

Topical Steroids for Skin Conditions in Adults

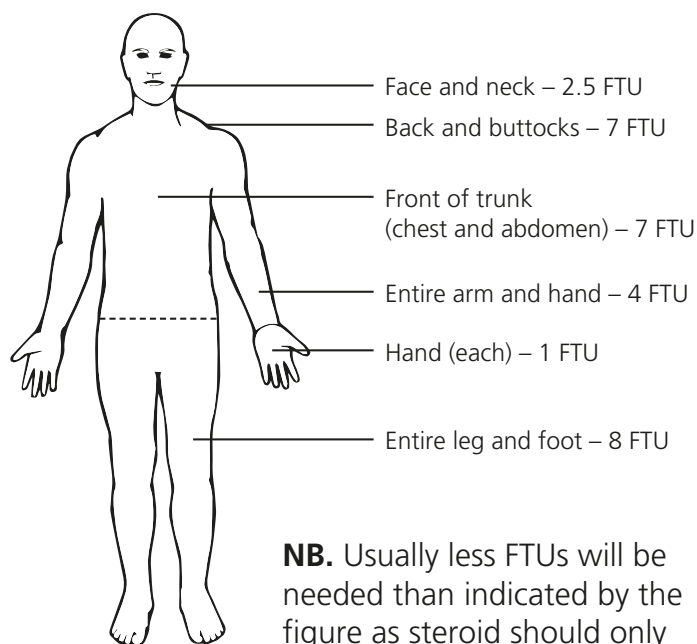
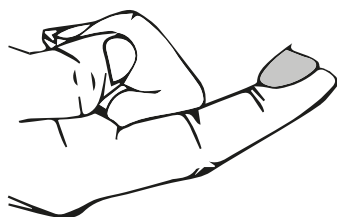
Topical steroids, when used as instructed by your doctor, are a safe and effective treatment for many skin conditions including eczema.

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 condition has settled) less frequently.

You may be advised to use a strong steroid on two days per week only. This is known as 'weekend therapy' and may help to prevent flares in more severe conditions that flare 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

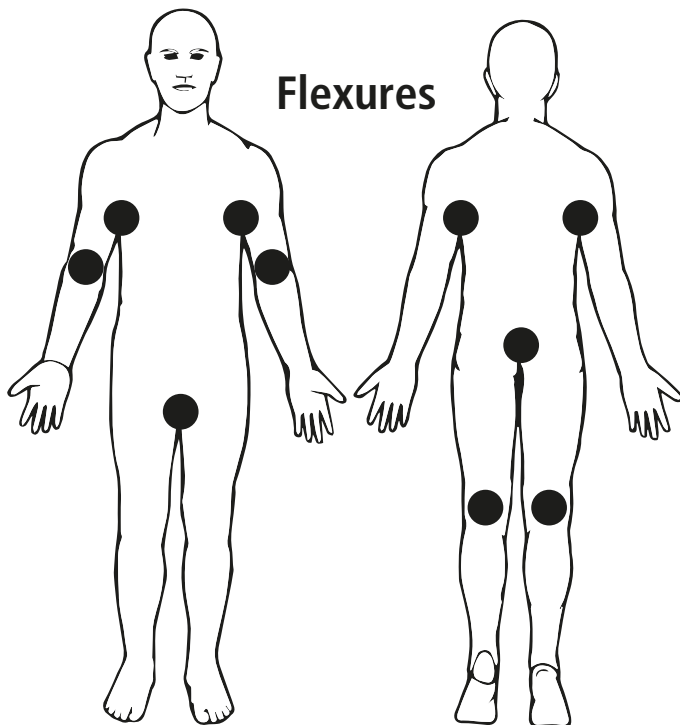
may not be apparent for several weeks and will be avoided if strong preparations are limited in use and replaced by less strong preparations once they have brought a 'flare up' under control.

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 below) – 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 (periocular 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 condition gets worse after using a particular steroid, let your doctor know.

Extremely rare

- **Hormone imbalance** (feelings of light headedness, fatigue, nausea – seek medical attention).
- **Increased hair growth** of very fine hair.

During flares (maximum 7-10 days)

Face Neck Flexures <i>(see diagram on page 2)</i>	
Trunk and limbs <i>(excluding flexures – see diagram on page 2)</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 <i>(see diagram on page 3)</i>		
Trunk and limbs <i>(excluding flexures – see diagram on page 3)</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.

© Royal Devon and Exeter NHS Foundation Trust

Designed by Graphics (Print & Design), RD&E