

# Skin Supplement

January 2019



## Risk of Severe and Fatal Burns with Paraffin-Containing and Paraffin-Free Emollients

Warnings about the risk of severe and fatal burns are being extended to all paraffin-based emollients, regardless of paraffin concentration. Data suggest there is also a risk for paraffin-free emollients. Advise patients who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding, dressings and other fabric that have dried residue of an emollient product on them (see [MHRA](#) for additional information).

### Appropriate Quantities & Finger Tip Guide

It is important that skin preparations are prescribed in appropriate quantities. **Table 1** below lists quantities suitable for an adult for twice daily application of a non-steroid cream / ointment for **4 weeks**. **Table 2** lists quantities suitable for an adult for single daily application for steroid cream/ ointment for **2 weeks**.

**Table 1: Non-steroid Creams: Recommended Quantities for 4 weeks (twice daily)**

Body area	Non-corticosteroid cream/ointment	Lotions
Face	60 to 120g	400ml
Both hands	100 to 200g	800ml
Scalp	200 to 400g	800ml
Both arms	400 to 800g	800ml
Both legs	400 to 800g	800ml
Trunk	1600g	2000ml
Groins and genitalia	60 to 100g	400ml

**Table 2: Steroid Creams: Recommended Quantities for 2 weeks (once daily)**

Body area	Corticosteroid cream/ointment
Face and neck	15 to 30g
Both hands	15 to 30g
Scalp	15 to 30g
Both arms	30 to 60g
Both legs	100g
Trunk	100g
Groins and genitalia	15 to 30g

The [Fingertip unit](#) (FTU) is commonly used to guide the amount of topical steroid to apply. 1 FTU is the amount of topical steroid that is squeezed out from a standard tube along an adult's fingertip, from the very end of the finger to the first crease in the finger. 1 FTU is enough to treat an area of skin twice the size of the flat of an adult's hand with the fingers together. 2 FTUs are about the same as 1g of topical steroid.



### Not Suitable for Repeat Prescriptions — Review Required

- **Dermovate<sup>®</sup> (clobetasol propionate 0.05%)** — patients prescribed very potent topical corticosteroids should be reviewed regularly (**at least monthly**) and the preparation should not be prescribed on repeat prescription, except on specialist advice.
- **Fucidin H<sup>®</sup>** — treatment should be for a **maximum of 7 days** to prevent bacterial resistance. This product is not suitable for repeat prescription.
- **Fucibet<sup>®</sup>** — treatment should be for a **maximum of 7 days** to prevent bacterial resistance. This product is not suitable for repeat prescription.

Multi-ingredient skin preparations should be prescribed by **BRAND NAME** as generic prescribing may not be practical or may lead to confusion due to multiple ingredients.

## Cost Effective Choice for Isopropyl myristate 15% / liquid paraffin 15% w/w

MyriBase® Gel is included within the HSCB list of Cost-Effective Choices ([CECs](#)) in Northern Ireland.

### Action for GP Practices

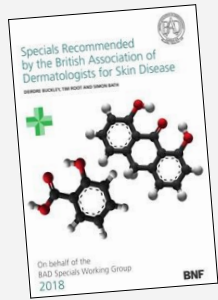
- ◆ When isopropyl myristate 15% and liquid paraffin 15% w/w is indicated, **new patients** should be commenced on MyriBase® Gel.
- ◆ **Existing patients** currently prescribed alternative isopropyl myristate 15% and liquid paraffin 15% w/w gel products, e.g. Doublebase®, should be considered for switching to MyriBase® Gel.
- ◆ When switching, ensure that prescribing records are updated appropriately to avoid duplication of therapy.
- ◆ When switching, inform local community pharmacists to allow them to adjust their stock levels.



### Action for Community Pharmacists

- ◆ Clinical checks should ensure there is no duplication of therapy and that quantities prescribed are appropriate, particularly for potent steroid creams.
- ◆ When treatment is switched, patients should be counselled that MyriBase® Gel contains the same active ingredients as Doublebase® Gel and is used for the same conditions, in order to minimise patient confusion.

## Specials — BAD List



Unlicensed 'specials' may be required when a suitable licensed product isn't available. These products can be very expensive. Please adhere to the British Association of Dermatologists ([BAD](#)) list of preferred specials. **The BAD list has been ratified and implemented by all Trusts in Northern Ireland.**

Dermatology 'specials' that do not appear on the BAD list should not be requested in primary care. Adherence to the BAD list is encouraged in order to address concerns around 'specials' and optimise quality of care.

**Action for prescribers:** Prescribers should refer to the BAD list and, for items not on the list, query with secondary care before prescribing.

## Sunscreen Prescribing

Sunscreens are only prescribable for ACBS approved conditions, i.e. skin protection against UV radiation in abnormal cutaneous photosensitivity resulting from:

- ⇒ **genetic disorders**
- ⇒ **photodermatoses including vitiligo, lupus erythematosus, hydroa vacciniforme, solar urticaria and rare genodermatoses (such as xeroderma pigmentosum) and those resulting from radiotherapy**
- ⇒ **chronic or recurrent herpes simplex labialis**
- ⇒ **evidence of photosensitivity caused by drugs such as demeclocycline, phenothiazines or amiodarone.**

Patients medically advised to minimise sunlight exposure may be at risk from vitamin D deficiency and should be advised to purchase a vitamin D supplement.

For optimum photoprotection, sunscreen preparations should be applied thickly and frequently (approximately 2 hourly).

### Action for GP Practices

- Ensure that prescribing of sunscreens is in line with ACBS approved indications. If criteria are not met, then review and stop prescribing the sunscreen.
- SPF less than 30 should not normally be prescribed. See Chapter 13 of [NI Formulary](#) for product choices.

### Action for Community Pharmacies

- Patients should be counselled accordingly and advised that sunscreens may be purchased OTC if desired.
- For all individuals, recommend a sunscreen that meets minimum standards for UVA protection (has the letters 'UVA' in a circle logo) with at least SPF15 to offer good UVB protection. For those with additional risk factors, fairer skin or children encourage use of products with an SPF30+.