

Atopic Eczema and Corticosteroid Creams/Ointments

Corticosteroid (steroid) creams and ointments (also called flare control creams) are an effective and safe way of treating inflamed skin in atopic eczema.

Are all corticosteroid creams the same?

No. They vary in strength (potency) from mild, moderate and potent (strong) and very potent. Strength depends on the corticosteroid structure, not just the % value. For example, hydrocortisone is a mild steroid, whether it is 0.5% or 1%. Generally speaking, sensitive areas such as the face and nappy area mainly need mild corticosteroid creams, whereas thick areas such as the palms, soles and scalp areas need moderate to strong preparations to have any impact.

Aren't steroids bad for the skin?

If used properly, no. Unfortunately, many of the stronger corticosteroid creams were used inappropriately in the 1960s and 1970s. This resulted in side effects such as thinning of the skin and prominent stretch marks developing. This misuse has given corticosteroid creams a bad name, especially when people mix up these creams with corticosteroid tablets and anabolic steroids taken by athletes - which are different from corticosteroid creams. Serious side effects from corticosteroid creams are extremely rare. Untreated eczema, on the other hand, does have very serious side effects. It can damage the skin and make your child's life very miserable.

What are the benefits of using corticosteroid creams?

Skin inflammation is the hallmark of eczema, which means that the skin becomes red and itchy. Sometimes, the skin becomes oozy due to too much fluid in the skin as a result of inflammation. Corticosteroid creams control the inflammation quickly, reducing the itching and helping the skin to look normal again. For milder eczema, corticosteroid creams are typically used once a day in bursts for around 5 days when the skin is inflamed (reactive approach), using emollients (moisturisers) for the periods in between. For eczema that is more severe and out of control, it is important to regain control with a longer blast of corticosteroid cream, so that the eczema under the skin is treated as well as the redness on the surface. The length of this initial blast can vary from 1 week to 3 weeks and will depend on how thick the eczema is and where it is. Topical steroids should not continue to be used every day for longer periods without consultation with your doctor. Once the eczema is clear, the frequency of corticosteroid cream should be reduced by a plan to keep the eczema under control by using them two days each week on previously active body sites - a technique known as "weekend therapy". Like the reactive approach, emollients are used throughout, but at a separate time of day to the corticosteroid creams. Whether your child will need a "reactive" approach (that is using corticosteroid creams only when the skin flares) or a "proactive" approach (using the corticosteroid creams weekly to prevent flares) will depend on how often your child's eczema flares. Both

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approaches are very safe.

How much corticosteroid should I use?

The amount of topical corticosteroid to use depends on the size of your child and the severity of the eczema. Topical steroids only need to be used once a day. There are useful ways to work out the amount of corticosteroid eg finger tip unit, but these can be quite difficult to understand. Enough corticosteroid cream should be used to see a thin shiny layer over the whole of the affected area. During a flare, there may be short periods of time where a lot of corticosteroid cream is needed eg 30g in 2 days, but this should never be continued once eczema is under control. If your child is requiring steroids every day for longer than 3 weeks then you should seek medical advice to consider alternative treatments.

What side effects can corticosteroid creams have?

If strong corticosteroid creams are used continuously for a long period, then the skin may begin to thin. Restoring very thick leathery eczema skin back to normal thickness by using corticosteroid creams is a good thing, but thinning normal skin away from the eczema is not a good thing as it can lead to a more fragile skin. Any skin thinning will usually go back to normal if the creams are stopped but some areas are particularly vulnerable to thinning effects such as face, armpits and nappy area. A tiny quantity of the corticosteroid creams is absorbed into the body's circulation. These tiny amounts do not seem to result in any harm. Topical corticosteroid withdrawal syndrome refers to a significant worsening of eczema when topical steroids are stopped. It usually happens when the creams are not being used properly eg too strong a preparation on sensitive sites like the face or they are being used continuously for long periods against the advice above. Topical steroids are safe when used properly and should never be used continuously for long periods. There is some useful information about topical corticosteroid withdrawal at the end of this leaflet.

Should I use corticosteroid cream or a corticosteroid ointment?

Generally speaking, dermatologists prefer you to use an ointment because this stays on the skin for longer and can therefore really get to work on your child's eczema. Also, dryness is a main feature of eczema and the greasy ointments help to counteract dryness. Some children cannot tolerate ointments and they prefer creams. Creams are white and contain a lot of water. Creams are easier to put onto weeping eczema compared to ointments.

Can I control my child's eczema with corticosteroid creams only?

No. Corticosteroid creams are only used to treat your child's eczema when the eczema is inflamed and should always be used alongside a regular moisturiser (emollient). The emollient and corticosteroid creams should not be applied at the same time – maybe put the emollients on in the morning and teatime and the steroids at night.

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Five golden rules of using corticosteroid creams in atopic eczema:

- Always use these creams/ointments along with your regular emollient, but ideally apply them at different times of the day. If used sensibly, corticosteroid creams/ointments do not cause side effects of the skin, whereas untreated eczema can have serious consequences.
- Use the weakest possible cream that controls your child's eczema well.
- Use the preparations to get skin inflammation under control. Then either use them for 5 day bursts if flares are few and far between, or every weekend if flares are common. Get control and keep control!
- Always remember to get more cream from your doctor when your current tube is one quarter full.
- Take along your cream tubes to appointments with your doctor so that the quantities you are using can be monitored.

Further information

Free online evidence based modules includes one on corticosteroid creams

https://www.eczemacareonline.org.uk/en?language_set=1

Two treatments used well <https://www.eczemacareonline.org.uk/en/two-treatments-documents>

National Eczema Society and British Association of Dermatologists joint position statement on Topical Corticosteroid Withdrawal <https://eczema.org/wp-content/uploads/Topical-Steroid-Withdrawal-position-statement.pdf>

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