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Use of an Eczema Moisturizer or Cream Provides Immediate, Sustained Itch Relief in Eczema-Prone Individuals

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ABSTRACT

Background: Eczema is a prevalent, chronic skin condition that affects up to 10% of adults globally and is characterized by recurrent eczematous lesions. Intense itch is often the most burdensome symptom, leading to sleep disturbances and declining quality of life. Additionally, itch–scratch cycles perpetuate skin barrier damage and inflammation. Regular skincare with moisturizers is recognized as a cornerstone of eczema management.

Objectives: This study evaluated the itch relief and safety of Cetaphil® Restoraderm Eczema Soothing Moisturizer (eczema moisturizer) and Cetaphil® Restoraderm Eczema Rapid Relief Cream (eczema cream; Galderma Laboratories, LP, Fort Worth, TX) in individuals with eczema-prone skin.

Methods: Thirty-three participants with bilateral eczema-prone skin and mild-to-moderate itch were randomized to blinded, split-body application of the products. Evaluations over 24 hours included time to onset of itch relief, grading of itch severity (11-point itch severity numerical rating scale [NRS]), self-assessment questionnaire (4-point structured scale), and safety assessments.

Results: The eczema moisturizer and the eczema cream provided rapid itch relief after a single application, with mean times to itch relief of 38 seconds and 43 seconds, respectively. Both treatments significantly reduced itch severity from baseline by 98% to 99% at 24 hours (eczema moisturizer mean NRS: 0.03; $P<0.0001$; eczema cream mean NRS: 0.09; $P<0.0001$). Self-assessment questionnaires demonstrated high participant satisfaction with both products after a single application.

Conclusion: Single applications of eczema moisturizer and eczema cream were well tolerated, well perceived by participants, and provided rapid and sustained itch relief over 24 hours.

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INTRODUCTION

Eczema is a prevalent, chronic skin condition with the highest burden among skin disorders globally, affecting approximately 20% of children and up to 10% of adults.[1,2] The condition is characterized by recurrent eczematous lesions, xerosis, and intense itch (pruritus). Patients consistently report itch as the most bothersome symptom, with up to 85% experiencing daily pruritus that is often severe or unbearable, and which affects sleep, productivity, and quality of life (QoL).[3] Chronic itch drives scratching behavior that further damages the skin barrier, perpetuates inflammation, and increases the risk of secondary infections, creating a vicious itch–scratch cycle.[4]

The long-term use of current therapies for eczema-related itch, such as topical corticosteroids, is limited by adverse effects and withdrawal reactions.[5,6] Moreover, corticosteroids may cause skin reactions and disrupt the epidermal barrier, leading to worsening of eczema.[5,6] These limitations in current management strategies, combined with the itch–scratch cycle that perpetuates skin barrier damage and inflammation,[4] highlight an unmet clinical need for skincare treatments that specifically address rapid itch relief to achieve sustained symptom control. Indeed, skincare with the consistent use of well tolerated moisturizers and emollients is considered a cornerstone of eczema management and is recommended across all disease severities.[5]

Currently, there is a need for evidence based skincare products specifically formulated for eczema prone skin that provide rapid and sustained itch relief while supporting skin barrier restoration. Previous clinical trials demonstrated that Cetaphil Restoraderm skincare regimens decreased the number of flares and improved itch, hydration, and skin barrier function in individuals with eczema.[7,8] This study is the first to evaluate the itch relief efficacy and safety of Cetaphil Restoraderm Soothing Moisturizer (eczema moisturizer) and Cetaphil Restoraderm Eczema Rapid Relief Cream (eczema cream), which are specifically formulated for eczema-prone skin.

MATERIALS AND METHODS

Study Design

This single-center, randomized, blinded study was conducted in Poland between May 2025 and June 2025. Written informed consent was obtained from all individuals prior to participation. The study adhered to Good Clinical Practice guidelines in compliance with the study protocol and EUROFINS Dermscan Pharmascan standard operating procedures and met all applicable regulatory requirements. Eligible participants with eczema-prone skin received a single split-body or split-face application of test products at baseline. Assessments included the onset of itch relief, grading of itch severity, self-assessment questionnaires, and safety evaluations.

Participants

The study was open to adults aged 18 to 65 years of any race, ethnicity, and Fitzpatrick skin type, with bilateral eczema/atopic dermatitis (AD)–prone skin (legs, arms, or face). Participants were required to have mild-to-moderate itch (corresponding to a 3.0–6.5 itch score on an 11-point itch severity numerical rating scale [NRS]) on each side of the body at baseline.

Individuals were ineligible to participate in the study if they had uncontrolled eczema/AD or other skin abnormalities on the concerned area that could interfere with clinical evaluation, including conditions such as pathological irritation, scars, active lesions (inflammatory diseases), hyperpigmentation, moles, tattoos, pigmented marks, excessive pilosity, and a personal or family history of skin cancer. Individuals who had been exposed to sunlight (natural or artificial) in the affected areas during the last 4 weeks, as well as those with contraindications, intolerances, or allergies to cosmetic treatments or ingredients in the treatment products, were also excluded. Additionally, individuals receiving medical treatment or vaccinations during the study, or who had undergone surgical, chemical, or physical treatments, including fillers, in the treated area within the last 12 months (or 24 months for liposuction) were excluded. Finally, individuals who were pregnant, breastfeeding, or planning to become pregnant or nurse over the course of the study were excluded.

Study Treatment

On day 0 (baseline), a single self-application of eczema moisturizer or eczema cream was applied to the bilateral test area (eg, left leg vs right leg) according to randomization and monitored by a study technician. An appropriate amount of the test product was dispensed onto the hand, and the participant applied the product to the assigned test area with a slight massage until it was fully absorbed. Participants were instructed not to use any product on the application area after the previous evening, except for a morning wash with an ancillary cleansing product. Additionally, prior to test product application, washout periods were initiated during which all other skin treatments, including anti-inflammatories, antihistamines, corticosteroids, immunosuppressants, topical drugs, and cosmetic products, were discontinued. During the study, subjects were instructed to avoid excessive sun exposure, to discontinue use of their current skincare products, and to refrain from showering, bathing, and skin cleansing.

Assessments

The primary objectives of the study were to evaluate the itch relief efficacy and safety of eczema moisturizer and eczema cream. Following treatment, participants attended assessments on day 0 until itch relief, as well as at 8 hours, 12 hours, and 24 hours post-application. Assessments included the onset of itch relief, itch severity grading, a self-assessment questionnaire, and safety evaluations. Time to itch relief was measured from the test product application to the participant-reported onset of itch relief using a stopwatch. Itch severity was measured using a validated 11-point NRS in half-point increments ranging from 0 (no itching) to 10 (severe itching), compared with baseline.[9] The grading of itch severity was evaluated at each assessment through a self-assessment questionnaire, which asked participants about their perception of itch and itch relief using a 4-point structured scale. This questionnaire was completed at the study site, and all responses were collected and securely stored anonymously. Adverse events were considered at each assessment through participant evaluations and monitoring by study technicians.

Statistical Analysis

All efficacy endpoints were recorded, and the following descriptive statistics were calculated: mean, median, minimum value, maximum value, standard error of the mean (SEM), 95% CI, and probability value (P).

Comparative analysis was performed using a mixed linear model for repeated measurements fitted to the raw data. The adjusted means obtained from this model (LS-means) were used to calculate the change from baseline at each time point for each product. The underlying assumptions (normality and homoscedasticity of residuals) were evaluated using the Shapiro-Wilk test (a=0.01) and graphical representations. In cases of significant deviation, data transformation or a non-parametric approach (Wilcoxon signed-rank tests) were applied. For all analyses, the type I error was set at a=0.05 using a two-tailed approach.

For the self-assessment questionnaire, the percentage of participants with favorable responses was calculated using binomial tests. For each assessed parameter, positive and negative responses were quantified as frequency (N) and percentage (%), with $P<0.05$ considered statistically significant.

RESULTS

Thirty-three participants were enrolled, and all completed the study. Twenty-seven participants (82%) were female, and 6 (18%) were male. Most participants were White/Caucasian (n=32, 97%) and presented with Fitzpatrick skin type I (n=1, 3%), II (n=20, 61%), or III (n=12, 36%), with normal (n=3, 9%) and dry (n=30, 91%) facial skin types, dry body skin type (N=33, 100%), and a mean age of 40 years (range, 20–63 years; Table 1). At baseline, participants were treated with eczema moisturizer and eczema cream on the left or right zone according to the randomization in one of the following test areas: cheeks (n=8), elbows (n=7), forearms (n=4), backs of hands (n=3), knees (n=5), and lower legs (n=6).

Mean time to itch relief with eczema moisturizer and eczema cream was 38 seconds (range, 11–87 seconds; 95% CI, 4 seconds) and 43 seconds (range, 12–72 seconds; 95% CI, 4 seconds), respectively (Table 2).

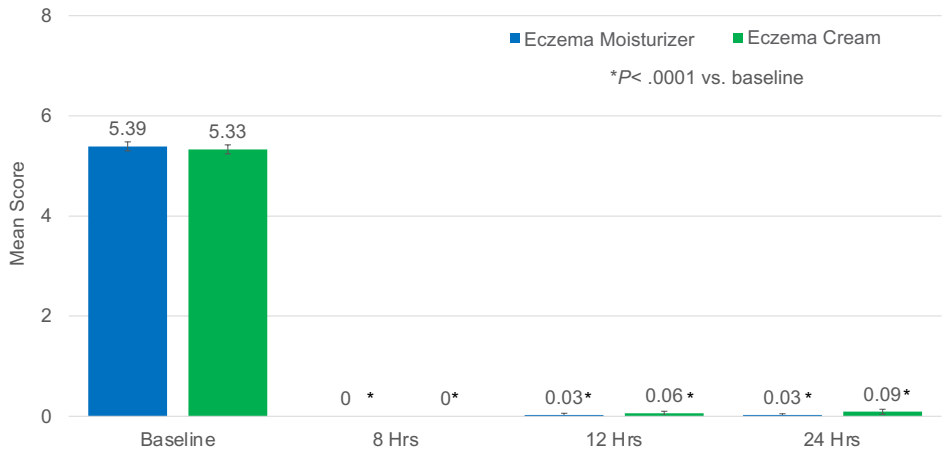
At 8 hours, eczema moisturizer reduced itch severity from baseline (mean NRS, 5.39; 95% CI, 0.18) by 100% (mean NRS, 0.00; 95% CI, 0.00; $P<0.0001$). At 12 and 24 hours, itch severity was reduced by 99% (mean NRS, 0.03; 95% CI, 0.06; $P<0.0001$) and 99% (mean NRS, 0.03; 95% CI, 0.04; $P<0.0001$), respectively (Figure 1). Similarly, eczema cream reduced itch severity from baseline (mean NRS, 5.33; 95% CI, 0.18) by 100% at 8 hours (mean NRS, 0.00; 95% CI, 0.00; $P<0.0001$), by 99% at 12 hours (mean NRS, 0.06; 95% CI, 0.07; $P<0.0001$), and by 98% at 24 hours (mean NRS, 0.09; 95% CI, 0.10; $P<0.0001$; Figure 1). Additionally, the response rate was high, with 100% of participants reporting an improvement in itch severity with both eczema moisturizer and eczema cream.

Nearly all participants agreed or strongly agreed that eczema moisturizer (94%–100%; $P<0.0001$) and eczema cream (84%–100%; $P<0.0001$) provided instant relief that soothed itch and irritation due to eczema (Table 3). All participants expressed that both treatments continuously relieved itch, soothed eczema-prone skin, maintained comfortable-feeling skin, and reduced the urge to scratch throughout 24 hours. By the end of the study,

TABLE 1.

Participant Demographics	
Characteristic	**Participants (N=33)**
Age, years	
Mean (range)	40 (20–63)
Sex, n (%)	
Female	27 (82)
Male	6 (18)
Race/ethnic background, n (%)	
White/Caucasian	32 (97)
Hispanic/Latin American	1 (3)
Facial skin type, n (%)	
Dry	30 (91)
Normal	3 (9)
Body skin type, n (%)	
Dry	33 (100)
Normal	0
Fitzpatrick skin type, n (%)	
I	1 (3)
II	20 (61)
III	12 (36)

FIGURE 1. Itch severity grading measured using an 11-point mean NRS (0=none, 10=severe). Data shown are the mean + 95% CI (N=33).



Hrs, hours; NRS, numerical rating scale.

TABLE 2.

Time to Itch Relief		
Treatment	Eczema moisturizer	Eczema cream
Mean (seconds)	38	43
Minimum (seconds)	11	12
Maximum (seconds)	87	72
95% CI (seconds)	4	4

100% of participants expressed satisfaction with both treatments and agreed that they provided long-lasting itch relief, soothed irritated skin throughout the day, and were a game changer for itchy skin (Table 3).

Eczema moisturizer and eczema cream treatments exhibited a favorable safety profile, with no adverse events reported by participants or observed by technicians throughout the study. These safety outcomes are consistent with previous safety data.[7,8]

DISCUSSION

Mitigating chronic itch is a critical part of eczema management, as intense itch is not only the most burdensome symptom, causing sleep disturbances and impacting QoL, but the itch–scratch cycle can perpetuate skin barrier damage and inflammation.[3,4] The effective itch reduction observed with eczema moisturizer and eczema cream was accompanied by universal participant agreement that the treatment is "game changing" for itchy skin and reducing the urge to scratch.[3,4]

This study is the first to demonstrate rapid itch relief and sustained reduction in itch severity after a single application of eczema moisturizer or eczema cream in individuals with eczema-prone skin. Previous clinical trials with eczema moisturizer focused on preventing flares and improving skin barrier function and hydration in individuals with AD, with benefits maintained for up to 12 weeks.[7,8] Together, these findings support the notion that eczema skincare formulations can not only help restore the skin barrier but also provide immediate itch relief and sustained reduction in itch severity.

TABLE 3.

Participant Questionnaire and Satisfaction			
Timepoint	Questionnaire	Eczema moisturizer	Eczema cream
At itch relief	The product quickly soothed my itchy skin	97%	94%
	The product immediately helped soothe irritation due to eczema	94%	84%
	My skin feels comforted upon product application	100%	100%
	The product instantly relieves my itchy skin	97%	88%
	My itchy skin feels instantly soothed	97%	94%
8 hours	The product continuously relieves my itchy skin	100%	100%
	The product helps soothe my eczema-prone skin	100%	100%
	My skin still feels comfortable	100%	100%
	The product reduces the urge/need to scratch	100%	100%
	The product provides long-lasting itch relief	100%	100%
12 hours	The product continuously soothes my eczema-prone skin	100%	100%
	The product consistently keeps my skin comfortable	100%	97%
	My itchiness is still much relieved	100%	100%
	The product reduces the urge/need to scratch	100%	97%
	The product provides long-lasting itch relief	100%	97%
24 hours	I have not noticed an urge to scratch my skin	100%	100%
	The product is a game changer for my itchy skin	100%	100%
	The product soothes my irritated skin throughout the day	100%	100%
	The product provides long-lasting itch relief	100%	100%

Data shown are the percentage of positive answers defined as agreeing or strongly agreeing with the statement (P<0.0001).

The high response rate, with all participants reporting improvement in itch severity, aligns with guideline recommendations emphasizing regular use of moisturizers as a cornerstone of AD management across all severities.[5]

The combination of a validated NRS[9] to grade itch severity and self assessment questionnaires mitigates potential subjectivity and provides a more comprehensive evidence-based assessment of itch. Capturing both quantitative changes and patient perceived benefits is key, as the goal of this study is itch relief in individuals prone to eczema, which objective measurement or self-assessment alone may not fully capture.

This study had the following limitations. First, most participants were female, and all had Fitzpatrick skin types I-III; studies with participants with more diverse skin types are needed to confirm the findings are generalizable to the wider eczema-prone population. Additionally, the lack of a vehicle control group limits conclusions about effects attributable to the two treatments. Finally, the 24-hour study period limited the assessment of longer-term effects and safety beyond this timeframe. However, other clinical studies have shown that eczema moisturizer decreased the number of flares and improved itch, hydration, and skin barrier function in individuals with AD, with benefits maintained for up to 12 weeks.[7,8]

CONCLUSION

This study is the first to investigate eczema moisturizer and eczema cream treatments for rapid itch relief and reduction in itch severity in individuals with eczema-prone skin and mild-to-moderate itch. A single application of eczema moisturizer and eczema cream relieved itch in just 38 seconds and 43 seconds, respectively. Both treatments also provided a sustained reduction in itch severity of 98% to 100% from baseline throughout the 24-hour timeframe. Additionally, most participants were satisfied with both study products and agreed that they provided instant and long-lasting itch relief that soothed eczema-prone skin, maintained comfortable-feeling skin, and reduced the urge to scratch. The treatments were well tolerated, with no adverse events reported. These findings support the use of eczema moisturizer and eczema cream as fast and effective skincare options for itch relief in individuals with eczema-prone skin and mild-to-moderate itch.

DISCLOSURES

Thu Q. Nguyen PhD, Sindhu Garimella MS, Christine Emesiani PharmD, and Matthew Meckfessel PhD are employees of Galderma Laboratories, LP.

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