

Barrier products

Barrier preparations are available as ointments, creams and films. Medicines optimisation projects in this area focus on using products appropriately and avoiding waste.

Key recommendations

- The indications, mode of use and frequency of reapplication of different barrier preparations vary, so it is important to follow the individual manufacturer's instructions.¹
- Barrier preparations have a role in preventing and managing skin damage due to moisture and irritants. This can be due to:
 - » Urinary and/or faecal incontinence.^{2,3}
 - » Chronic venous leg ulcers and other wounds.^{1,4}
 - » Perspiration in skin folds.¹
 - » Presence of a stoma.⁵
- Do not use barrier creams as sole protection against contact with allergens.⁶
- Choose a barrier product that does not reduce the effectiveness of other interventions. Some products (particularly oil-based) can impede dressing or tape adhesion and interfere with the absorption capability of continence pads.¹
- Do not use barrier preparations in isolation, but rather as part of a strategy that includes risk assessment and an appraisal of the underlying issue.⁷
- Consider the need for an assessment of continence, stoma or wound care where barrier preparations are requested, particularly repeatedly.¹
- Local formularies can support prescribers in making appropriate, cost-effective barrier preparation choices. Formularies should include information about product suitability and specific instructions for product use.
- Prescriptions and dispensing labels should also include specific instructions for product use. Avoid non-specific instructions (e.g. 'as directed').
- Ensure GP practices have a process in place for identifying and investigating prescriptions for non-formulary barrier products or excessive quantities.
- Barrier creams and ointments for nappy rash should be purchased over-the-counter (OTC) with advice from an appropriate health care professional. This could be a health visitor, pharmacist or a GP, depending on the severity of the nappy rash.⁸

Supporting evidence

The National Institute of Health and Care Excellence (NICE) identified limited, low quality evidence in to support the use of barrier preparations for the prevention and management of pressure ulcers. They recommend considering a barrier preparation for the prevention of skin damage in those at high risk of developing a moisture lesion or incontinence-associated dermatitis, as identified by skin assessment.²

NICE recommend that people with faecal incontinence are offered skin care advice that covers both cleansing and barrier products. This is based on evidence from two randomised controlled trials and one cohort study.³

The evidence for the use of barrier creams in preventing irritant contact dermatitis is conflicting.⁶ Their value in this indication has been questioned.⁹

Specific guidelines on the use of barrier preparations in those with a stoma are not available. However they have an accepted role in managing sore skin around stoma sites.

Savings

In England and Wales £33.3 million is spent annually on barrier creams and films (ePACT Sep 2016 - Nov 2016).

A 20% reduction in prescribing of barrier preparations (excluding nappy rash barrier products) **would produce savings in the order of £6.2 million annually. This equates to £10,113 per 100,000 patients.** This may be achieved by choosing the most cost effective and appropriate products, and by reducing wastage and inappropriate prescribing.

An 80% reduction in prescribing of nappy rash barrier products (by promoting OTC purchase) **would produce savings in the order of £2 million annually. This equates to £3,198 per 100,000 patients.**

References

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Bulletin



Data pack



Product summary and pathway