

# mydryskin

support programme

## Dry Skin treatment overview

Emollients are a first-line treatment for dry skin. It is also important to avoid irritating factors, which trigger dry skin symptoms. More severe dry skin is usually due to a skin condition, for example eczema, ichthyosis (a genetic condition causing very dry and scaly skin) and nodular prurigo (a very itchy skin condition, causing dry, irritated and lumpy skin). If skin is dry due to intense itching, it is important to seek medical assessment and diagnosis on your symptoms of dry skin and itch.

### Complete emollient therapy



In week 1, we discussed why skin becomes dry. Dry skin and skin conditions with dry skin as a primary symptom, all have a faulty skin barrier in common. The skin loses the ability to protect and water is lost from the skin. Emollients restore the skin barrier and treat dry skin. Complete emollient therapy is first-line treatment for dry skin, which should be a daily treatment as preventative treatment for dry skin.

**An emollient is used to describe a medical moisturiser, a lotion, cream, gel ointment or wash product, which has been formulated with ingredients to help restore the skin barrier and is fragrance-free.**

**Complete emollient therapy is defined as: 'everything that goes on the skin should be emollient based and all soaps and detergents replaced with emollient, wash, bath and shower products'.**

We will continue to discuss and provide tips on getting the best out of your emollients in weeks 7 and 8.

### Avoiding irritating factors



There are many irritating factors, which contribute to dry skin symptoms. These include environmental factors, medical conditions, drugs and skin irritants. Dry skin is not a symptom of allergy, unless there are other allergic symptoms or the person has a diagnosed allergy.

We will discuss irritating factors and how to avoid and reduce these factors in weeks 3 and 4.

### Adjuvant treatments to break the itch-scratch cycle



Adjuvant treatments in dry skin can help enhance current therapy or provide protection and comfort. These include bandages, wraps, clothing and psychological treatments, for example habit reversal, a behavioural therapy.

We will discuss psychological treatment and techniques to help break the itch-scratch-damage cycle in week 6.

**CAUTION: If itching is not relieved by dry skin treatments, and itch is severe, please see your GP/ health care professional for assessment.**

### Treatments for symptoms resulting from dry skin



#### Red and sore skin (inflammation resulting in eczema)

Dry skin can become red and sore due to scratching, which can result in eczema. People who have eczema or a history of eczema are more likely to experience 'eczema flares', which require controlling with anti-inflammatory treatments. Topical steroids are first line treatments for inflamed and eczematous skin. Topical steroids are used for short-term treatment bursts and the correct potency should be matched to the severity of eczema, area of the body and age of the patient. When the inflammation has settled dry skin is treated long term with emollients.

## Infection

Dry skin can become infected due to damage from scratching breaking the skin barrier. Bacteria will quickly multiply resulting in symptoms of wet, weepy, sore skin – often with yellow crusts (indicating staphylococcus aureus, the most common bacterial infection). Antibiotic treatment will need to be prescribed.



Fungal infections often appear as patches of dry scaling skin. They are treated with anti-fungal creams or sometimes anti-fungal tablets.

We will discuss skin infections in week 9.

## Dry skin treatments - specific to a diagnosed medical condition

### Ichthyosis

Emollients are the main treatment for people with mild ichthyosis. Moderate and severe ichthyosis (there are several hereditary forms) can be treated with retinoid tablets (chemical compounds related to vitamin A) which in ichthyosis reduces the rate of overactive skin.



### Nodular prurigo

This condition results in intensely itchy nodules. Topical steroids and occlusive dressings/ bandages are usually prescribed but if severe, ultraviolet light treatment or drugs that dampen the immune system (immunosuppressants) may be prescribed. Nodular prurigo can be seen in people with anxiety and depression, so psychological support and medication may be offered.



### Psoriasis

Emollients are the main treatment for people with mild psoriasis. Topical treatments for mild to moderate psoriasis include vitamin D analogues (creams, ointments and gels which treat the scaling and redness), topical steroids and purified tar.



## Anti-histamines

These are often prescribed routinely in itchy dry skin conditions, such as eczema, to help with the symptom of 'itch'. Non-sedating antihistamines do not relieve itch, caused by dry skin and inflammation. Anti-histamines only help itch in histamine-mediated conditions, such as insect bites, hives (urticarial) and allergic drug reactions. Dry skin, even when eczema occurs, it is not mediated by the same type of histamine. Non-sedating antihistamines are prescribed in dry and itchy skin conditions to help people to sleep and prevent restless nights due to itch.

## week2:



Make sure you use skin care that contains glycerine. It's the one product that saves me when my skin is feeling super dry. Most facial moisturisers will have glycerine in it, the higher up in the list of ingredients it is the more of it there is in the product. So make sure you pick a moisturiser that has glycerine as their first or second ingredient. – **Sharon**



I've had eczema since I was two years old and I'm now 56. I think I've had the book thrown at me in terms of treatment - and nothing really works for long. – [Read Lesley's full story and others here.](#)

## next week: Dry skin: Irritants and allergies

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