Topical Steroids

What are Topical Steroids?
‘Topical steroids’ refer to steroid medication that is put on the skin. Topical steroids are known as ‘corticosteroids’; an artificial version of hormones that are made inside the body. Their main job when applied to the skin is to reduce skin inflammation and irritation. Corticosteroids are not the same as steroids which you may hear of being used illegally by some athletes and body builders (anabolic steroids), and will have no effect on muscle growth or development.

Topical steroids are one of the first treatment options for most people with psoriasis. They are most appropriate for people whose psoriasis covers only a small amount of their body. They can come in different formulations – such as cream, ointment, foam or gel. Steroids must always be used carefully as there can be unwanted side effects if used for too long or in too great a quantity.

Topical steroids can be very effective in treating psoriasis when it is flaring or when it exists in sensitive areas of the skin such as on the face or in skin folds. Usually, a low potency steroid will be prescribed for a short period of time. If using topical steroids on the face, be very careful not to get any of the cream or ointment in the eyes as this can, in some cases, lead to glaucoma.

It is important to follow the instructions given to you by your GP or Dermatologist and also those on the patient information leaflet (PIL) when using steroid creams. The directions differ for different creams because they can vary greatly in strength, so always check the directions when starting to use a new tube. Some mild steroids are available to buy without a prescription; however it is always advisable to speak to a doctor or pharmacist before using it. Do not use steroids on your face or other sensitive areas without speaking to a doctor first.

Side Effects
If topical steroids are used as instructed in the patient information leaflet, they usually do not cause unwanted side effects. Many of the side effects that you may hear of being associated with corticosteroids apply more to oral tablets or injections, rather than topical (such as creams). Topical steroids can cause burning, stinging, or thinning of the skin, and hair growth, but these effects usually disappear after treatment has finished, or can be controlled by using a lower potency steroid. More serious side effects, such as a raise in blood pressure, or drop in calcium levels, are rare with corticosteroids, and usually only occur if the treatment has not been used properly, or for too long.
It is advisable to wean off a topical steroid rather than abruptly stopping the treatment, for example, going from using the steroid every day to every other day, then to twice a week, and so on. This will reduce the possibility of you experiencing a rebound of your psoriasis.

When not to use topical steroids:

- Steroid creams and ointments should not be prescribed for widespread psoriasis as using too large an amount can cause side effects such as skin thinning or a worsening of the condition.
- Potent steroids should not be used for long periods of time as this increases the possibility of having a severe rebound effect.
- A potent steroid should not be used long-term; your treatment should be regularly reviewed by your doctor, and you should check the usage guidelines on the patient information leaflet. Less potent steroids can be used for longer than potent ones.

Potencies (strengths)

**Very Potent** topical steroids include; Dermovate, Nerisone Forte, Etrivex.

**Potent** topical steroids include; Betnovate, Dovobet, Elocon, Diprosalic and Fucibet, Bettamousse.

**Moderately potent** topical steroids include; Alphaderm, Eumovate and Trimovate.

**Mild** topical steroids include; Hydrocortisone 0.1-2.5%, Eurax HC cream and Daktacort.

Please note that these are examples of the various steroid applications and their potencies, many more are available. It should also be noted that some topical steroid treatments – including some of those listed above – are combined with other substances such as vitamin D analogues, antibiotics, or antifungals, for example.

Guidance

**National Institute for Health and Care Excellence (NICE) Guidance**
The NICE Guideline on the assessment and management of psoriasis makes a number of recommendations regarding the use of topical treatments to treat psoriasis. It is recommended that a review appointment is arranged four weeks after starting any new topical treatment (two weeks for children), so that your doctor can assess what the results of the treatment are so far, and to check if you need any help with using the treatment. Please see the Treatments from a GP leaflet for more information on the recommended topical treatment process.

The NICE Guideline recommends that topical steroid applications should only be used for up to eight weeks at a time, followed by a break of at least four weeks. You should be prescribed a non-steroid treatment to use during this break. It also recommends that very potent steroids should only be used in a specialist setting (ie. by a Dermatologist).

The British Dermatological Nursing Group recommends that a moisturiser should be applied and allowed to sink in before using another treatment. This often takes around 30 minutes. Applying other treatments – such as vitamin D, tars or steroids – to well-moisturised skin means they can be absorbed more easily, which some healthcare professionals think can improve the skin’s response to the treatment.

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor or pharmacist and always read the patient information leaflet to make sure you are using them correctly.

For more information, or for a list of resources included in this information sheet, please contact the Psoriasis Association.

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