



## What are topical steroids?

'Topical' means applied directly to the skin. 'Steroids' are a group of natural hormones, produced in the body by a variety of different glands. They are also produced synthetically as medicines and given as injections and in tablet form. Topical steroids act on the skin to reduce inflammation and speed up the healing of the skin and can reduce infection. They also help to make the skin less red, hot, itchy and sore. They are not, however, a cure for eczema.

## Why use topical steroids?

Under the supervision of a doctor and used properly and sensibly in combination with good skincare, as part of an overall management routine, topical steroids are a valuable treatment for eczema.

## Why do I need to use a steroid cream for my eczema?

Eczema is a chronic condition. That means it is not curable and has to be controlled. It is a condition where the skin is constantly inflamed. For over 50 years, topical steroids have been known to be highly effective in controlling this inflammation. There is no other medication that works as well or as efficiently.

One of the main functions of skin is to maintain a barrier to the outside world. In eczema the barrier is damaged. Steroids rapidly repair the damaged skin barrier without irritating the skin.

## How does using a steroid cream help me prevent getting an infection?

We have mentioned that the skin "barrier" is damaged in eczema. This barrier keeps invading organisms out. Inflamed skin is easily infected. Cortisone creams rapidly reduce inflammation and restore the skin barrier and this prevents infection. Well controlled eczema is much less often infected than active eczema.

## What are the classes of topical corticosteroids?

The class of topical corticosteroid prescribed by your doctor will depend on how severe the eczema is and where it is found on the body. Potency refers to how

active the steroid is – that is, how much of the steroid is needed to have an effect. The concentration refers to the amount of steroid in a given preparation. Generally, potent and very potent steroids are used on severe eczema.

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 only be used to treat the symptoms.
- You will usually be instructed to apply a steroid twice a day (some steroids require only one application a day)
- It is best to apply a steroid preparation before using moisturiser. However, whichever order you choose, leave as long a period as practical, at least 30 minutes, between the two treatments.
- If used continually, they should be used in short term bursts with "rest periods" in between for the skin. It is important

that the doctor sees the skin to reassess the suitability of the treatment if a repeat prescription is necessary.

## Quantities

The quantity of cream in a fingertip unit varies with sex, age and body part.

- **Adult male:** one fingertip unit provides 0.5 g
- **Adult female:** one fingertip unit provides 0.4 g
- **Child aged 4 years:** approximately 1/3 of the adult amount
- **Infant 6 months to 1 year:** approximately 1/4 of the adult amount
  - **One hand:** apply 1 fingertip unit
  - **One arm:** apply 3 fingertip units
  - **One foot:** apply 2 fingertip units
  - **One leg:** apply 6 fingertip units
  - **Face and neck:** apply 2.5 fingertip units
  - **Trunk, front & back:** 14 fingertip units
  - **Entire body:** about 40 units



## How long should I use my steroid cream for?

You need to use your cream for as long as it takes to get your condition better and whenever it flares up again. There are no rigid time limits. The sooner you use it, the quicker it works and the less you need. It is always better to use a bit longer than not long enough.

## Possible side effects

Side effects are very uncommon. Blocked pores can occur from the use of any cream and these can become infected. We call this folliculitis and it may require antibiotics. Stinging may occur with creams however ointments which do not contain preservatives usually do not sting. Use of strong steroids on the face can cause a rash around the mouth. All of these side effects are not dangerous and are reversible. Steroids do not thin the skin if used normally. This only occurs if they are very incorrectly used or put on under plastic wrap. It is a popular myth that they do this but this is an exaggeration. In general, steroid creams are outstandingly safe.

Researchers and clinicians stress that side effects usually only occur when potent or very potent topical steroids are used over a long period of time, especially on delicate areas such as the face and genitals, or areas of the body where topical steroids have been applied under occlusion (eg using under gloves or bandages increases strength).

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.

## Key points to remember

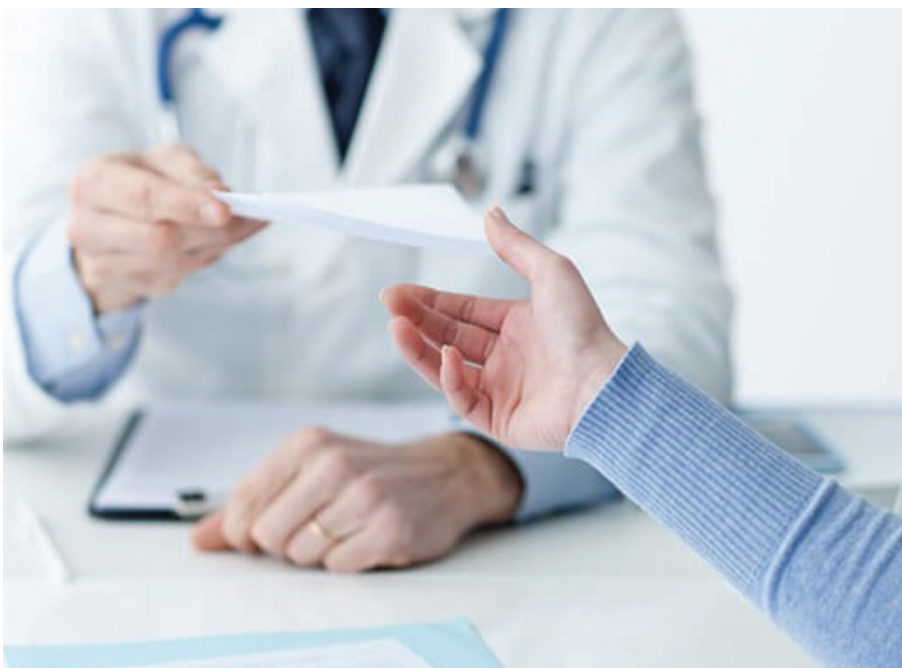
Steroid preparations should not be used to prevent eczema occurring, only to treat the symptoms.

Incorrect 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.

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 health professional.

Pharmacists often tell patients that they can only use steroids for a short time. However unlike pharmacists who have a good knowledge of drugs and their side effects but do not see outcomes of their use, dermatologists are experts in skin disease and its management and have a balanced knowledge of the accurate and safe use of drugs in practice. And unlike GP's, they have very extensive experience with steroids. Their advice is therefore not over-cautious and they are in an excellent position to be able to provide patients with reassurance and the confidence to manage eczema effectively and safely.



Information contained in this article was obtained from Gayle Fischer M.B.B.S. M.D. F.A.C.D. and the NEA

*It is not the policy of the Eczema Association of Australasia Inc to recommend or endorse any product or treatment.*

*It is part of the role of the Association to provide information on a wide range of products and treatments to keep those involved with eczema as fully informed as possible as to all options available. For medical advice, consult your health professional.*

# eaa

**eczema association australasia**  
support education management

PO Box 1784 CLEVELAND QLD 4163  
Website: [eczema.org.au](http://eczema.org.au) • Email: [help@eczema.org.au](mailto:help@eczema.org.au)

**We're here to help!**

☎ 1300 300 182  [eczemaau](https://www.facebook.com/eczemaau)  [eczemaau](https://twitter.com/eczemaau)  [EczemaAu](https://www.instagram.com/EczemaAu)