

# Dermol® Factsheet

Helping eczema patients  
for more than 25 years

## Key points

- ✓ The **Dermol** range of **antimicrobial emollients** has been specially formulated for use on **dry and itchy skin conditions** as leave-on emollients and also as soap substitutes for skin cleansing in such conditions
- ✓ Antimicrobial emollients can be an effective option for managing vulnerable dry skin:
  - The emollient oils help to **rehydrate dry skin**
  - The antimicrobials help to **prevent exacerbation of eczema caused by *Staph. aureus* colonisation and reduce the risk of secondary infection**
- ✓ **Dermol** can be used for as long as required to maintain the moisture content of the skin and help knock out *Staph. aureus* that can exacerbate eczema

## Product information

- ✓ **Dermol Lotion, Dermol Cream, Dermol Wash** and **Dermol Shower** are formulated for use as both leave-on emollients and as soap substitutes. They contain:
  - Two emollient oils
  - Well-known antiseptics, benzalkonium chloride and chlorhexidine dihydrochloride
  - Cetomacrogol, a non-ionic soap substitute
- ✓ **Dermol Bath** combines emollient oils with the antiseptic, benzalkonium chloride, and is designed to fully disperse in the bath water
- ✓ Well tolerated, suitable for all ages and sensitive skin, the **Dermol** range is free from sodium lauryl sulfate (SLS), parabens and perfumes
- ✓ As the **Dermol** range contain **antiseptics** and not antibiotics, the risk of antibiotic resistance developing is minimised



**Dermol Cream**  
20% oils  
for **very dry skin**



**Dermol Lotion**  
5% oils  
for **dry skin**



**Dermol Wash**  
5% oils



**Dermol Shower**  
5% oils



**Dermol Bath**  
50% oils

## Antimicrobial activity

### Atopic eczema

#### To knock out *Staphylococcus aureus*

*Staph. aureus* colonises atopic skin and releases chemical mediators which can cause an **inflammatory itchy reaction** – leading to scratching, further skin damage and more itching. This process is known as the **itch-scratch cycle**.

Products in the **Dermol** range have proven **antimicrobial activity** against potentially pathogenic microbes, when tested *in vitro*, including:

- ✓ *Staphylococcus aureus* (SA)<sup>1</sup>
- ✓ MRSA<sup>2</sup> & FRSA<sup>2</sup>
- ✓ Mupirocin-resistant SA<sup>3</sup>
- ✓ Panton-Valentine Leukocidin SA<sup>4</sup>
- ✓ *Staphylococcus biofilms*<sup>5</sup>
- ✓ *E. coli* (*in vivo*)<sup>6</sup>
- ✓ *Pseudomonas aeruginosa*<sup>7</sup>
- ✓ *Streptococcus pyogenes*<sup>8</sup>
- ✓ *Malassezia furfur*<sup>9</sup>



### Helping to prevent secondary infection in compromised skin

#### To protect vulnerable skin

A dry, vulnerable skin barrier leaves the skin susceptible to **secondary infection**.

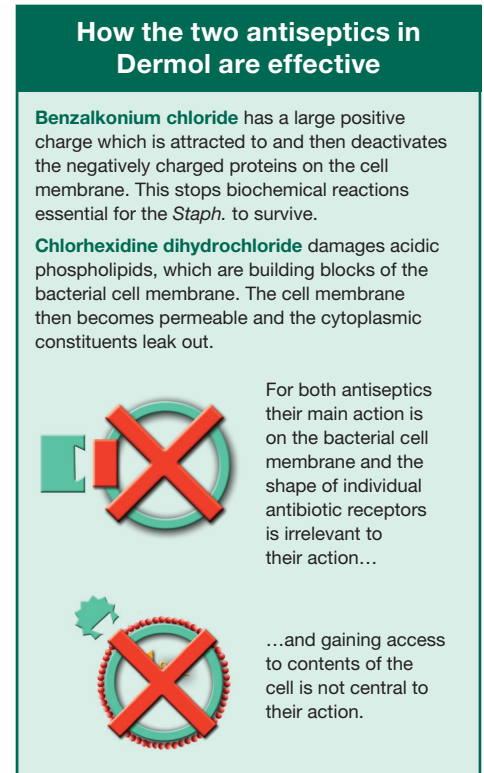
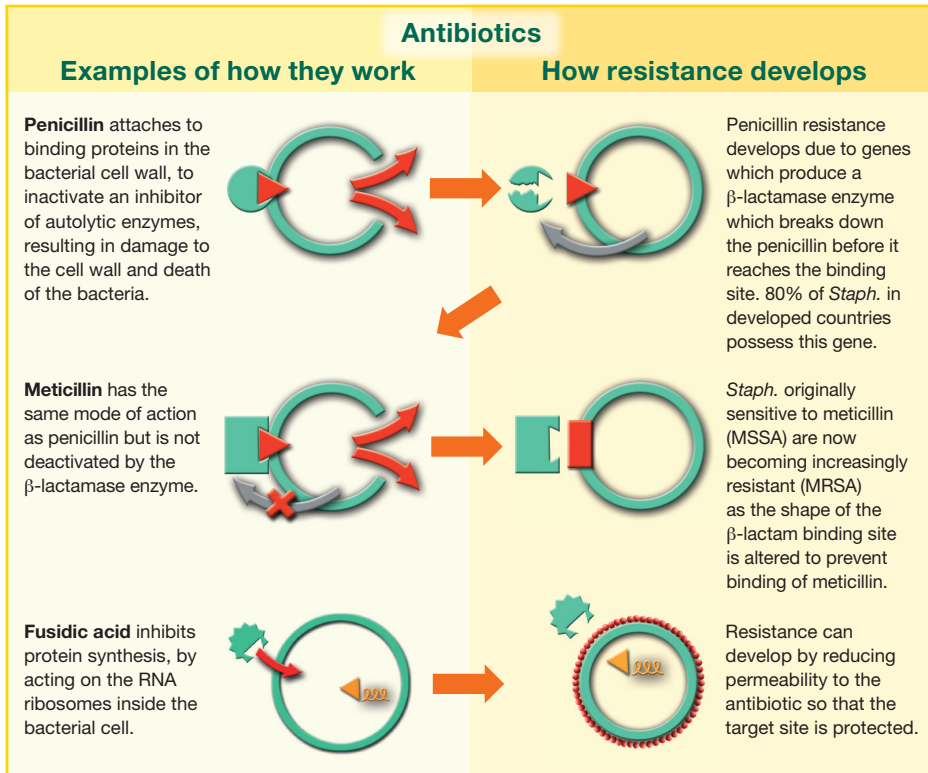
The **Dermol** range helps to **combat bacteria on the skin** and **rehydrate dry skin** – helping to **restore the skin barrier function**.

Visit [www.dermal.co.uk/Dermol](http://www.dermal.co.uk/Dermol) then select the button: **“VIEW DERMOL DOSSIER”**

# How the antiseptics in Dermal work

- ✓ Fusidic acid-resistant *Staph. aureus* (FRSA) levels are estimated to be as high as 78% in patients with atopic eczema,<sup>10</sup> so it is important to have an effective treatment
- ✓ When tested *in vitro*, **Dermal** demonstrated **significant antimicrobial activity** against MRSA,<sup>2</sup> FRSA<sup>2</sup> and Mupirocin-resistant *Staph. aureus*<sup>3</sup>

- ✓ The antimicrobials in **Dermal** are **antiseptics** which work synergistically, so are **clinically effective at low concentrations**
- ✓ **The antiseptics** have a different mode of action to antibiotics and because of this, **the risk of antibiotic resistance developing is minimised**
- ✓ The figure below explains how **the antiseptics in Dermal differ in their mode of action to antibiotics**



MRSA, Meticillin-resistant *Staph. aureus*; FRSA, Fusidic acid-resistant *Staph. aureus*; MSSA, Meticillin-sensitive *Staph. aureus*.

To see further product and clinical information visit: [www.dermal.co.uk/Dermal](http://www.dermal.co.uk/Dermal)

**References:** 1. Whitefield M. Infection Control, hand washing and irritant dermatitis – a possible solution. *NHS Journal of Healthcare Professionals* 2004;62-63. 2. Gallagher J. *et al.* Routine infection control using a proprietary range of combined antiseptic emollients and soap substitutes – their effectiveness against MRSA and FRSA. Poster presented at 18<sup>th</sup> EADV Congress, October 2009, Berlin, Germany. 3. Gallagher J. and Rosher P. Topical antiseptic products – Antimicrobial activity against mupirocin resistant *Staphylococcus aureus*. Data presented at the 16<sup>th</sup> Annual Maui Derm for Dermatologists, January 2020, Maui, USA. 4. Gallagher J. *et al.* Evaluation of the bactericidal activity of an antiseptic emollient wash formulation against Panton-Valentine Leukocidin producing *Staphylococcus aureus*. Poster presented at the 93<sup>rd</sup> Annual Meeting of the British Association of Dermatologists, July 2013, Liverpool, England. 5. Gallagher J. *et al.* *Staphylococcus* biofilm inhibition, *in vitro*, using an antiseptic emollient containing chlorhexidine and benzalkonium chloride. Poster presented at the 12<sup>th</sup> EADV Spring Symposium, March 2015, Valencia, Spain. 6. Gallagher J. *et al.* Bactericidal activity of a new 'skin friendly' combined handwash and leave-on skin conditioner. Poster presented at the 20<sup>th</sup> EADV Congress, October 2011, Lisbon, Portugal. 7. Gallagher J. and Rosher P. Infected wounds – *in vitro* activity of topical antiseptic products against *P. aeruginosa*. Poster presented at the 23<sup>rd</sup> EADV congress, October 2014, Amsterdam, The Netherlands. 8. Gallagher J. and Rosher P. Evaluation of the bactericidal activity of two antiseptic emollient formulations against *Streptococcus pyogenes*. Poster presented at the 73<sup>rd</sup> Annual Meeting of the American Academy of Dermatology, March 2015, San Francisco, USA. 9. Gallagher J. *et al.* *In vitro* antimicrobial activity of two topical antiseptic products against *Malassezia furfur*. Poster presented at the 10<sup>th</sup> EADV Spring Symposium, May 2013, Cracow, Poland. 10. Shah M. and Mohanraj M. High levels of fusidic acid-resistant *Staphylococcus aureus* in dermatology patients. *BJD* 2003;148(5):1018–1020.

#### Dermal Range Prescribing Information

### Dermal® Wash Cutaneous Emulsion, Dermal® 200 Shower Emollient and Dermal® 500 Lotion

Benzalkonium chloride 0.1% w/w,  
chlorhexidine dihydrochloride 0.1% w/w,  
liquid paraffin 2.5% w/w,  
isopropyl myristate 2.5% w/w.

### Dermal® Cream

Benzalkonium chloride 0.1% w/w,  
chlorhexidine dihydrochloride 0.1% w/w,  
liquid paraffin 10% w/w,  
isopropyl myristate 10% w/w.

**Uses:** Antimicrobial emollients for the management of dry and pruritic skin conditions, especially eczema and dermatitis, and for use as soap substitutes. **Directions:** Adults, children and the elderly: Apply direct to the dry skin or use as soap substitutes.

### Dermal® 600 Bath Emollient Benzalkonium chloride 0.5% w/w, liquid paraffin 25% w/w, isopropyl myristate 25% w/w.

**Uses:** Antimicrobial bath emollient for the management of dry, scaly and/or pruritic skin conditions, especially eczema and dermatitis. **Directions:** Adults, children and the elderly: Add to a bath of warm water. Soak and pat dry.

**Contra-indications, warnings, side effects etc:** Please refer to individual SPC for full details before prescribing. Do not use if sensitive (especially generalised allergic reaction) to any of the ingredients or, in the case of the wash, shower, lotion or cream, if there is a possible history of allergic reaction to a chlorhexidine compound. In the unlikely event of a reaction, stop treatment. Local skin reactions are very rare (<1/10,000 based on spontaneous reporting). Reactions have been observed occasionally when used excessively as a leave-on application in the anogenital area. When breast-feeding, if use on the nipples is necessary, apply sparingly and after feeds. Take care to avoid slipping in the shower or bath, when using as a soap substitute. Keep away from the eyes.

**Instruct patients not to smoke or go near naked flames. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a potential fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it.**

#### Package quantities, NHS prices and MA numbers:

Dermal Wash: 200ml pump dispenser £3.76, PL00173/0407.  
Dermal 200 Shower Emollient: 200ml shower pack £3.76, PL00173/0156. Dermal 500 Lotion: 500ml pump dispenser £6.52, PL00173/0051. Dermal Cream: 100g tube £3.08, 500g pump dispenser £7.19, PL00173/0171. Dermal 600 Bath Emollient: 600ml bottle £7.99, PL00173/0155.

**Legal category:** Dermal Cream and Dermal Wash Cutaneous Emulsion [P], Dermal 200 Shower Emollient, Dermal 500 Lotion and Dermal 600 Bath Emollient GSL [P].

**MA holder:** Dermal Laboratories, Tatmore Place, Gosmore, Hitchin, Herts, SG4 7QR, UK.

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'Dermal' is a registered trademark.

**Adverse events should be reported. Reporting forms and information can be found at [yellowcard.mhra.gov.uk](http://yellowcard.mhra.gov.uk). Adverse events should also be reported to Dermal.**

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