

Topical Steroids

What are topical steroids?

The term 'topical steroids' refers 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 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 can come in different formulations, including cream, ointment, foam or gel.

Types of topical steroid

There are lots of different topical steroids available, and some might be combined with other ingredients such as antifungals, antibiotics, or vitamin D. Topical steroids are categorised by their strength, which is referred to as 'potency'. Below are some examples of topical steroids and their potencies (many more are available):

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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% and Eurax HC cream.

When should topical steroids be used?

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, and should not be used on more widespread psoriasis.

Topical steroids may be used separately, or in combination with topical vitamin D treatments. 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.

Topical steroids can also be used to treat psoriasis in sensitive areas such as the face, genitals and skin folds. Less potent steroids (such as mild or moderately potent) are usually used in the sensitive areas, and for a shorter length of time (ie. two weeks rather than four).

Some mild steroids are available to buy without a prescription, however it is always a good idea to speak to a doctor or pharmacist before using them.

The flowchart on the following page is a summary of the recommended order that topical treatments should be prescribed in, for people with plaque psoriasis on their torso or limbs. This process may differ for people with different types of psoriasis, or for psoriasis on different areas of the body.

How should topical steroids be used?

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 topical steroids. Not all topical steroids are the same, and it is important to check with your doctor or pharmacist that the topical steroid you have been prescribed is suitable for all the body areas you need to use it in. Do not use topical steroids on your face or other sensitive areas unless a doctor has told you to.

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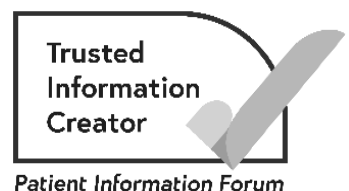
It is thought that 'active' topical treatments, including topical steroids, work better when the skin is well moisturised. Therefore, it is recommended that an emollient (moisturiser) should be applied and allowed to sink in about half an hour before using a topical steroid.

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 are more common to taking them as oral tablets or injections, rather than applying them to the skin.

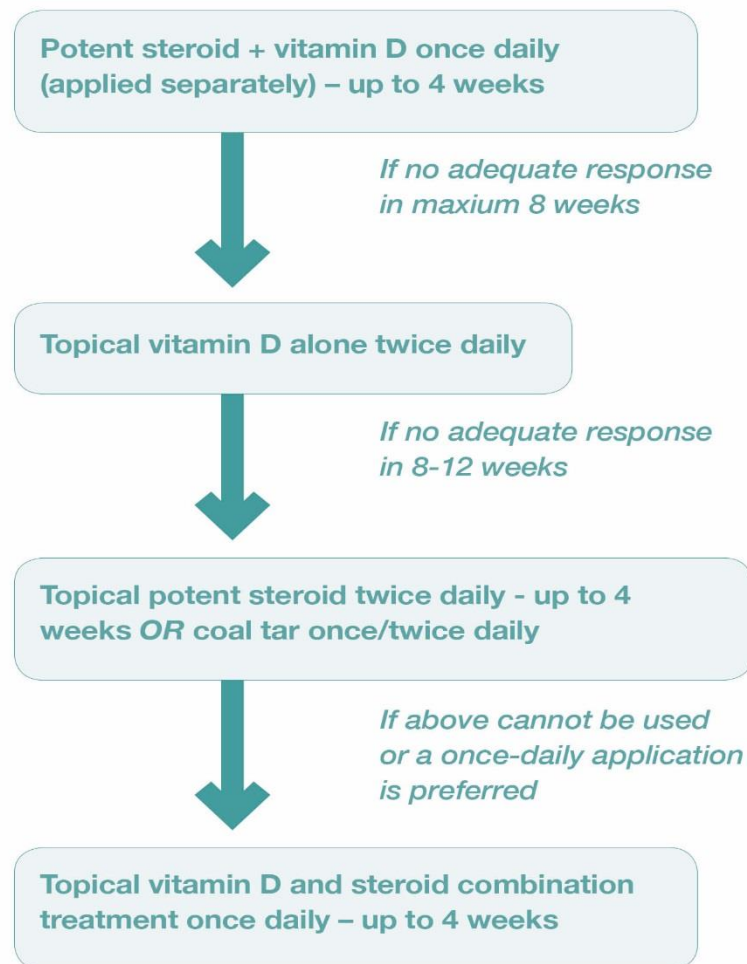
Topical steroids can sometimes cause burning, stinging, thinning of the skin, and hair growth, but these effects usually disappear after treatment has finished, or can be controlled by using a lower potency steroid. More serious side effects, such as a raise in blood pressure, or drop in calcium levels, are rare and usually only occur if the treatment has not been used properly, or for too long.

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It is recommended 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 is because stopping topical steroids abruptly can sometimes make the psoriasis rebound.

NICE Topical Treatment Guidance



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The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatments, 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. **May 2024 (Review Date: 05/25)**

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