

# ROLE OF EMOLLIENTS AND SKIN INTEGRITY

Initiated and developed by Almirall UK and Wounds UK. Funded by Almirall UK Prescribing information can be found on reverse



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# MAINTAINING SKIN BARRIER FUNCTION

One of the main functions of skin is to act as a protective barrier. Dry skin is multifactorial and is associated with a loss of water from the stratum corneum<sup>1</sup>. This may occur due to extrinsic (e.g. frequent washing with water and detergents) and intrinsic factors (e.g. underlying skin condition)<sup>2</sup>. **The skin barrier may be disrupted in the ageing older person**<sup>1</sup>.



Age(years)

### How dryness affects the skin barrier function<sup>1</sup>





A normal skin barrier prevents the invasion of micro-organisms, allergens and other chemicals and prevents excess water loss Damage to the skin barrier function can cause dry, itchy skin that is prone to inflammation and possible breakdown

# **EMOLLIENT USE IN PRACTICE**

Emollients are substances that leave a fine occlusive layer over the skin, reducing water loss from the epidermis and helping to hydrate, soften and smooth the skin<sup>3</sup>.

### However, not all emollients are the same<sup>2,3</sup>

- Simple emollients work by occlusion, 'trapping' moisture into the skin and reducing water loss by evaporation. These may be available as creams or ointments and contain oils (e.g. petrolatum or mineral oil).
- Ointments contain more oil than cream emollients, providing a more occlusive barrier.
- Emollients that include additional substances, known as humectants (e.g. urea), work in a different way by drawing water into the stratum corneum from the dermis and compensating for the reduced levels of natural moisturising factors (NMF) in the skin.

While all emollients improve skin integrity and symptoms of dry skin, some emollients are also capable of restoring skin barrier function.

#### Occlusive emollient cream



#### Occlusive emollient ointment



#### Emollient with natural moisturising factor (NMF)



Humectant-based emollients increase hydration and restore barrier function by increasing NMF levels

### **TREATMENT PATHWAY**

When selecting an emollient, consider the age of the patient and know when to use a humectant-containing emollient to restore skin barrier function<sup>3</sup>.



### "Based on empirical evidence, using emollients combined with humectants seems to be the best strategy for treating xerosis in the aged"<sup>4</sup>

#### References:

- 1. Moncrieff G et al (2015) Wounds UK 11(1): 68-74
- 2. Cork M, Danby S (2009) Br J Nurs 18(14): 872-7
- 3. Moncrieff G et al (2013) Clin Exper Dermatol 38: 231-8
- 4. Kottner J et al (2013) Br J Dermatol 169: 528-42
- 5. Brown K et al. The effect of an emollient cream containing 5% urea on the biophysical properties of aged skin. Poster presented at 11th meeting: European Epidermal Barrier Research Network and COST Action BM 0903 Skin Barrier in Atopic Disease Scotland. May 8th 2013
- 6. Almirall. Data on file BAL01

# **USING BALNEUM CREAM**

Balneum Cream is formulated to protect the skin, to maintain skin moisture and to restore the impaired skin barrier in conditions giving rise to dry skin.



### Key facts about Balneum Cream

Contains physiological lipids, urea and ceramide NP.

**Physiological lipids and ceramide NP** are known to help restore the barrier function of the skin.

**Urea** is known to increase the skin's ability to retain water and maintain skin hydration.

For further details, see product information on the back cover.

### PRODUCT INFORMATION:

Name of the Class I Medical Device: Balneum Cream Ingredients:

Urea 5 %, Ceramide NP, Aqua, Glycine Soya Oil, Propylene Glycol, Cetearyl Alcohol, Liquid Paraffin, Isohexadecane, Sodium Lactate, Lactic Acid, PEG-20 Stearate, Polysorbate 60, Squalane, Stearic Acid, Disodium EDTA, Lecithin, Tocopherol, Ascorbyl Palmitate, Hydrogenated Palm Glycerides Citrate. Balneum Cream is free of fragrances, colourants and preservatives Pharmaceutical form:

### White cream.

#### Indications:

Balneum Cream is formulated to protect the skin, to maintain skin moisture and to restore the impaired skin barrier in conditions giving rise to dry skin. It contains urea, ceramide NP and physiological lipids. Urea is known to increase the skin's ability to retain water and maintain skin hydration. Ceramide NP is known to help restore the barrier function of skin.

Balneum Cream is designed for daily use to relieve dry and very dry skin conditions including eczema, psoriasis and other dermatological conditions. Method of administration:

Using clean hands, apply the cream to the skin once or twice daily.

### Contraindications:

Patients with known hypersensitivity to any of the ingredients, soya or peanut. Warnings and precautions: For topical use only. Do not use on broken or inflamed skin. Caution should be exercised with concomitant treatment with other medicated topical products. If the condition becomes worse or if patients experience side effects/adverse incidents, discontinue treatment with Balneum Cream and seek medical advice.

### Adverse incidents:

Although very few adverse incidents have been reported, the most frequent are local skin reactions.

### Special precautions for storage:

Do not store above 25°C. Use within 6 months of first opening

### Pack sizes:

Available in 50g ( $\pounds$ 2.85) and 500g ( $\pounds$ 9.97) pump dispensers.

#### CE marking held by:

Almirall Hermal GmbH, Scholtzstraße 3, 21465 Reinbek, Germany Distributed in the UK by: Almirall Ltd, 1 The Square, Stockley

Park, Uxbridge, UB11 1TD Date information last revised: February 2015 UKSOY3039

Adverse incidents should be reported. Online reporting forms and information can be found at www.mhra.gov.uk/ yellow card. Adverse incidents should also be reported to Almirall Ltd

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