

L'ORÉAL Dermatological Beauty CLINICAL SERIES

BEYOND BASIC HYDRATION: THE ROLE OF EMOLLIENTS+ IN ATOPIC DERMATITIS (AD) MANAGEMENT

Barrier dysfunction plays a central role in the pathophysiology of AD and stems from three major defects: reduced skin lipid content, reduced filaggrin production, and reduced synthesis of antimicrobial peptides, all of which contribute to impaired barrier function.¹

In patients with AD, diminished barrier integrity leads to xerosis, inflammation, and colonization by pathogenic bacteria.¹ Because classical emollients rely on vehicle substances without active ingredients, they provide hydration and protection but do not address the underlying abnormalities of AD.^{2,3} These limitations have created an opportunity for a newer generation of emollients to address these barrier dysfunctions directly.

PRIORITIZING ACTIVE BARRIER THERAPIES OVER GENERAL MOISTURIZATION WITH EMOLLIENT+

Emollients+ incorporate active non-pharmacological ingredients and are intended to provide barrier support through a more targeted, multi-mechanism approach rather than functioning solely as neutral vehicle-based moisturizers.² The literature describes an ideal emollient as one that combines five functional groups, including humectants, non-physiological and physiological lipids, soothing agents, and components that assist epidermal differentiation.² Because emollients+ products can differ markedly in their components and modes of action, there is considerable variability in their effects.² These formulations can target multiple mechanisms, such as using physiological lipids to restore barrier function, licorice extract for its anti-inflammatory properties, or xylitol and galacto oligosaccharides to inhibit harmful bacteria and promote beneficial commensal bacteria.²

EMOLLIENT+ DEMONSTRATES EARLY SYMPTOM RELIEF AND LONG-TERM QUALITY OF LIFE IMPROVEMENT⁴

In an open-label study by Cestari et al. (2023) assessing a light balm enriched with *Aqua posae filiformis* and microresyl, results demonstrated that this emollient+ was highly beneficial and well tolerated in mild AD, with early benefits in improving AD signs and symptoms.⁴ The study found that SCORAD, signs, and symptoms had significantly improved (all $p < 0.05$) in the global, adult, and pediatric populations at day 168 compared to baseline, with significant improvements in intensity and symptoms observed as early as day 14, reaching 40.4% by day 28.⁴ Specific symptoms, including skin dryness on both lesional and non-lesional areas, improved significantly ($p < 0.001$) with emollient+ in all populations and at all post-baseline visits.⁴ Additionally, the intervention significantly and rapidly enhanced quality of life, with a baseline DLQI score decreasing by 77.7% at day 14, followed by continued improvement throughout the 168-day study duration.⁴

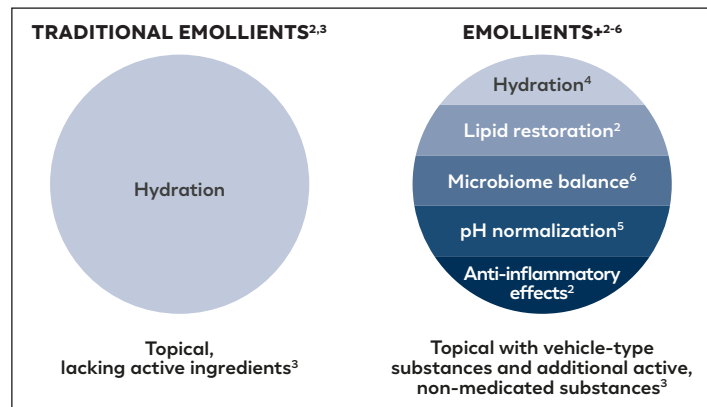


“Is this just another lotion?”

It does more than moisturize. These products contain ingredients that help repair your skin barrier and rebalance the bacteria on your skin. Studies show they can reduce flares, not just make your skin feel softer.^{2,5,6}

CLINICAL EVIDENCE FOR EMOLLIENT+ SUPERIORITY OVER STANDARD APPROACHES⁵

Prakoeswa et al. (2025) conducted a double-blind, randomized controlled trial comparing an emollient+ enriched with Aqua Posae filiformis and microresyl against a standard 10% urea moisturizer in patients (n=60) with mild-to-moderate AD.⁵ The results indicated that the emollient+ formulation was more effective at enhancing skin barrier function and alleviating symptoms than the urea comparator.⁵ While both groups showed improvements, the emollient+ group demonstrated statistical superiority as early as week 4 for transepidermal water loss (TEWL) and skin pH, with significant differences in skin hydration and SCORAD scores becoming evident by week 8.⁵ By week 12, patients using the emollient+ experienced significantly greater relief in eczema area and severity, quality of life, and pruritus compared with those utilizing the urea moisturizer.⁵ Additionally, the emollient+ exhibited a greater improvement on disease severity, skin hydration, and a better tolerance than the group treated with 10% urea.⁵



TARGETING THE MICROBIOME AS A THERAPEUTIC STRATEGY⁶

Evidence indicates that emollients supplemented with nonpathogenic bacterial biomass can influence more than hydration and barrier repair, and may help support immune modulation, microbiota normalization, and flare reduction in AD.⁶ Seité et al. (2017) investigated the potential of using emollients supplemented with non-pathogenic bacterial biomass as a prebiotic strategy to manage AD.⁶ The study hypothesized that applying a formulation containing *Vitreoscilla filiformis* biomass enriched with thermal spring water and mannose could help regulate the immune system and restore a healthy microbiome.⁶ Results showed that this microbiome-targeting approach was superior to a standard emollient in reducing flare-ups and disease severity over a one-month period.⁶ The efficacy of this strategy was linked to specific shifts in the skin flora, notably an increase in the *Xanthomonas* genus and a prevention of the *Staphylococcus* proliferation typically seen during relapses.⁶

EMOLLIENTS+ AS AN ACTIVE BARRIER REPAIR STRATEGY

Emollients+ represent a significant therapeutic advancement in the management of ADs, functioning not merely as topical moisturizers but as active barrier therapies that target the disease's underlying pathophysiology.^{2,5} Traditional emollient formulations provide a barrier to retain moisture, protect against irritants, and lack active ingredients.^{2,3} Emollients+ formulations contain additional active, non-medicated ingredients, such as physiological lipids and bacterial lysates, that directly address the primary defects in AD pathophysiology.^{2,3,7} By operating at multiple levels, including restoring the physical stratum corneum and rebalancing the skin microbiome, emollients+ promote structural repair and may help immune modulation.^{2,5} This multi-modal capability distinguishes them from simple hydration strategies, positioning emollients+ as essential therapeutic interventions for long-term disease stabilization and flare prevention.^{2,5}

REFERENCES:

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