Topical steroids

What are topical steroids?

Steroids are a group of natural hormones produced in the body by a variety of different glands. Topical steroids used in the treatment of eczema are mainly synthetic. Like emollients, topical steroid preparations are available as creams, ointments, lotions and sometimes gels and the one you are prescribed will depend upon the severity of your eczema. When your eczema is very dry, it is likely that your doctor will prescribe an ointment-based preparation whereas creams, which are light and cooling, may be used to treat moist, weepy or 'wet' eczemas. Lotions and gels are easiest to apply on the hairy areas of the body.

The main value of topical steroids is that they reduce inflammation and speed up the healing of the skin. They also help to make the skin less red, hot, itchy and sore. The steroids used in eczema are usually described as topical, meaning that they are applied directly to the skin.

There are two types of topical steroids that can be bought from a pharmacy without a prescription. Hydrocortisone is a mildly potent topical steroid and comes as 1%, 0.5%, 0.1% or 0.05% in the form of both creams and ointments and, more recently, clobetasone butyrate, which is a moderately potent topical steroid cream. Pharmacists can sell these to treat mild to moderate eczema as well as allergic and irritant contact dermatitis and insect bites. However, when it is supplied in this way, ie without a prescription, they should not be used on the eyes or face, on broken or infected skin, on the anal or genital areas, in pregnancy or by someone under the age of ten years. Usage of this kind requires the guidance of a doctor.

If the doctor feels that your eczema could be infected, you may be prescribed a combination preparation that contains an ingredient aimed at fighting the infection. Preparations of this kind usually have a letter following the name of the treatment eg Locoid C, Betnovate N.

Topical steroid potencies

Topical steroid preparations are divided up into four categories according to how strong or potent they are. The terms used are: mild, moderately potent, potent and very potent. It can be difficult to work out the potency of a product since a low percentage of steroid does not necessarily imply a less potent product. The potency of the steroid you are given will be based on several factors.

- Your age. Children are usually prescribed mild steroids although occasionally a stronger preparation may be required, depending on the severity of the eczema.
- Severity of the eczema. A mild or moderately potent steroid may be replaced by a stronger potency if the eczema flares up.

- Body site. Thick skin areas such as the feet and hands can be treated with potent preparations. For the face and genital areas mild and moderately potent preparations are commonly prescribed, a potent steroid will only be used for severe, unresponsive eczema in these areas, usually for a limited period. If the steroid is applied to the body folds or in areas covered by tight clothing this increases its potency so a milder preparation should be used.
- Size of the affected area. A weaker strength may be prescribed when a large area of skin requires treatment.
- Other treatments. If bandaging forms part of the treatment a weaker steroid may be chosen because bandaging increases the potency of the steroid.

NB You may be given more than one topical steroid to treat your eczema. Make sure that you are clear which preparation to use on which part of the body. If in doubt talk to your pharmacist or contact your doctor.

Application

Steroid preparations should not be used to prevent eczema occurring, only to treat the symptoms. You will usually be instructed to apply a steroid twice a day although in some cases a doctor may recommend three times. Any further use of the steroid will not be of benefit in controlling the eczema and could be harmful to the skin on a long term basis. Some steroid preparations have now been developed that only need to be applied once a day to control eczema. This means that the amount of steroid used is reduced.

There are no standard rules regarding whether to apply a steroid preparation after or before using an emollient. Some people are happiest using an emollient first to prepare the skin, followed by the steroid. However, whichever order of care you choose it is important that you leave as long a period as practical, at least 15 minutes, between the two treatments.

Topical steroids should be applied sparingly as a thin smear. It can sometimes be difficult to judge how much steroid to use and there are now guides on the amount of treatment required to cover body areas that are affected by eczema. These have been based on the Finger Tip Dosing Unit (TFDU) which relates to the amount of cream or ointment that just covers the end of an adult finger from the tip to the crease of the first joint when it comes out of an ordinary tube nozzle. Different parts of the body require different numbers of finger-tip units (FTU) of steroid used on them eg in an adult one arm will need 3 FTUs whilst a 4-year old child would require just over 1/2 of this amount ie 1FTU for an arm and hand.

Adjustments will be required if the whole area is not covered by eczema. Further information of this kind is often provided in the leaflet supplied with your medication. All steroids will be marked with a use-by-date and should not be used after the time stated. You will usually be given a set period of time in which to use the preparation. Any steroid that remains at the end of a treatment should not be passed on for use by anyone else. Repeated prescriptions are not generally advised in cases of eczema since the condition can alter and it is important that the doctor sees the skin to reassess the suitability of the treatment.

Are topical steroids a safe treatment for eczema?

Topical steroids, used appropriately and under supervision, are a safe and effective treatment for eczema. The likelihood of side effects occurring is directly related to the potency of the preparation, where it is being used, the condition of the skin on which it is used and the age of the person concerned. All these factors will be taken into consideration when a prescription is given to treat eczema. Pregnant women should consult their doctor regarding the advisability of continued use of their usual topical steroid preparation.

If used over long periods of time without a break, topical steroids can thin the skin making it appear transparent, fragile and over-susceptible to bruising. However, these days we tend to use them in short term bursts minimizing this damage as much as possible.

Blood vessels may also become more prominent. With time the skin can become so badly damaged that it loses its elasticity so that 'stretch marks' develop. However, these effects usually only occur when potent steroids have been applied for a long time, either to the face or to covered parts of the body such as the flexures. Thinning can also occur when steroids are regularly applied under occlusion eg to the hands with plastic gloves or bags over and for this reason treatment of this type is also limited to short periods of time under supervision of a doctor or nurse.

Hydrocortisone 1%, 0.5%, 0.1% or 0.05% is extremely unlikely to cause effects of this kind and can be used on the face and in young children. Be careful not to confuse with hydrocortisone butyrate which is a potent topical steroid.

Other possible side effects include increased hair growth of very fine hair and perioral dermatitis ie a spotty rash around the mouth.

It is important to bear in mind that these effects take several weeks to develop and will be avoided if potent preparations are limited in use and replaced by less potent preparations once they have brought a 'flare up' of the eczema under control.

There is also a risk from topical steroids being absorbed into the blood through the skin. Again the likelihood of this occurring is linked to the amount of steroid used and the age of the person involved. The main problem relating to absorption of steroids is a slowing down of growth in children by suppression of the adrenal gland. It is for this reason that strong steroids will only be prescribed for short periods of time for young children and if required over long periods only under the supervision of, and monitoring by, a hospital specialist.

If used over long periods of time treatment with potent topical steroids is unlikely to be stopped abruptly and people will be 'stepped down' through lower potency preparations before steroid treatment is finished altogether. Allergy to the steroid itself or to the base of the preparation can occur. If the eczema gets worse after using a particular steroid let your doctor know.

Fear of side effects can make people under-treat their eczema by stopping a treatment too soon or not using the steroid they have been given. This can be detrimental to the overall management of the condition and may mean that a stronger preparation has to be used to bring the eczema under control again.

New formulations have recently been developed which have the added advantage of once-daily usage, but it remains to be seen if these are less likely to cause many of the side effects of older steroids. Ask your doctor for up-to-date details.

This information sheet is provided by the Eczema Association of Australasia Inc to give practical insights and help on eczema and its management for sufferers and carers. Information sheets are also part of our membership package.

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