

Diagnostic features: Intense itch and rash, often worse at night and when hot; sometimes burrows can be seen in the interdigital web spaces.



Tiny mites lay eggs in the skin, leaving silvery lines with a dot at one end.



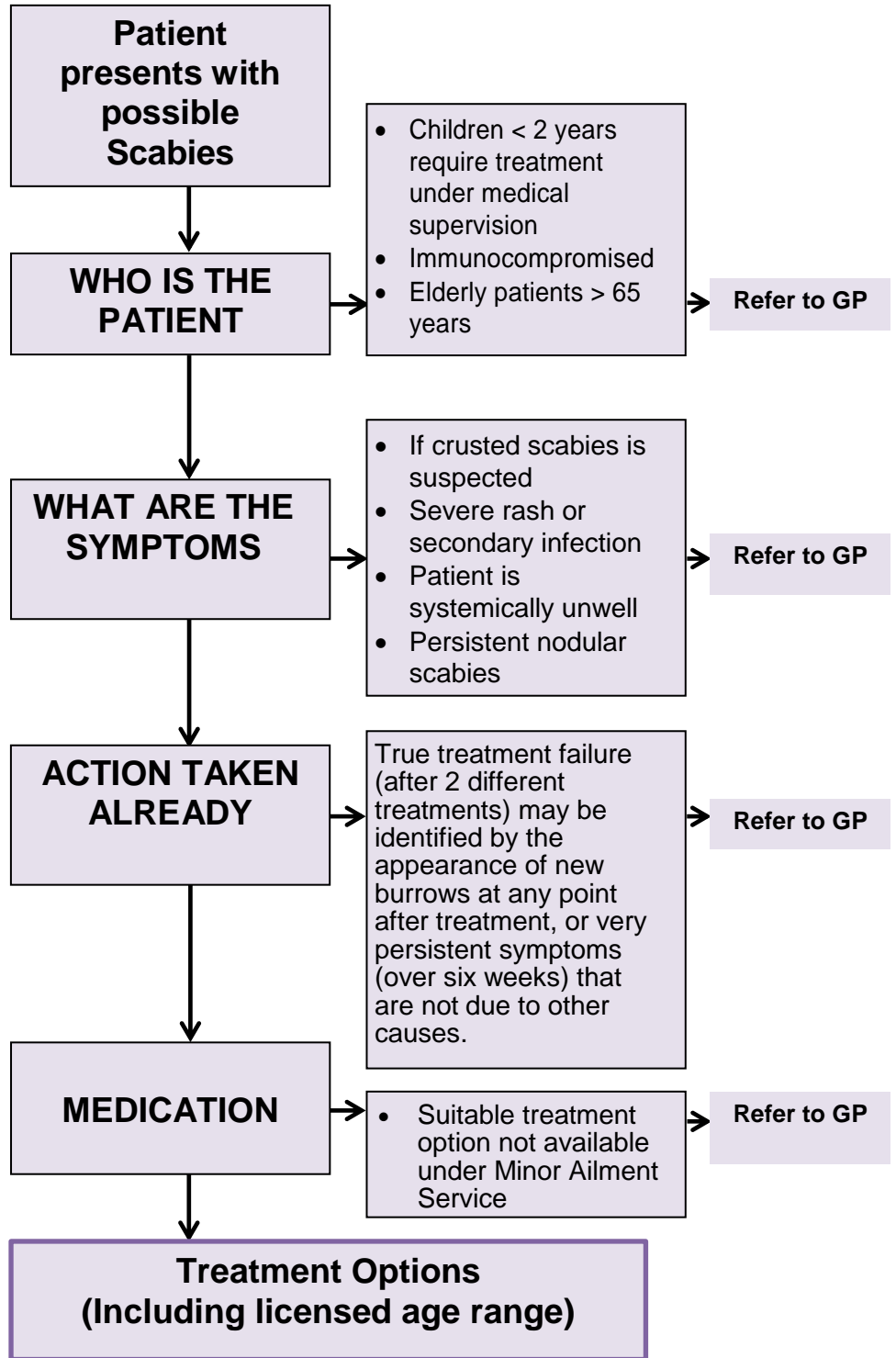
The rash can appear anywhere, but it often starts between the fingers.



The rash spreads and turns into tiny red spots.

All those in the household and those with whom there is close contact need to be treated simultaneously (within a 24-hour period), regardless of whether they have symptoms.

Individual pharmacy vouchers should be produced for all patients and a multiple consultation form completed. **Only ONE consultation fee should be claimed.**



- First line treatment: Permethrin 5% cream (Lyclear®) > 2 months old
- Second line treatment if permethrin contraindicated or not tolerated: Malathion aqueous 0.5% (Derbac M® liquid) > 2 months old

For people whose symptoms persist for longer than 2–4 weeks after the last treatment application, and/or if new burrows have appeared since treatment, provided treatment has been applied correctly, advise retreatment with alternative.

Advice for Self-Care / Non Pharmaceutical Treatment	Treatment Options Formulary Items		
	Drug	Dose and Duration	Advice
<p>Scabies is not usually a serious condition, but it does need to be treated. Scabies is very infectious but it can take up to 8 weeks for the rash to appear therefore</p> <ul style="list-style-type: none"> <li>All members of the household, their sexual partners within the past month, and any other close personal contacts (even if asymptomatic) should be treated.</li> <li>Bedding, clothing, and towels (and those of all potentially infested contacts) should be decontaminated by washing at a high temperature (at least 60°C) and drying in a hot dryer, or dry-cleaning, or by sealing in a plastic bag for at least 72 hours.</li> <li><b>Note:</b> pregnancy and breastfeeding are not contraindications to the use of permethrin or malathion.</li> <li>Mittens can be used to prevent infants putting treated hands in their mouths.</li> <li>Advise patients on the correct application of topical insecticides.</li> </ul> <p>Advise patients that the itch may persist for 4 to 6 weeks after the infestation has been successfully treated. After successful treatment, if mites have been eradicated, use of topical treatments such as crotamiton 10% cream or topical hydrocortisone 1% may be appropriate for some patients. Night time use of a sedative antihistamine (e.g. chlorphenamine (off-license)) may help with sleep and reduce scratching<sup>1</sup>.</p> <p>See appendix 1 for a patient information leaflet from the British Association of Dermatologists.</p> <p>Useful link for patients Scabies, NHS Choices <a href="http://www.nhs.uk/conditions/Scabies/Pages/Introduction.aspx">http://www.nhs.uk/conditions/Scabies/Pages/Introduction.aspx</a></p>	<p>First line treatment: Permethrin 5% cream (Lyclear®)</p> <p>Second line treatment: Malathion aqueous 0.5% (use if permethrin is inappropriate)</p>	<p>Apply once weekly for two doses (no less than 7 days apart)</p> <p>Apply once weekly for two doses (no less than 7 days apart)</p>	<p>Apply to clean, dry, cool skin (not after a hot bath) over the whole body including face, neck, scalp and ears then wash off after 8 – 12 hours<sup>2</sup>. If hands are washed with soap within 8 hours of application, they should be treated again with cream.</p> <p>Apply to clean, dry, cool skin (not after a hot bath) over the whole body and wash off after 24 hours. If hands are washed with soap within 24 hours they should be retreated<sup>2</sup>.</p> <p>Allow cream/lotion to dry before dressing in clean clothes.</p>

**References:** 1. NICE Clinical Evidence Summary: Scabies <https://cks.nice.org.uk/scabies>

2. BNF 74 <https://bnf.nice.org.uk/drug/permethrin.html>

See individual SPC for further information/advice