

Topical Steroids for Eczema in Adults With Guide

Topical steroids, when used as instructed by your doctor, are a safe and effective treatment for many skin conditions including eczema

A daily routine of frequent moisturisers helps to maintain healthy skin and reduces the amount of topical steroids required.

Differences between moisturisers and steroids

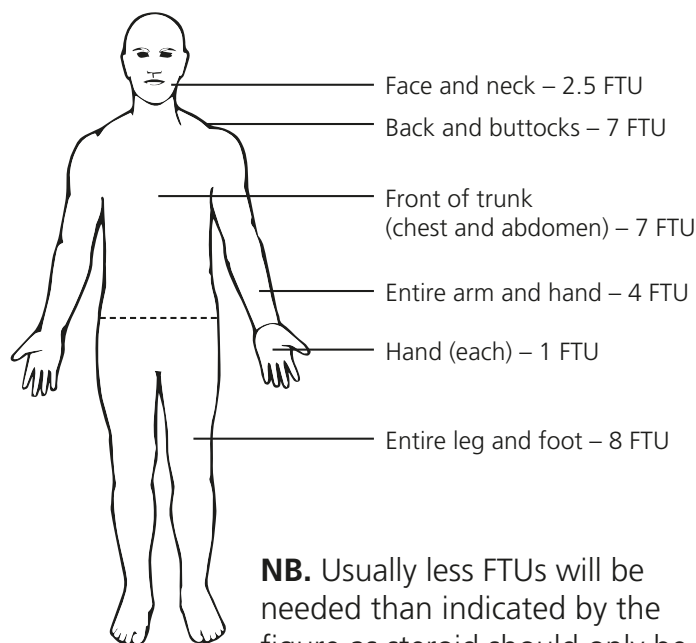
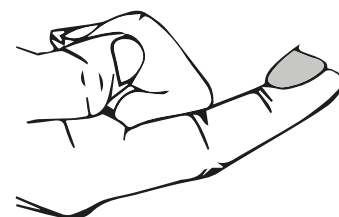
- Topical steroids are no substitute for frequent moisturiser use. Some patients use topical steroids as moisturisers, which can lead to serious and unnecessary side effects.
- Topical steroids are to be applied to affected areas only. Moisturisers should be applied to all skin, but topical steroids should only be applied to eczematous skin.
- Topical steroids may have harmful effects if used excessively, whereas it is safe to apply as much moisturiser as desired.
- Topical steroids should only be applied a maximum of once or twice daily, while moisturisers should generally be applied at least three times daily.

How much to apply

Apply thinly, just enough to make skin glisten.

The fingertip unit (FTU) can guide you as to the correct amount of topical steroid to use.

FTU – the amount of topical steroid that is squeezed out from a tube along an adult's fingertip.



NB. Usually less FTUs will be needed than indicated by the figure as steroid should only be applied to affected areas.

One FTU is enough to treat an area of skin twice the size of the flat of an adult's hand with the fingers together.

When to apply

Apply topical steroid at least 15 minutes before any moisturiser – to avoid dilution and to improve absorption.

Usually you will be advised to apply a topical steroid 1-2 times a day for short periods and then (when the eczema has settled) less frequently.

You may be advised to use a strong steroid on selected days only. This is sometimes known as 'weekend therapy' and may help to prevent flares in more severe cases of eczema or eczema that flares frequently.

Potential harmful effects

- Harmful effects rarely occur unless strong steroids have been applied incorrectly - for example, for excessive periods of time, or to either the face or covered parts of the body such as the flexures (skin creases – see *diagram opposite*).
- Fear of harmful effects can make people under-treat their condition which can result in failure to improve.
- The likelihood of harmful effects occurring is directly related to the strength of the steroid used (note: strength refers to the type of product, rather than the % concentration), and where it is being used.

Skin thinning (atrophy)

If used for long periods, topical steroids can make skin appear thin, fragile and easily bruised; blood vessels may become more visible, and stretch marks (striae) can develop. These effects may not be apparent for several weeks and will be avoided if strong preparations are limited in use and replaced by less strong preparations once they have brought a 'flare up' of eczema under control.

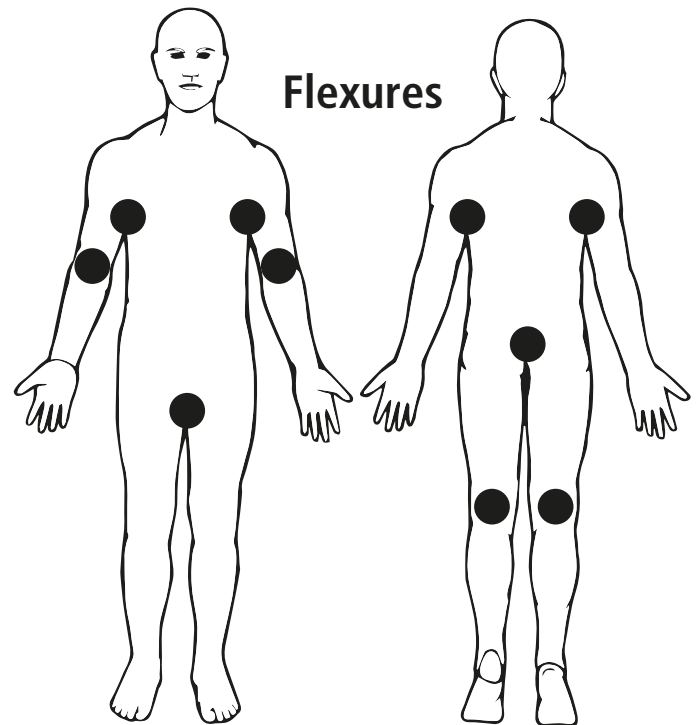
Skin thinning is unlikely unless strong steroids have been used for a long period of time or applied to delicate areas such as the face or other high risk sites.

- **High risk sites** for skin thinning include the face, and skin creases or 'flexures' (see *diagram opposite*) – armpits, groin, genitalia, upper inner thighs, inner elbow and behind the knee.
- **Low risk sites** for thinning include the palms and soles, which often require strong or very strong steroids for improvement to occur.

Hydrocortisone 1% is extremely unlikely to cause harmful effects even when used on the face for

relatively lengthy periods of time. An exception is hydrocortisone butyrate, which is a strong topical steroid.

Pregnant women may safely use topical steroids but should seek their doctor's advice as excessive use of strong and superpotent topical steroids in pregnancy has been associated with low birth weight.



Rare

- **Folliculitis**
- **Exacerbation of acne and rosacea**
- **Infection** – the risk of infection is slightly increased by topical steroids, however topical steroids may sometimes be necessary during an infection.

Very rare

- **Perioral dermatitis** affects the area around the mouth or eyes (periorcular dermatitis) and can appear similar to either eczema or acne. It is caused by unintentional transfer of steroids from the hands to the face.
- **Rebound syndrome** is the loss of effect of topical steroids after repeated application over time. It may be accompanied by a burning sensation. The risk of this may be reduced by stopping steroids for a 'rest period'.

- **Allergy** to the steroid itself or to the base of the preparation can sometimes occur (0-2-4.8%). If the eczema gets worse after using a particular steroid, let your doctor know.

Extremely rare

- **Hormone imbalance.**
- **Increased hair growth** of very fine hair.

During flares (maximum 7-10 days)

Flares may manifest as weeping or crusts.

NB. if any small blisters or multiple similarly-sized ulcers develop, this may be due to herpetic infection – inform your GP immediately if this occurs.

Face Neck Flexures (see diagram on page 2)	Clobetasone (or Trimovate) <i>Once or twice daily</i>
Trunk and limbs (excluding flexures – see diagram on page 2)	Mometasone ointment <i>Once daily</i>

When condition is quiet

If skin is normal and asymptomatic, treat on Wednesdays and Sundays only.

	Wednesday and Sunday Treat areas that are <i>usually</i> problematic	Every other day If skin looks and feels normal, do not use any steroid
Face Neck Flexures (see diagram on page 2)	Clobetasone ointment <i>Once or twice daily</i>	Hydrocortisone 1% ointment <i>or</i> Protopic 0.1% ointment (to areas usually affected by eczema) <i>Once or twice daily</i>
Trunk and limbs (excluding flexures – see diagram on page 2)	Mometasone ointment <i>Once daily</i>	Clobetasone ointment <i>Once or twice daily</i>

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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