



Main results

You helped us compare the effectiveness and acceptability of the four main type of moisturiser (lotions, creams, gels and ointments) for children with eczema. Here's a summary of what we found.

Key findings

- All four types of moisturiser are equally effective but acceptability varies.
- All types of moisturiser are needed and parents need to be told about the different types so they can make an informed choice and find the best moisturiser for their child.
- Parents need clear information about the purpose of moisturisers, the different types available and how best to use them.

What was the purpose of our research?

The “Best Emollients for Eczema” study compared the effectiveness and acceptability of the four most commonly prescribed types of moisturiser (emollients).

It is widely accepted that moisturisers are effective in hydrating skin and helping to improve eczema symptoms when used alongside other treatments, like topical corticosteroids. However, there is limited research on what types of moisturisers work best. Parents and carers have talked about a “trial and error” approach to finding a suitable moisturiser for their child. This is often costly and frustrating.

We wanted to see if some types of moisturisers worked better than others. We also wanted to explore family's views and experiences of using different types of moisturisers over a period of time.

What did we do?

We recruited 550 children with eczema from GP surgeries in and around the West of England, East Midlands and Wessex.

The children were put into four groups and each group was asked to use a different type of moisturiser, which was decided at random. Apart from the study moisturiser, all other treatments for eczema were continued as usual.

Children's skin was independently assessed by a researcher at the beginning of the study and again at 16 weeks. Families completed a weekly diary for the first 16 weeks and then four-weekly until 52 weeks.

We also interviewed 44 parents and 25 children at around 4 weeks and 16 weeks from when they signed-up to the study. In the interviews we gathered information about people's experiences of using their study moisturiser.

What did we find?

The main outcome was parent-reported eczema symptoms. We found no difference in the effectiveness of the four different types of moisturiser. Similarly, there were no notable differences between the different types across all the other outcomes, and the severity of the eczema and age of the child did not matter either.

Talking to parents and their children, we found that opinions of the different moisturisers varied considerably; the reasons one person preferred a moisturiser were not necessarily the same as another.

If there was any conflict between whether a moisturiser “effective” (for example one that worked well and made an improvement to skin) and “acceptable” (for example one that was easy to apply, or less stingy), people generally favoured effectiveness over acceptability.

We also found that fewer people kept using their study moisturiser if it was an ointment. However, ointments seemed to cause fewer side effects and may not need to be used as frequently. Overall satisfaction was highest with families who were using lotions or gels.

Some people reported that they had found it helpful to record moisturiser use in their study diary; it had acted as a reminder to moisturise regularly. Others said that taking part in the study had emphasised the need to give their moisturiser sufficient chance to work (at least 2 weeks) and not to give up too quickly.

Many people we interviewed valued being given more information on how to use moisturisers for maximum effect. People also found moisturisers that came in pumps and bottles easier to use than those in tubs.

Limitations

The findings of this study may not apply to moisturisers that are significantly different to the ones we compared, which were: QV lotion; Cetraben lotion; Diprobase cream, lotion and ointment; Epimax cream; Zerobase cream; Aquamax cream; Isomol gel; Zerodouble gel; Doublebase gel; Aproderm gel; White soft/liquid paraffin 50/50 ointment; Emulsifying ointment.

All the children who took part were younger than 12 years and the majority had white skin. Therefore, our findings may not apply to adults or children with darker skin.

In summary

All four types of moisturisers are equally effective but satisfaction with the type of moisturiser prescribed is unique to each user. Therefore, it is important that parents and older children can choose from a range of moisturiser types to find one that best suits them.

Our results emphasised the need for health professionals to help parents and children by making them aware of all the options available. Choosing a moisturiser may involve balancing how well a moisturiser works with practicalities such as how easy it is to use, how often application is needed and whether it comes in a bottle, pump or tub.

The study highlighted the importance of parents understanding of the purpose of moisturisers, the different types available and how to use them (for example, how they fit in with other treatments).

Parents and children should be encouraged to give their moisturiser a sufficient “trial period” of at least two weeks unless there are any major problems with a moisturiser.

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