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BATHE investigators' response to NHS England recommendations on prescribing emollients

We are sorry to learn that this study has been used to justify deprescribing of emollient wash products, particularly as we concluded in the abstract of the paper that, "Further research is needed into optimal regimens for leave-on emollient and soap substitutes."

Our study findings do not justify NHS England's recommendations that prescribers, "should not initiate bath and shower preparations for any new patient," and that CCGs should support prescribers in "deprescribing bath and shower preparations."¹

The BATHE trial found that pouring emollient additives into the bath provided no additional benefit over standard eczema care.² Standard care in the BATHE trial included advice to use leave-on emollient as a soap substitute in order to standardise washing. The trial did not compare the effectiveness of different regimens of soap substitution.

There is no robust evidence that leave-on emollients are a more beneficial wash product than emollient soap substitutes. As there is no evidence in this area, we believe that prescribers should continue to offer patients with eczema a choice of emollient products as soap substitutes.

To be clear, we support initiatives to reduce the prescribing of emollient bath additives poured directly into the bath water, but not a reduction in the ability of patients to obtain appropriate prescriptions for soap substitutes.

Dr Miriam Santer

On behalf of the BATHE investigators (Bath Additives in the Treatment of childhood Eczema)

1. NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs. June 2019. <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance-v2.pdf>
2. Santer M, Ridd MJ, Francis NA, Stuart B, Rumsby K, Chorooglou M, Becque T, Roberts A, Liddiard L, Nollett C, Hooper J. Emollient bath additives for the treatment of childhood eczema (BATHE): multicentre pragmatic parallel group randomised controlled trial of clinical and cost effectiveness. *BMJ* 2018 May 3;361:k1332.

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