

Commissioning Statement

Treatment	<p>Silk garments</p> <p>DermaSilk®(Espere Healthcare Ltd) DreamSkin®(DreamSkin Healthcare Ltd) Skinnies Silk™(Dermacea Ltd)</p> <p>http://www.ppa.org.uk/edt/October_2014/mindex.htm</p>
For the treatment of	<p>Silk garments are knitted, medical grade silk clothing which can be used as an adjunct to normal treatment for severe eczema and allergic skin conditions</p>
Commissioning position	<p>Calderdale CCG commissions the use of silk garments only when the following applies:</p> <ul style="list-style-type: none"> On the recommendation of a specialist in dermatology <p>The clinical evidence to support the use of silk garments in atopic eczema/dermatitis is limited.</p> <p>One set of garments only should be prescribed to ensure fit and comfort and if effective then one further set can be prescribed to allow for washing.</p>
Date effective from	<p>29 January 2015</p>
Policy to be reviewed by	<p>January 2018</p>
Background information	<p>There are currently three brands of silk garments available – DermaSilk, DreamSkin and Skinnies Silk. A wide range of products are available within the three brands for children and adults (see Drug Tariff for available products and costs)</p> <p>All three brands of garments contain medical grade silk that has been treated to remove the natural gum (sericin) which can be allergenic. The fibre is then coated with an antibacterial (DermaSilk , Skinnies™ silk) or a polymer (DreamSkin).</p> <p>Information referenced from Trent Medicines Information Service Prescribable Medical Devices Silk Garments for eczema /atopic dermatitis</p> <p>Silk is a protein fibre and as such can promote the growth of bacteria and fungi which can come into contact with it. This unwanted feature is a particular problem with eczematous skin as increased levels of bacteria can cause increased irritation to the skin. It is therefore vitally important to protect the silk from microbial contamination whilst on</p>

	<p>the wearer.</p> <p>The antimicrobial used can inhibit bacterial and fungal growth on fabrics by puncturing and electrocuting bacteria and fungi, causing their instant death. There is no chemical released from the silk to poison the cells and no chemicals or nano-particles are released onto the skin. http://www.dermasilk.co.uk/benefits.htm</p> <p>A zinc-based antibacterial provides control of typical skin-colonising bacteria within the garment http://www.dreamskinhealth.co.uk/the-dreamskin-difference.html</p>
<p>Summary of evidence/rationale</p>	<p>NICE guidance Atopic eczema in children: Management of atopic eczema in children from birth up to the age of 12 years clinical guideline 57 http://www.nice.org.uk/guidance/CG57</p> <p>NICE indicates that healthcare professionals should use a stepped approach for managing atopic eczema in children. This means tailoring the treatment step to the severity of the atopic eczema. Emollients should form the basis of atopic eczema management and should always be used, even when the atopic eczema is clear. Management can then be stepped up or down, according to the severity of symptoms, with the addition of the other treatments as required. Bandages (rather than silk garments) are listed for the treatment of moderate and severe atopic eczema after emollients, topical corticosteroids and topical calcineurin inhibitors. Section 1.5.5.4 recommends that 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 and should only be initiated by a healthcare professional trained in their use.</p> <p>This guidance does not appear to represent a recommendation for the use of silk clothing.</p> <p>Midlands Medicines – Trent Medicines Information Services June 2014 http://www.midlandsmedicines.nhs.uk/filestore/SilkGarments.pdf</p> <p>This briefing looks at the evidence for prescribing silk garments for eczema/atopic dermatitis concluding that there is currently only poor evidence from published trials to support prescribing of silk garments in children or adults with atopic dermatitis/eczema.</p> <p>Scottish Intercollegiate Guidelines Network No.125 March 2011 Management of atopic eczema in primary care http://www.sign.ac.uk/pdf/sign125.pdf</p> <p>Section 10.3 CLOT HING</p> <p>A systematic review identified two RCTs on clothing materials and their effects on the symptoms of atopic eczema. It was concluded that cotton clothing did not confer any benefits when compared to other</p>

	<p>fabrics constructed with smooth fibres. Limited RCT evidence based on small studies suggests that silver coated textiles can reduce atopic eczema AE symptoms, possibly via an antibacterial effect.</p> <p>British Association of Dermatologists – patient information leaflet for atopic eczema http://www.bad.org.uk/for-the-public/patient-information-leaflets/atopic-eczema?q=Atopic%20eczema The statement below is included but no further supporting evidence was identified.</p> <p><i>Bandaging (dressings):</i> Cotton bandages or cotton vests/legging worn on top of creams can help keep creams in the skin and stop scratching. Sometimes these may be applied as ‘Wet wraps’ which can be useful for short periods. For some patients the use of medicated paste bandages may be helpful, as they are soothing and provide a physical barrier to scratching. If the skin is infected, appropriate treatment is necessary if dressings are being considered. Your doctor or nurse will advise you regarding the suitability of dressings, and can also advise on the use of special silk garments which can be helpful for some people.</p> <p>Lopes C <i>et al</i> Functional textiles for atopic dermatitis: a systematic review and meta-analysis Paediatric Allergy and Immunology, September 2013, vol./is. 24/6(603-613) (abstract only) http://onlinelibrary.wiley.com/doi/10.1111/pai.12111/abstract Abstract Atopic dermatitis (AD) is a relapsing inflammatory skin disease with a considerable social and economic burden. Functional textiles may have antimicrobial and antipruritic properties and have been used as complementary treatment in AD. We aimed to assess their effectiveness and safety in this setting. We carried out a systematic review of three large biomedical databases. GRADE approach was used to rate the levels of evidence and grade of recommendation. Meta-analyses of comparable studies were carried out. Thirteen studies (eight randomized controlled trials and five observational studies) met the eligibility criteria. Interventions were limited to silk (six studies), silver-coated cotton (five studies), borage oil, and ethylene vinyl alcohol (EVOH) fiber (one study each). Silver textiles were associated with improvement in SCORAD (2 of 4), fewer symptoms, a lower need for rescue medication (1 of 2), no difference in quality of life, decreased <i>Staphylococcus aureus</i> colonization (2 of 3), and improvement of trans-epidermal water loss (1 of 2), with no safety concerns. Silk textile use was associated with improvement in SCORAD and symptoms (2 of 4), with no differences in quality of life or need for rescue medication. With borage oil use only skin erythema showed improvement, and with EVOH fiber, an improvement in eczema severity was reported.</p>
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	Recommendation for the use of functional textiles in AD treatment is weak, supported by low quality of evidence regarding effectiveness in AD symptoms and severity, with no evidence of hazardous consequences with their use. More studies with better methodology and longer follow-up are needed.
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Comments to	Jodanna Dawson
Date of final draft	23 rd September 2014
Comments on final draft by	21 st October 2014
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