Moisturising

Why should I moisturise?

Although there is little scientific research into the effects of moisturisers on psoriasis, our own experience shows that:

- Moisturisers make the skin much more comfortable – they decrease the dryness, scaling, cracking and soreness, and itching;
- Moisturisers may allow the other active treatments you use (e.g. tar, vitamin D) to be better absorbed, and therefore to work more effectively.

What is the difference between moisturisers and emollients?

Sometimes, the phrase 'emollient therapy' is used to refer to the whole procedure described earlier, i.e. the use of soap substitutes and bath oil as well as applying the creams or ointments. In this context, 'moisturisers' usually refer to the creams and ointments themselves. Sometimes, it is said that 'emollients' are medical moisturisers that can be prescribed – the sort you would use for psoriasis – whilst 'moisturisers' can also mean cosmetic creams available from beauty stores or supermarkets.

Which moisturiser is best to use?

There are so many to choose from that sometimes it can be difficult to know. However, the best moisturiser is the one that you feel happiest with and that you can use easily on a regular basis. Discuss this with your GP and ask them to prescribe one that you like and will use. You may find that a combination of moisturisers work best for you, and that different moisturisers are more appropriate at different times of day.

Factors to think about when you are choosing a moisturiser include: -

Consistency

Lotions (e.g. E45 lotion) are water based and tend to be very runny and easy to apply. They are quite cooling but not effective at moisturising particularly dry skin. They are useful for maintaining good skin once the psoriasis goes.

Creams (e.g. Diprobase) are thicker and a bit greasier than lotions but are still easy to use. They are less runny and tend to come in pots or pump dispensers. They are usually the best option for day-to-day use.

Ointments (e.g. Epaderm or 50/50 white soft paraffin/liquid paraffin mix) are very greasy and thick, and are oil-based rather than water-based. They are the best moisturisers but are less

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pleasant to use because they are greasy and quite sticky. However, if your skin is very dry, they are the most effective option.

If you're in a rush and don't want to wait for a cream or ointment to sink in, spray emollients are also available – get in touch with the Psoriasis Association for more information.

Frequency
You should use your moisturiser at least twice a day and more often if possible. Try to make your treatment fit in with your lifestyle as best you can. Some suggestions might be to use a lighter cream moisturiser in the morning before going to work or school and then using a greasier ointment before going to bed. Try taking a small pot of cream to work with you and apply if a patch gets particularly dry, itchy or uncomfortable. If you are applying a moisturiser all over, it is very easy to get through a small pot in a month, so make sure your doctor prescribes enough.

Other Factors
Some moisturisers have added ingredients that can improve the skin in different ways. For example:
Anti-Pruritics (itching)- If you suffer with itching, look for a moisturiser containing lauromacrogols. These moisturisers can help to soothe itching by stopping the transmission of itch sensations in the skin. Some moisturisers that contain this ingredient are marketed as 'anti-itch', however some are not, so do check the list of ingredients.
Keratolytics- These help to shed dead skin, and may be useful on thick or built-up plaques. Look for ingredients such as salicylic acid or allantoin.
Anti-Microbials- These are used if there is an infection present on the skin, or may be used when treating sensitive or intimate areas, as infections are more prone to occur in these sites. Anti-microbials should not be used as part of a routine if there is no infection present. Do make sure you visit a doctor or pharmacist if you think an area may be infected.

Method of Application

Moisturiser should be applied by gently stroking the cream or ointment on in a way that follows the line of your hair. Try not to rub too aggressively, as this can aggravate the psoriasis – a gentle repeated motion is best.

In the bath or shower
Moisturising is not just about putting creams or ointments on; it starts in the bath or shower. Soaps are drying to the skin, so soap substitutes, which wash but also moisturise, are best. These are available as shower emollients and bath oils, amongst others. Beware the risk of slipping when you get in and out of the bath or shower, as bath oils and shower emollients can make the surface slippery.

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When should I apply moisturisers?

As mentioned above, moisturisers should be applied as often as possible. However, there are two key times when moisturisers are a must;

- Straight after a bath or shower, because the skin is warm and absorbs the moisture better, and water itself can leave skin feeling dry and tight.
- Before putting on a treatment. It is important that the moisturiser is absorbed into the skin, because if it is sitting on the surface of your skin it may make the active treatment less effective.

A good routine to get into is to bath or shower using a soap substitute, apply moisturiser and allow it to sink into the skin and then apply the active treatment (this is virtually instant if you are using a lotion, may take 10-15 minutes with a cream and up to an hour with an ointment). Any moisturiser that you can apply throughout the day is a bonus. Many people find that moisturising when they get up and before they go to bed also works well.

My doctor has given me a topical treatment. Should I still be using moisturisers?

Yes! The British Dermatological Nursing Group recommends that a moisturiser should be applied and allowed to sink in before using another treatment. This often takes around 30 minutes. Applying other treatments – such as vitamin D, tars or steroids – to well-moisturised skin means they can be absorbed more easily, which some healthcare professionals think can improve the skin's response to the treatment. This rule still applies if you've moved on to UV, systemic or biologic therapy- your skin will still benefit from a good moisturising routine, and is likely to both look and feel better if it is well-moisturised. You should, however, always check the information that comes with your other topical treatments, as there may be instructions regarding when to moisturise.

Note: Some emollients contain paraffin as an ingredient. Paraffin is flammable, and there is a danger that smoking or using a naked flame could cause dressings or clothing that have been in contact with the emollient to catch fire. If you use a paraffin-based emollient, you should avoid naked flames, not smoke, and change clothing and bedding regularly.

For a full list of available emollients, please see our 'Emollients' sheet. This can be obtained by getting in touch with the Psoriasis Association.

For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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This information sheet is currently being updated

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