

# Silk and antimicrobial garments

Medicines optimisation projects in this area review the place in therapy of silk garments in atopic dermatitis and are aimed at ensuring these products are not routinely prescribed. This bulletin should be used in conjunction with PrescQIPP B148 on stockinette and support bandages: <https://www.prescqipp.info/resources/category/322-wound-care-support-bandages-and-stockinette>

## Key recommendations

- The evidence relating to the use of silk garments for eczema and atopic dermatitis is weak and of low quality.<sup>1</sup>
- Silk garments should not be routinely prescribed.<sup>1</sup>
- Clinical Commissioning Groups (CCGs) may wish to consider processes (such as individual funding requests, prior approval, formulary restrictions) to enable prescribing in exceptional circumstances through assessment by a dermatologist.
- Prescribe the minimum quantity of garments necessary to meet people's needs, to help minimise wastage and stockpiling.
- Involve appropriate stakeholders, such as tissue viability nurses (TVN) and community nurses for their clinical expertise and to support whole system compliance.
- Prescribe these garments as acute issues and not on repeat medication records.

## Background

Silk garments are used as an adjunctive treatment (to emollients and topical corticosteroids) of various forms of dermatitis, eczema and allergic skin conditions.<sup>2</sup>

Four brands of knitted silk garments are currently listed as an appliance in part IX A in the Drug Tariff and are relatively expensive.<sup>3</sup> These are DermaSilk®, DreamSkin®, Skinnies™ silk and Skintoskin®.<sup>3</sup> All four brands have a wide range of products from eye masks, socks and gloves to vests, pyjamas and body suits. Sizes of garments range from those suitable for babies and children to full size adult clothing.

Published trials relating to the use of silk garments have been small and limited to infants and children with atopic dermatitis/eczema. The National Institute for Health and Care Excellence (NICE) made no recommendation on the use of silk garments. Whole-body (limbs and trunk) occlusive dressings (including wet wrap therapy) and whole-body dry bandages (including tubular bandages and garments) should not be used as first line treatment for atopic eczema in children. They should only be initiated by a healthcare professional trained in their use.<sup>4</sup> The British National Formulary (BNF) states that silk garments are not suitable for use in direct contact with emollients used in 'wet wrapping techniques'.<sup>2</sup>

Based on the quality of the evidence and guidance currently available, silk garments should not be routinely prescribed. In exceptional cases, if prescribing is considered appropriate, use should be restricted to assessment by a dermatologist in order to identify those patients most likely to benefit. Funding of these garments may then be considered through the commissioning organisation's locally agreed pathway.

## Savings

In England and Wales £1.3 million is spent annually on silk garments (ePACT August to October 2016). It seems likely that savings could be achieved by ensuring that these garments are not routinely prescribed. When used in exceptional circumstances, they should be prescribed appropriately through assessment by a dermatologist. Garments should be washed and reused correctly.

Savings may also be achieved by selecting DreamSilk® or Skinnies™ Silk. Local wound formularies can support this.

**A potential 30% reduction in prescribing through using appropriate prescribing could result in a national saving of £385,047 (ePACT August to October 2016). This equates to £630 per 100,000 patients.**

Additional resources available: <https://www.prescqipp.info/resources/category/355-silk-and-antimicrobial-garments>



Bulletin



Data pack



Audit, contract, patient letters, policies

## References

1. UKMI Trent Medicines Information Service. Prescribable Medical Devices. Silk garments for eczema/atopic dermatitis. June 2014. Available at [www.midlandsmedicines.nhs.uk/filestore/SilkGarments.pdf](http://www.midlandsmedicines.nhs.uk/filestore/SilkGarments.pdf) accessed 26/4/16
2. Joint Formulary Committee. British National Formulary (online) London: BMJ Group and Pharmaceutical Press; July 2016. Accessed 26/7/16 via [www.medicinescomplete.com/mc/bnf/current/](http://www.medicinescomplete.com/mc/bnf/current/)
3. Prescription Pricing Division (PPD). NHS Business Services Authority. Drug Tariff July 2016. Accessed via [www.drugtariff.nhsbsa.nhs.uk/#/00315892-DC/DC00315888/Home](http://www.drugtariff.nhsbsa.nhs.uk/#/00315892-DC/DC00315888/Home) on 20/7/16
4. National Collaborating Centre for Women's and Children's Health. Atopic eczema in under 12s: diagnosis and management (full guideline) [CG57]. National Institute for Health and Clinical Excellence. Issued December 2007. Available at [www.nice.org.uk/guidance/cg57/evidence/full-guideline-196612237](http://www.nice.org.uk/guidance/cg57/evidence/full-guideline-196612237)

Contact [help@prescqipp.info](mailto:help@prescqipp.info) with any queries or comments related to the content of this document.

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)