water washing. However, they are effective at cleaning the skin and it's worth persevering.

A complete emollient therapy routine

Morning – Wash with emollient soap substitute. Gently pat your skin dry. Apply emollient cream all over in smooth, downward strokes. If applying to hands and feet you can cover them afterwards with gloves and socks. Always beware of slipping.

Throughout the day – Use emollient soap substitute to wash your hands. Apply emollient whenever the skin feels dry/itchy. Do not allow your skin to dry out.

Evening – A warm 10-minute bath with bath oils added. Do not use soap; the oils clean the skin. After bathing, gently pat the skin dry and apply either emollient cream/ointment or, where applicable, your topical drug treatment.

Scalp treatment – Be careful not to apply to broken skin as it might sting! Remember to part the hair so that the preparation goes on the skin not the hair.

Photo courtesy of Sandra Lawton, nurse consultant

Complementing prescribed treatments

Mild psoriasis can often be managed with emollients alone. But for moderate or extensive patches, your GP or dermatologist will prescribe a range of topical treatments. The use of emollients may enhance penetration and so complement these other treatments.

Skin tip: Always ask the doctor or pharmacist about the topical treatments that you are using. It is easy to confuse an emollient and a steroid. Remember, steroids are used sparingly once a day, whereas emollients are used liberally and frequently.

Emollients also complement topical steroid treatment and may lead to a more rapid improvement. Greasier emollients may be used as steroid-sparing agents in chronic plaque psoriasis.

Emollients used in combination with steroids keep the skin hydrated and protected. Moisturise first, then after 30 minutes apply the topical steroid directly to the plaque/inflamed skin. Take care not to apply topical steroids or vitamin D analogues to the surrounding, unaffected skin as they can cause irritation.

WARNING: There have been reported incidents where injury caused by the ignition of material which has come in contact with liquid paraffin has led to serious and life-threatening situations and even death.

Seeking further advice

You may find it useful to ask about a medicines use review (MUR), which is a free NHS service offered by pharmacies in the UK. The review involves an appointment with your local pharmacist in a private consultation room. It is an opportunity for you to discuss your medicines, to understand how they should be used and why they have been prescribed, as well as solving any problems (such as side effects, frequency of use etc) you may have with them.

If you have any views or comments about this information or any of the material PAPAA produces you

can contact us via the details on the back page or on line at www.papaa.org/user-feedback

Useful contacts:

For information about health matters in general and how to access services in the UK, the following websites provide national and local information.

- NHS Choices (England): www.nhs.uk
- NHS 24 (Scotland): www.nhs24.com
- Health in Wales: www.wales.nhs.uk
- HSCNI Services (Northern Ireland): http://online.hscni.net

These are the official sites for the National Health Service and provide links and signposting services to recognised organisations and charities.

Further reading

For further explanation of steroids and vitamin D analogues, along with other treatments used for psoriasis, please see our leaflet ***Treatments for Psoriasis: An overview.***

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About this information

This material was produced by PAPAA. Please be aware that research and development of treatments is ongoing. For the latest information or any amendments to this material, please contact us or visit our website. The site contains information on treatments and includes patient experiences and case histories.

Original text written by PAPAA. Reviewed and revised by Jill Peters, dermatology nurse practitioner and lead for intermediate dermatology services, Suffolk Community Healthcare, Serco, Ipswich, UK and The Ipswich Hospital NHS Trust, September 2013 and June 2016. Further minor changes have been made by PAPAA, April 2019.

A lay and peer review panel has provided key feedback on this leaflet. The panel includes people with or affected by psoriasis and/or psoriatic arthritis.

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- **evidence-based**
- **accessible**
- **well-written.**

The assessment of information producers is provided by independent certification bodies accredited by The United Kingdom Accreditation Service (UKAS). Organisations that meet The Standard can place the quality mark on their information materials and their website - a reliable symbol of quality and assurance.

The charity for people with psoriasis and psoriatic arthritis

PAPAA, the single identity of the Psoriatic Arthropathy Alliance and the Psoriasis Support Trust.

The organisation is independently funded and is a principal source of information and educational material for people with psoriasis and psoriatic arthritis in the UK.

PAPAA supports both patients and professionals by providing material that can be trusted (evidence-based), which has been approved and contains no bias or agendas.

PAPAA provides positive advice that enables people to be involved, as they move through their healthcare journey, in an informed way which is appropriate for their needs and any changing circumstances.

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