



Two or three nights a week is a reasonable rhythm. This is not a routine that rewards doing it harder.

AN EVIDENCE GUIDE

The Overnight Occlusive Card

A two-page reference for the nights your skin is tight and flaky and nothing you own seems to touch it. What each layer does, and the order it goes on.

THREE JOBS A MOISTURISER CAN DO

Occlusive

Forms a film that slows water leaving the skin. Petrolatum is the most effective, and among the least allergenic.

Emollient

Sits between the surface cells and makes skin feel smooth rather than rough. Most creams do this.

Humectant

Draws water into the outer layer. Glycerin and hyaluronic acid are the familiar ones.

Skin barrier

What all three are supporting. When it works, water loss is slow and skin is calmer.

An occlusive adds no water of its own — it only holds on to what is already there. Which is why the damp skin and the humectant step underneath it matter more than the ointment does.

The steps, and why they are in this order

- 1 Cleanse gently**
A mild cleanser and lukewarm water. Nothing stripping — you are about to seal this in for eight hours.
- 2 Leave the skin slightly damp**
Pat, do not dry completely. The water still on your face is the thing the rest of the routine is trying to keep hold of.
- 3 Humectant, then moisturiser**
Draw water into the surface, then a cream to hold it there. A humectant applied over an ointment never reaches the skin.
- 4 Finish with a thin layer of ointment**
Thin is the operative word. A thick layer is not more effective, only harder on your pillowcase.
- 5 Wash it off in the morning**
A normal cleanse, then sunscreen as on any other day. Skip step four entirely on nights you apply a retinoid or an acid.

IF IT IRRITATES, CHANGE ONE THING

Drop the frequency first — twice a week instead of nightly. Then drop the layer underneath, and try the ointment over bare damp skin. Then drop the area, keeping it to the dry patches around the nose and the corners of the mouth. If three adjustments have not helped, it is not for your skin, and that is a complete answer rather than a failure.

SOURCES

Emollients and moisturisers. DermNet. dermnetnz.org/topics/emollients-and-moisturisers

Dry skin. DermNet. dermnetnz.org/topics/dry-skin

Acne vulgaris. DermNet. dermnetnz.org/topics/acne-vulgaris

Atopic eczema. NHS. nhs.uk/conditions/atopic-eczema

This card is general information about skin health, not medical advice, a diagnosis, or a treatment plan, and individual responses vary. Skin that is broken, weeping, infected, or persistently itchy and inflamed should be seen by a dermatologist or GP rather than treated with an ointment. Do not seal a prescription active under an occlusive without asking the clinician who prescribed it.
