MENTHODERM®

Managing Itch with Menthoderm®

A Rash Talk® Featured Podcast – hosted by Derma UK

Led by Valerie Anderson, Dermatology Advanced Nurse Practitioner- in conversation with Teena Mackenzie – Consultant Nurse Dermatology and Education and Development Lead, BDNG.

In this article:

- Defining pruritus: the difference between acute pruritus and chronic
- The different types of pruritus and what conditions they are caused by
- What is menthol and how it works as a topical antipruritic
- When menthol should be considered
- The ingredients in Menthoderm®
- Why SLS-free is important and de-bunking the myth around aqueous creams
- The different strengths of Menthoderm® and how to use them
- Pack sizes available for patients
- How Menthoderm® should be applied
- How to obtain free Menthoderm® samples

Teena: Hello and welcome to the BDNG podcast. My name is Teena Mackenzie and I am the education and development lead for the BDNG. Today we're going to be talking about Menthoderm® and managing itch with menthol. So, I have great pleasure to introduce today, Valerie Anderson - an advanced nurse practitioner in Dermatology.

What we'll do is start off with an introduction about itch.

Q: Teena: So, Val, can you define pruritus for me, and the difference between acute pruritus and chronic?

A: Val: Pruritus is a posh word for itch really. But the definition from NICE suggests that it's an unpleasant cutaneous sensation that provokes the desire to scratch. And acute pruritus is any itch that has been present for less than six weeks and chronic is any itch that's been present for longer than six weeks.

Teena: We see patients all the time where the itch is really impacts them, and has a massive impact on quality of life, sleep, socialising, mental health, often self-trauma, and this can result in chronic skin changes as well.

Q: Teena: Can you clarify the different types of pruritus and what conditions are they caused by?

There's quite a complex background to it. Sometimes it can be cutaneous. Meaning that primarily the itch is coming from some skin disruption. So chronic, inflammatory skin conditions like eczema, nodular, prurigo, contact dermatitis, lichen simplex, lichen planus, and dry skin, can all manifest itch.

Dry skin without inflammatory skin condition can promote itch as well. There can be idiopathic itch, but I think we need to be careful in making that presumption until we've absolutely checked for all of the causes of itch. So idiopathic means just an itch that you can't find a cause for.

But there are concomitant conditions that can sometimes promote itch in the skin including renal disease, liver disease, mainly cholestasis and haematological malignancies like lymphoma. Infestations like scabies can also cause itch. So, we very often do some blood tests in the clinical setting to try and assess for the systemic causes of itch and then exclude almost everything - as much as we can - before we would make an assumption about idiopathic pruritus.

Sometimes endocrine conditions like diabetes mellitus can trigger itch in skin. And sometimes a solid malignant tumour, although it's very rare, can promote itch in patients. Sometimes we do x-rays and scans to check that.

Pregnancy can also promote itch and usually it's to do with obstetric cholestasis, i.e. liver problems in pregnancy. It mainly affects the abdomen in pregnancy, but it can affect other areas as well. Of course there's neurological backgrounds to itch as well, including conditions like multiple sclerosis and brachial radial pruritus.

There are sometimes some drug induced backgrounds to pruritus. Particular culprits for that are opiates, statins, ace inhibitors, calcium channel blockers, all the usual things that people are on to manage their hypertension. And then there's also, psychogenic itch that can occur which includes functional itch disorder.

And rarely, but we do see it, we can have psychiatric problems such as delusional infestation, which can lead to itch changes and secondary changes due to scratching.

Of course, a biggie is also that skin changes in menopause can lead to itch. We know that skin in menopause becomes drier and there are physiological changes in menopause secondary to the oestrogen levels dropping. So, the physiological changes in the skin that tighten dry skin and reduce elasticity can not only exacerbate eczema and psoriasis in patients who already have those conditions throughout menopause, but it can also reduce barrier function as a primary concern, and which will lead to dry skin and itch concerns.

There's elderly pruritus as well. With increased age you get a decline in the normal physiological status of the skin, which can then partially result in increased itch.

We do see elderly patients quite frequently in clinical practice with widespread itch that's uncontrollable, then they start to get secondary chronic skin changes because of this itch scratch cycle. It can be quite a tricky one to manage for a lot of patients. But again, we would do all the usual screening to check for other causes before we make that diagnosis.

Q: Teena: As this podcast today is focused on Menthoderm® menthol cream and its role in helping to cool and soothe dry, itchy, overheated skin, and the benefits it can bring to our patients - can I ask you, what is menthol and how does it work as a topical antipruritic?

A: Val: Menthol is of natural plant origin. It's widely known for its cooling effect when applied to the skin, and it elicits the same cool sensation as a low temperature would.

It inhibits certain thermo-regulating receptors in the skin. That means that, when the skin temperature is lowered to between 8 and 28 degrees, the receptor is activated by the menthol in the thermal stimuli cool range, and then the itch sensation dissipates with the sensation of cool in the nerve endings in the skin.

It's really helpful as a topical agent to reduce pruritus and it has quite an immediate effect when you put it on the skin as well, so it can be really beneficial in managing that immediate itch scratch response, and preventing getting into a cycle of itch and scratch. So that spiral of itch and scratch can be broken quite quickly in the early stages with safe topical preparation.

So, we're not needing to use any systemic medications to have that effect. It works really well without having to refrigerate the cream or without patients risking skin

trauma because they're using really cold compresses on the skin that can traumatize the skin. So, the product is a really good way of achieving that same cooling effect without those risks.

Q: Teena: When considering treatments for pruritus when should menthol be considered?

A: Val: I tend to consider it certainly for patients with itch without a rash, and elderly pruritus and those sorts of cases where you've got an intact skin but quite pronounced itch.

It's really well tolerated, and we would use it to manage the itch scratch cycle and prevent that really distressing symptom of itch being so impactful for the patient.

You can use it as many times a day and as frequently as you need. It's really helpful for localised itch in particular. If you've got a very widespread itch, you need to just make sure that the patient is familiar with the product on a smaller area first before they use it all over because it can make you feel very cold. This needs to be considered particularly with elderly patients.

We would use it during pregnancy as well for managing the itch and obstetric cholestasis induced itch. It also can be really helpful in not only reducing the itch, but in soothing stretch marks too.

There are higher strengths that can be used for severe and chronic itch as well.

It's really cooling on menopausal skin for hot flushes, as well as managing the itch that is promoted by menopause because of all the physiological changes in skin during menopause.

It's also quite useful just to manage itch from prickly heat, insect bites, and sun scorched skin. I've got quite a few patients that like it just as a cooling preparation after getting very hot and sweaty after sport and exercise which can induce itch.

In all the conditions that I mentioned earlier, we would use, Menthoderm® and its various different strengths as an immediate itch relief agent on intact skin with itch. Whatever the background is, it's a really helpful and easy to use preparation.

Q: Teena: So, can you just explain today, what actually are the ingredients in Menthoderm® that help?

So Menthoderm® contains menthol in various different strengths, which is the active anti-itch agent, the cooling agent. But it also contains two preservatives, which means that it really gives double protection for patients.

It contains the additional preservative Undecylenic Acid, which helps reduce the risk of potential cross contamination, especially for patients with a compromised hygiene, and assists in protecting dry and irritated skin. It works on both aspects - the itch and moisturizing the skin and protection from cross contamination.

Q: Teena: It's also SLS free as well, isn't it?

Yes, being SLS free is really important. Because we know from studies since Cork et al in 2003 first researched effects of SLS on the skin, there's now been numerous studies that support the barrier function degradation with SLS containing products, which can become an irritant on the skin and then lead to skin barrier function problems.

So, it is really imperative to avoid using sodium laurel sulfate (SLS) in products. Menthoderm® is also a parabens free product - which reduces the risk of sensitisation to preservatives.

Q: Teena: In Menthoderm® there are different strengths available. Can you explain the different strengths and what we would use them for?

A: Val: It starts off at a 0.5% potency and then it increases gradually. So, there's a 1%, a 2%, and a 5% in the range of menthol in aqueous cream.

I find it can be quite useful to start off at the lower strength sometimes, to get patients used to the product so that they know how it feels. We don't want to be giving too much menthol if they don't need it and causing them to feel too cold. Building up with strengths can be really helpful.

I tend to use the stronger menthol earlier if it's quite a severe itch that the patient's got. But again, I would tend to recommend them using it on a smaller, localised area first for a day or two, and then extending the use if they felt that they were tolerating it. But it is really helpful to have the lower strengths for lower grade, general itch that's coming from dry skin for example, then probably the lower strengths are enough to manage that.

The lower strengths are sometimes can be quite helpful for more sensitive areas of skin that aren't so thick, like the neck and the facial areas as well, if they were needed on there.

Q: Teena: What sort of sizes of containers are available for patients?

A: Val: So, it comes in three pack options. There's a 500gram pot which is ideal for patients that may have manual dexterity issues or for those who need to apply copious amounts - because the smaller tubes aren't so helpful for those patients because it gets used up too quickly. There's also a 500gram pump, which is in an airless pump dispenser that is quite useful to prevent cross-contamination - and it dispenses about 98 percent of the product from the pump. Then there's a 100gram tube, which is ideal for daily use, just carrying around in your handbag if you want it, and for travel, of course.

Because you can carry it around with you, it is also quite a good alternative for oral treatments such as antihistamines and things like that.

And we still do hand out little samples as well, just so patients can actually try and get used to the product as well.

Q: Teena: So, we talked a little bit about, topical creams being free of SLS. You've mentioned, previously just about that there is a bit of a misconception though, that aqueous creams should be avoided for patients with sensitive skin. Can you just talk a bit more about that and debunk the myth around use of that?

Yes, aqueous cream without SLS is absolutely fine. It's the SLS component of the aqueous cream that was the problem. So SLS free aqueous cream is safe to use - and that has been evidenced in the studies that have been done around that product. It is the SLS based creams we know are detrimental to the skin.

We know that they increase trans epidermal water loss. They can be an irritant, and can be allergenic, because SLS is a surfactant and it binds together oil and water molecules. So, it actually removes a lot of oils from the skin, which then promotes this dryness, reduces the barrier function, increasing the risk of inflammatory change.

It seems to be more problematic in patients with already chronic inflammatory conditions like eczema and psoriasis, but it absolutely will also damage the stratum cornea and the barrier function in patients without inflammatory skin conditions as well. So yes, it's the SLS component that of the aqueous cream that was the problem.

Q: Teena: So, how should Menthoderm® be applied?

A: Val: There's absolutely no maximum frequency of applications per day or volumes that can be used. As I said previously, intact skin is important. Because otherwise it can cause discomfort in patients if it is used on broken skin.

When patients feel the itch starting, that's when they need to use Menthoderm®. Because it's an immediate itch relief agent. We want to get it at the stage when it's starting rather than waiting for it to get into a spiral of itch and scratch.

Because unfortunately, once when you get into that itch and scratch, you're getting secondary excoriations on the skin that's then going make the Menthoderm® less tolerated. To make sure that you are using it on integral skin and at a time that's going be the most beneficial, you need to start using it as the patient feels the itch.

I very often use this as part of a strategy to break that itch scratch cycle early when I'm doing the combined approach with habit reversal for eczema patients.

A lot of patients will find that they get into this frenzied episode of Itch and Scratch. And the Menthoderm® is absolutely brilliant to use as a strategy to have, for example, a pot by the bed, or when you're watching tele in the evening, which is when we know a lot of patients tend to get into that it scratch frenzy – and then patients can pop it on when they're recognizing they're starting to itch and then they can prevent getting into that frenzy cycle. It can prevent an awful lot of damage later down in the line.

Q: Teena: I know healthcare professionals can obtain samples from the representatives for Derma UK, or they can visit Menthoderm.co.uk, and patients can also access Menthoderm® through prescription or purchase via their pharmacy.

Is that something you often do with patients? Just give them a little sample to try first?

A: Val: Yes, we can do that in clinic. Absolutely. Or I would just prescribe one of the smaller tubes a 100gram tube for them to try. Particularly if they're traveling with it, then you need to make sure it's prescribed. Because it tends to be helpful for it to be prescribed because there's less trickiness around getting it through airports, certainly the bigger sizes.

So, all those pathways I would suggest, because it can also be bought over the counter directly from pharmacies, which is really great for accessibility.

Patients don't need a prescription if they don't want to. There are lots of ways to get hold of it.

Although sometimes it is difficult for prescriptions to be done, in both primary and secondary, and sometimes we have to empower our patients and say you can actually have this product, and it is available to buy. Though we do understand the cost of living and how it can be difficult for some.

Teena: So, it's really fantastic to hear a bit more about Menthoderm®. As I say, if you do want any samples, please just contact your representative or look on Menthoderm.co.uk

Val: Just an additional thing to mention is that the Menthoderm® has a lower cost than the drug tariff menthol in aqueous cream as well.

Teena: Yes. Menthoderm® does have a lower cost than the drug tariff menthol in aqueous cream. So that's a good point to make before we close this podcast today.

Teena: So, thank you very much for listening everybody, and I hope you enjoyed this podcast. For more information on the BDNG, please visit our website, bdng.org.uk. Thank you to Derma UK as well for sponsoring this podcast today, and a massive thank you to Val today for providing all the information.

Visit **Menthoderm.co.uk** for more information and to order your patient samples.