



## **TOPICAL CORTICOSTEROIDS**

### **What are the aims of this leaflet?**

This leaflet has been written to help you understand more about topical corticosteroids. It tells you what they are, how they work, how they are used to treat skin conditions, and where you can find out more about them.

### **What are topical corticosteroids and how do they work?**

Steroids are naturally occurring chemicals, produced by the body. There are different types of steroids, and the type most commonly used to treat skin problems is known as a corticosteroid. Corticosteroids treat skin conditions by suppressing inflammation and reducing the amount of collagen in the skin. Corticosteroids that are applied to the skin in the form of creams, ointments, lotions, mousses, shampoos, gels or tapes are known as topical corticosteroids (TCS).

TCS are available in different strengths, or potencies: mildly potent, moderately potent, potent and very potent. Your doctor will decide on the correct strength for you on the basis of the nature of your condition, your age and the area of your body being treated.

### **What skin conditions are treated with topical corticosteroids?**

TCS are used to treat a wide variety of inflammatory skin conditions and may also be used to treat excessive scar tissue.

### **Will topical corticosteroids cure my skin condition?**

TCS suppress skin inflammation (which causes [redness](#) and itching) rather than treating the cause of the inflammation and so they do not usually cure the condition and instead just control it, although once controlled the condition may not necessarily recur.

### **How should I apply topical corticosteroids?**

You should use TCS as instructed by your doctor, who will explain where, how frequently and for how long to apply the medication. TCS are usually applied only once (or sometimes twice) a day. It is important not to under-use or over-use TCS. Use enough of the preparation to cover the area to be treated (see information on fingertip units at the end of this information leaflet). For hairy areas, apply in the direction of hair growth to minimize the build up of TCS at the bases of hairs as this can cause inflammation of the hair follicles (folliculitis). Your doctor may prescribe more than one TCS, of different potencies, for you to apply to different body regions, as some places (e.g. the face (especially the eyelids), the groin and under the arms or breasts) are more prone to side effects than others.

If you are uncertain how to use the TCS, ask your doctor for clarification. It is useful to complete the section at the end of this information leaflet to remember how frequently you should use it and for how long. Most people who are prescribed topical corticosteroids will also be prescribed an emollient (moisturiser). You can use both treatments at the same time of day, but should wait twenty to thirty minutes between the two treatments to avoid diluting the topical steroid and reducing its effectiveness.

### **What are the side effects of topical corticosteroids?**

When used correctly, TCS rarely cause significant side effects. However, if TCS (particularly the potent and super-potent preparations) are used for excessive periods, they may cause changes to the treated skin, including thinning, bruising, stretch marks, folliculitis and pimples, loss of skin pigment, and hair growth at the site of application. Burning or stinging is quite common in the first few days of treatment, however this usually resolves after a few days. If used as directed by your doctor, the risk of any absorption of TCS into your body is extremely low. It is completely acceptable to use TCS for prolonged periods as long as you know what strength to apply, how much and how frequently to apply the treatment and for how long. TCS are safe to use in pregnancy and breast feeding, and there is no age limit for their use.

Using less than your doctor has advised can make your skin condition difficult to control and may mean that a stronger preparation is needed to control your condition.

Occasionally, an allergy to the TCS or to one of the other constituents of the topical preparation may develop and cause more inflammation.

### **Is there anything I should do or avoid whilst applying topical corticosteroids?**

If your TCS has been prescribed to treat some inflammatory skin diseases such as eczema or psoriasis, it is beneficial to also use emollients liberally and frequently, as these will increase the effectiveness of, and reduce the requirement for, the TCS.

Be sure not to exceed the length of course recommended by your doctor.

**CAUTION:** This leaflet mentions 'emollients' (moisturisers). Emollients, creams, lotions and ointments contain oils which can catch fire. When emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that a naked flame or cigarette smoking could cause these to catch fire. To reduce the fire risk, patients using skincare or haircare products are advised to be very careful near naked flames to reduce the risk of clothing, hair or bedding catching fire. In particular smoking cigarettes should be avoided and being near people who are smoking or using naked flames, especially in bed. Candles may also risk fire. It is advisable to wash clothing daily which is in contact with emollients and bed linen regularly.

### **When should you not apply corticosteroids?**

TCS should generally not be used on skin infections such as impetigo, cold sores and fungal infections unless combined with an appropriate anti-infective agent, or advised by your doctor. TCS may worsen some non-infectious skin diseases such as acne, rosacea or perioral dermatitis.

### **Is steroid addiction a problem?**

The commonest problem with TCS is under-use. If inadequate amounts of TCS are used, or if they are stopped too soon, this results in more frequent and severe flares, increasing the requirement for TCS.

In rare circumstances, over use of strong TCS can lead to thinning of the skin. If the steroids are overused on the face, this can sometimes trigger an acne-like problem causing a red face, which then flares up when the steroids are stopped. If this is not recognised, this can lead to people using increasingly potent steroids to control the acne and red-face problem, which then becomes worse. This is a more common problem where strong steroids can be bought over the counter or when people lend strong steroid creams to friends or family.

Severe eczema can require very potent TCS to control it. These should not be stopped suddenly without medical advice or the eczema may flare up again. It is usually recommended that these should be tailed off gradually as advised by a doctor or nurse.

### **Fingertip Unit Application**

A fingertip unit (FTU) is 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 squeezed from an ordinary tube. This is enough to cover an area of skin the size of two hands with the fingers together. It helps to ensure you are using the correct amount of TCS – not too much and not too little.

### **Where can I find out more about topical corticosteroids?**

If you would like any further information about topical corticosteroids, or if you have any concerns about your treatment, you should discuss this with your doctor or pharmacist.

This information sheet does not list all the side effects that this medication can cause.

For full details, please see the drug information leaflet that comes with your medicine.

More information can be found on the following websites:

<http://www.eczema.org/corticosteroids>

<http://www.patient.co.uk/health/topical-steroids>

<http://dermnetnz.org/treatments/topical-steroids.html>

For details of source materials please contact the Clinical Standards Unit ([clinicalstandards@bad.org.uk](mailto:clinicalstandards@bad.org.uk)).

**This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.**

*This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel*

**BRITISH ASSOCIATION OF DERMATOLOGISTS  
PATIENT INFORMATION LEAFLET  
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Name of topical corticosteroid:

Site of application:

Frequency of application:

Duration of use:

How much to apply:

Name of topical corticosteroid:

Site of application:

Frequency of application:

Duration of use:

How much to apply: