

# DERMAL PHARMACY EDUCATION

Training module for pharmacy staff to feel more competent in:

- Understanding common dry skin and scalp conditions
- Managing common dry skin conditions with Dermal emollients
- Managing common dry scalp conditions with Dermal scalp treatments
- Helping your patients get the most from their treatment



**DERMAL**  
TOPICAL INNOVATION

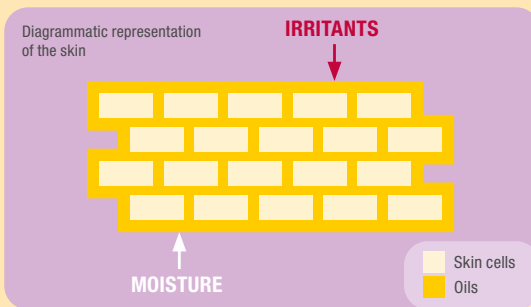


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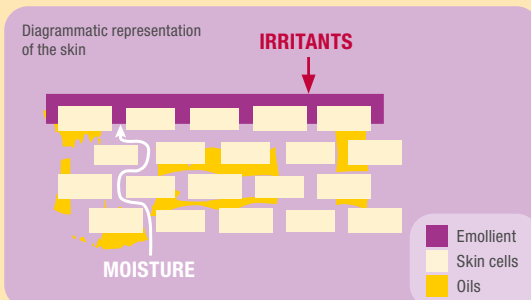
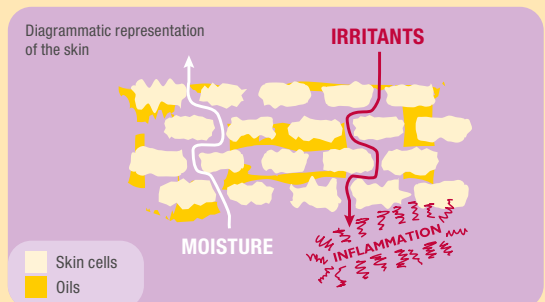
# What causes dry skin?

- An impaired skin barrier caused by physical damage and/or structural defect e.g. a decrease in the protein filaggrin leads to breakdown in skin integrity
- Reduction in sebum (natural oils)
- Detergents/soaps/foaming bath and shower products
- Workplace irritants
- Extreme weather or dry air / air conditioning
- Ageing skin



**Healthy skin** provides a barrier between the body and the external environment. In healthy skin, natural oils fill spaces between plump skin cells to form a good skin barrier - keeping moisture in and irritants out.

**An impaired skin barrier** has a shortage of natural oils which allows moisture to escape from the skin too quickly. The skin cells shrink, opening cracks which allow greater moisture loss and the entry of irritants. The skin will become dry and may be itchy. Scratching damages the skin even more.



**Emollients rehydrate the skin** by forming a layer of oil which traps moisture in the skin allowing cells to swell and close the cracks. Some emollients also contain humectants, such as glycerol or urea, which keep water within the skin.

# Common dry skin conditions

## Atopic eczema

(also known as atopic dermatitis)

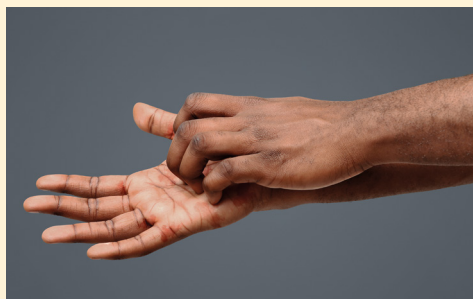
- A chronic inflammatory itchy dry skin condition.
- It is common in infants and children (affecting 10-20% of children and 2-10% of adults).
- It tends to run in families and the term atopic is used to describe a group of related conditions which include asthma, eczema and hay-fever.
- Characterised by 'flares' where the condition worsens.
- It often affects the face and flexures (skin creases) such as elbows and behind the knees. Can affect extensor surfaces in darker skin.



## Hand dermatitis

(also known as hand eczema)

- It is a common type of eczema (affecting 5% of people). In many people, hand dermatitis happens because of direct damage to the skin by harsh chemicals as well as irritants, especially soap, detergent and repeated contact with water.
- In hand dermatitis, the skin is inflamed, red (or darker in skin of colour), itchy and swollen, with a damaged, dried-out or scaly surface, which makes it look flaky.
- Different parts of the hand can be affected such as the finger webs, fleshy fingertips or centre of the palms.



## Elderly dry skin

Dry skin, also known as xerosis, is a common condition in the elderly due to the natural aging process and various environmental factors.

**Varicose eczema** (also known as venous, stasis or gravitational eczema)

- Associated with chronic venous insufficiency, usually affects the lower legs in the older person.
- The skin can be dry, scaly and fissured or red, itchy, blistered and weepy.

### Asteatotic eczema

- A common form of eczema in older people usually affecting the lower legs. It develops due to over washing with harsh soaps and detergents or over heating.



Stock photo. Posed by model.



\*Image used with permission of DermNet NZ [www.dermnetnz.org](http://www.dermnetnz.org).

## Psoriasis

- A chronic skin condition that affects around 3% of the population.
- It causes red, flaky, crusty patches of skin covered in silvery scales.
- Psoriasis can affect any part of the body, but it typically affects the scalp, trunk and extensor aspects of the knees and elbows.



### Need more information on skin conditions?

View the Core Tutorials in Dermatology at [www.dermal.co.uk/CoreTutorials](http://www.dermal.co.uk/CoreTutorials)

The Core Tutorials in Dermatology are designed to address common dermatological themes. Individual chapters cover the practical aspects of diagnosis, treatment and indications for referrals.



# Emollient types

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## Leave-on emollients

- Form a barrier to lock in moisture
- Hydrate the skin
- Not all emollients are the same, a few may need to be tried by the patient to find the best one for them



## Soap substitute emollients

- Everyday foaming soaps and shower gels can dry out the skin and worsen dry skin conditions
- Soap substitutes contain a different type of cleanser compared to everyday soaps to avoid the skin-drying effects
- Soap substitutes also contain emollient oils to moisturise skin



Stock photo. Posed by model.

## Bath emollients

- Bath emollients are a convenient way to hydrate the skin
- When added to bath water, emollient oils moisturise the skin
- This can be particularly useful for children



Stock photo. Posed by models.

# How to use emollients

## How to use... Leave-on emollients

- Smooth into the skin gently, do not rub, in the same direction of hair growth – like stroking a cat
- Apply as frequently as recommended by the product leaflet
- If using another treatment on the skin, allow sufficient time between applying each – see guidance for each treatment



[www.dermal.co.uk/applied](http://www.dermal.co.uk/applied)  
Scan QR code to watch animation



## How to use... Soap substitute emollients

- Use the same way as everyday soaps or shower gels



[www.dermal.co.uk/soapsub](http://www.dermal.co.uk/soapsub)  
Scan QR code to watch animation



## How to use... Bath emollients

- Add to running warm water in the bath

### Animations on how to use

Dermal have created short and fun animations showing patients how to use emollients to get the best results. **Scan the QR codes to watch the animations.**

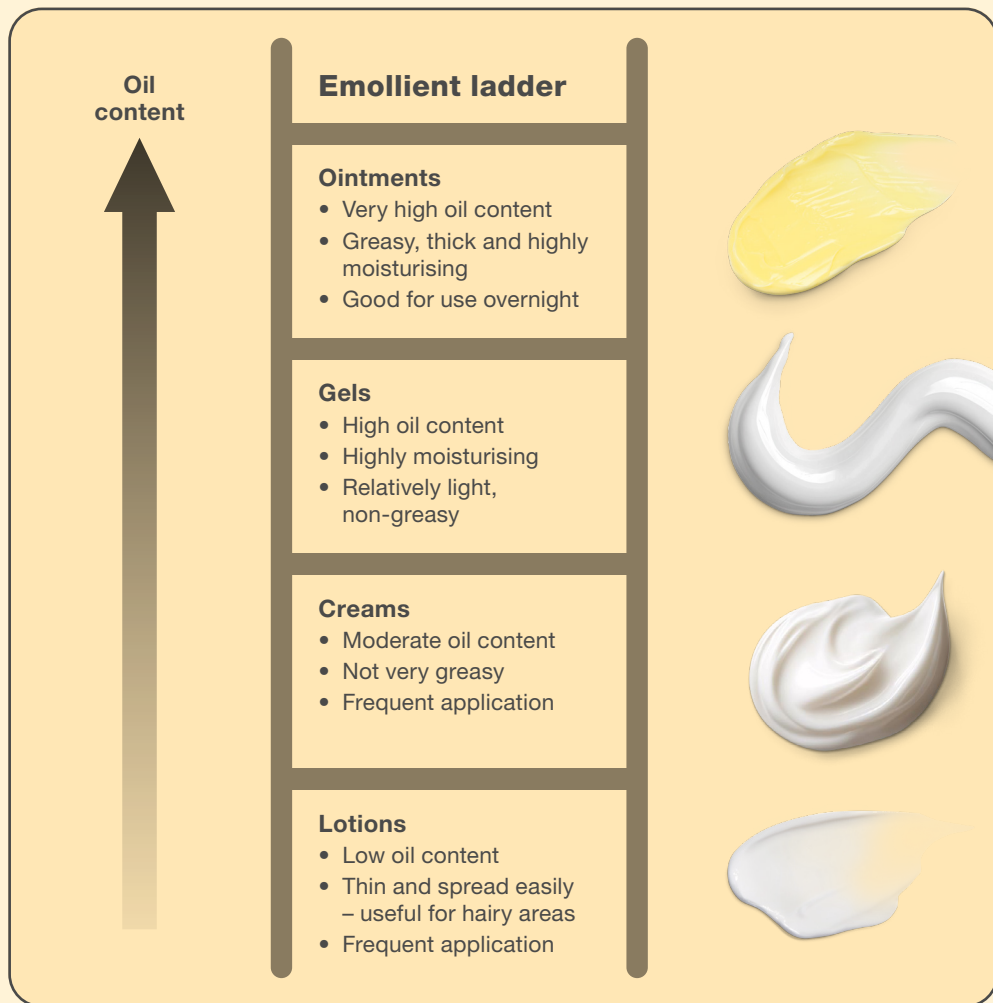


[www.dermal.co.uk/bath](http://www.dermal.co.uk/bath)  
Scan QR code to watch animation



# Emollient formulations

Not all emollients are the same, a few may need to be tried by the patient to find the best one for them.



## How to use

- Smooth into the skin gently, in the same direction of hair growth – like stroking a cat.
- Apply as frequently as recommended by the product leaflet.
- If using another treatment on the skin, allow sufficient time between applying each – see guidance for each treatment.

Emollients, while not flammable on their own, significantly increase the flammability of fabrics they come into contact with.



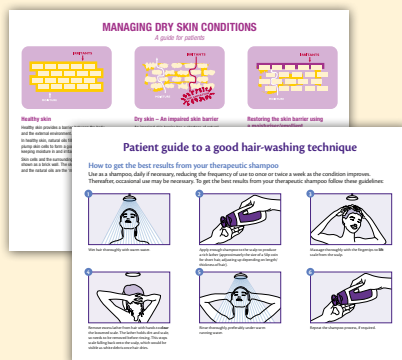
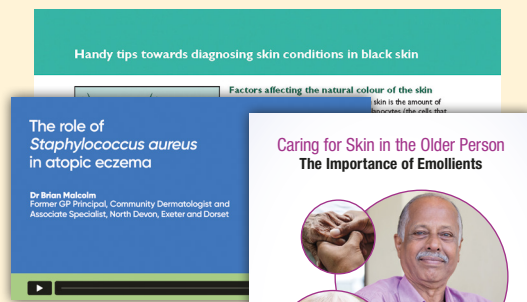
# Further dermatology resources for Healthcare Professionals and patients



[www.dermal.co.uk/healthcare-professionals/resources](http://www.dermal.co.uk/healthcare-professionals/resources)

Understanding the importance of emollients and how emollients can care for sensitive skin can play an important role in helping patients to manage their condition.

**Animations on how to use emollients** to get the best results are available, as well as patient advice leaflets for dry skin conditions including eczema, psoriasis and scalp conditions. **Scan the QR code to watch the animations.**



## Tutorials in Dermatology

[www.dermal.co.uk/CoreTutorials](http://www.dermal.co.uk/CoreTutorials)





The Core Tutorials in Dermatology are designed to address common dermatological themes. Written by Dr Brian Malcolm, individual chapters cover the practical aspects of diagnosis, treatment and indications for referrals. The chapters are available as PDFs to download or videos to watch and cover:

- A systematic approach to diagnosing dermatological conditions
- Acne
- Eczema
- Leg ulcers
- Psoriasis
- Skin infection and infestation
- Skin malignancy
- Urticaria and related allergic disorders



Dr Brian Malcolm is a Former GP Principal, Community Dermatologist and Associate Specialist, North Devon, Exeter and Dorset. Dr Brian Malcolm has developed the Core Tutorials in Dermatology from his 35 years of experience with dermatology education and working in dermatology, both in a primary and secondary care setting.

# Common scalp conditions

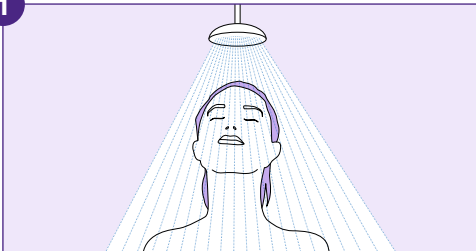
	Seborrhoeic Dermatitis	Cradle Cap (Infantile Seborrhoeic Dermatitis)	Pityriasis capitis (Dandruff)	Scalp Psoriasis
				
<b>Scale description and features of condition</b>	<ul style="list-style-type: none"> <li>• Large, yellow, greasy appearance, may form a crust.</li> <li>• Fixed to the scalp.</li> </ul>	<ul style="list-style-type: none"> <li>• Whitish-yellow, greasy scaling.</li> </ul>	<ul style="list-style-type: none"> <li>• Small, white or grey flakes.</li> <li>• Loosely attached to the scalp.</li> </ul>	<ul style="list-style-type: none"> <li>• Small, silvery.</li> <li>• Fixed to the scalp.</li> </ul>
<b>Scalp description</b>	<ul style="list-style-type: none"> <li>• Inflamed-red.</li> <li>• No hair loss.</li> </ul>	<ul style="list-style-type: none"> <li>• Inflamed- sometimes red.</li> </ul>	<ul style="list-style-type: none"> <li>• Normal.</li> <li>• No hair loss.</li> </ul>	<ul style="list-style-type: none"> <li>• Thick, clearly marked plaques.</li> <li>• May extend to beyond the hairline.</li> <li>• Hair thinning may occur.</li> </ul>
<b>Other features</b>	<ul style="list-style-type: none"> <li>• Slightly itchy.</li> </ul>	<ul style="list-style-type: none"> <li>• Mostly starts within first 3 months of age.</li> <li>• Usually resolves by 6-12 months.</li> <li>• Not usually itchy.</li> </ul>	<ul style="list-style-type: none"> <li>• Not usually itchy.</li> </ul>	<ul style="list-style-type: none"> <li>• Not usually itchy.</li> <li>• May bleed slightly when scales are scratched.</li> </ul>
<b>Other affected sites</b>	<ul style="list-style-type: none"> <li>• Inflamed, red, greasy, scaly skin behind the ears, eyebrows and around the nose.</li> </ul>	<ul style="list-style-type: none"> <li>• Eyebrows, ears, around the nose and nappy area can be affected.</li> </ul>	<ul style="list-style-type: none"> <li>• No rash elsewhere.</li> </ul>	<ul style="list-style-type: none"> <li>• Psoriasis can occur anywhere on the body.</li> </ul>
<b>Capasal indicated</b>	✓	✓	✓	✓
<b>Dermamax indicated</b>	✓	✓	✓	
<b>Betacap indicated</b>	✓			✓
<b>Psoriderm Scalp indicated</b>				✓

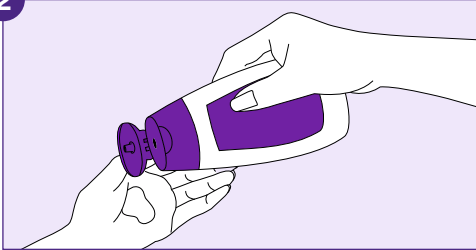
# Good hair-washing technique

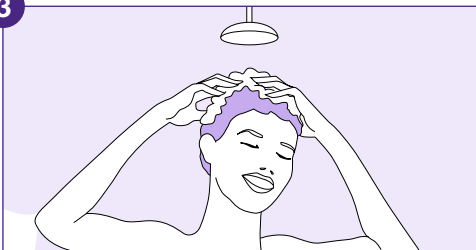
## How to get the best results from your therapeutic shampoo

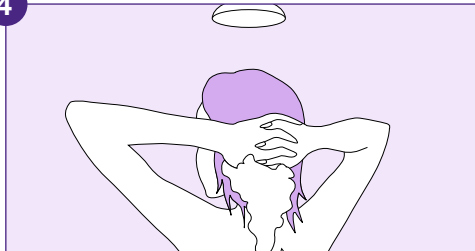
Use as a shampoo, daily if necessary, reducing the frequency of use to once or twice a week as the condition improves. Thereafter, occasional use may be necessary.

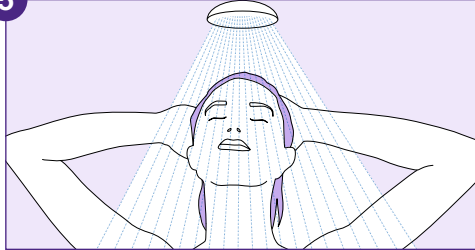
To get the best results from your therapeutic shampoo follow these guidelines:

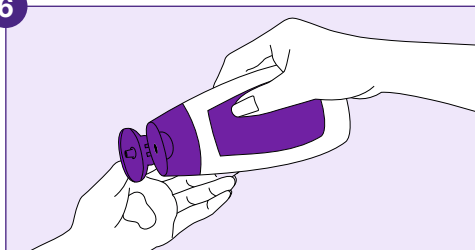
- 

Wet hair thoroughly with warm water.
- 

Apply enough shampoo to the scalp to produce a rich lather (approximately the size of a 50p coin for short hair, adjusting up depending on length/thickness of hair).
- 

Massage into the scalp with the fingertips.
- 

Remove excess lather from hair with hands.
- 

Rinse thoroughly, preferably under warm running water.
- 

Repeat the shampoo process, if required.

## Cradle Cap

- A small amount of shampoo should be used, sufficient to produce a lather. Wash off immediately with warm water. Gently pat the scalp dry with a towel.
- Remember to rinse using a back washing technique, with baby's head supported by a hand and tilted backwards to avoid getting shampoo into the baby's eyes.



## About Dermal

**Founded by a doctor in 1963, Dermal Laboratories is one of the few truly independent UK pharmaceutical companies.**

For over 60 years, we have focused on researching and developing novel dermatological treatments.

The company's expertise focuses on the formulation of highly effective, yet cosmetically elegant treatments for application to the skin. Dermal understands that it is the performance of the whole formulation that makes the difference, not just the efficacy of the active ingredients.

This approach has helped make our products known and trusted among dermatologists, general practitioners and nurses. Today, they are widely prescribed for the treatment of a variety of skin conditions, such as eczema (dermatitis) and psoriasis, as well as other conditions which can be treated by applied medication.

**Products manufactured in the UK.**

[www.dermal.co.uk/pharmacy](http://www.dermal.co.uk/pharmacy)

**A certificate is available to download for your training records.**

## Interested in skin education?

If you would like your local Dermal Representative to contact you about skin education, please contact: [info@dermal.co.uk](mailto:info@dermal.co.uk)

[AdexGel.com](http://AdexGel.com)

[Doublebase.com](http://Doublebase.com)

[www.dermal.co.uk/Dermol](http://www.dermal.co.uk/Dermol)

[www.dermax.co.uk](http://www.dermax.co.uk)

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