Topical corticosteroids are typically used for the treatment of inflammatory conditions of the skin, in particular eczema, contact dermatitis, insect bites & stings and eczema associated with scabies. They are non-curative, with rebound exacerbations occurring when treatment is discontinued. They are thought to modify the functions of epidermal and dermal cells and of leucocytes involved in proliferative and inflammatory skin diseases. Topical corticosteroids are effective and precipitate few adverse effects if they are used appropriately and are categorised as mild, moderate, potent and very potent.

### Choice of treatment

When treating with a topical corticosteroid, the least potent preparation which is effective should be used.

Choice of formulation is important for different lesions. Water miscible creams are suitable for moist or weeping lesions. Ointments are used for dry lichenified or scaly lesions and are preferable to creams as they have a more prolonged emollient effect and increase the penetration of the steroid.

They are also less likely to cause irritation as they do not contain preservatives. Patient preference may lead to more aesthetically desirable formulations, such as creams being employed.

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### Contraindications

Untreated bacterial, fungal and viral skin lesions, acne, rosacea and perioral dermatitis. Potent corticosteroids are contraindicated in widespread plaque psoriasis.

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### Side effects

May occur, particularly with potent or very potent preparations and include inducing spread and severity of untreated skin infections, thinning of the skin, irreversible striae atrophicae, contact and perioral dermatitis, acne and worsening of existing acne.

Mild depigmentation and hypertrichosis has been reported. Children, especially babies, are particularly susceptible to side effects.

More potent steroids are contraindicated in infants less than 1 year, and in general should be avoided in paediatric treatment, or if necessary used with great care for short periods. Those aged over 70 also have a greater risk due to thinning skin. Occlusion under polythene or a hydrocolloid dressing increases the absorption of the corticosteroid and thus the risk of side effects.
Application

The amount of cream or ointment to be applied relies on the specific area(s) of the body to be treated. Patients are encouraged to employ the finger tip unit (FTU) system, which is the distance from the tip of the adult index finger to the first crease (Figure 1). This equates to approximately 500mg of preparation extruded from tube with a standard 5mm diameter nozzle. Figure 2 shows various application sites for topical corticosteroids around the body in adults and children. To minimise side effects it is important to apply the topical steroid thinly to the affected area only no more than twice a day.

![Figure 1](image)

Points to consider: The British Association of Dermatologists (BAD) recommends that

- The use of very potent preparations should be under dermatological supervision
- No more than 100g of a moderate, potent or very potent preparation should be applied per month
- No topical corticosteroid should be used regularly for more than 7 days without critical review
- Potent corticosteroids should not be used regularly for more than 7 days
- No unsupervised repeat prescriptions should be made. Patients should receive a review every 3 months
- Attempts should be made to rotate steroids with alternative treatments

### Typical amounts of topical corticosteroids used in dermatological conditions (FTUs and Grams)

Note the amounts suggested are approximate and are intended as a guide.

<table>
<thead>
<tr>
<th>Area of body</th>
<th>Cream and Ointments</th>
<th>Forte (g)</th>
<th>FTU</th>
<th>Weak (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face and neck</td>
<td>15 to 30 g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both hands</td>
<td>15 to 30 g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scalp</td>
<td>15 to 30 g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both arms</td>
<td>30 to 60 g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both legs</td>
<td>100 g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trunk</td>
<td>100 g</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groins and genitalia</td>
<td>15 to 30 g</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Appropriate total quantities of corticosteroid to be prescribed for specific areas of the body

These amounts are usually suitable for an adult for a single daily application for 2 weeks.

When reviewing prescribed topical corticosteroids, in particular note those:

- Prescribed topical corticosteroids (TC) on repeat. Contact prescriber to move to acute.
- Prescribed more than one TC, prescribed potent and very potent TC.
- Do not have specific directions for use.
- With ambiguous directions. Clear explanations are needed to make patients aware of how much steroid to use and where to apply it, and for how long.
- That are under 12 yrs old and those over 70 prescribed repeat prescriptions for topical corticosteroids.
- Where the corticosteroid is included as an ingredient in an unlicensed special.
- Where the corticosteroid has not been reviewed by the prescriber in the previous 3 months.