

# STEROID TREATMENTS FOR ECZEMA

Millions of people suffer from “atopic” eczema. This is the most common type of eczema. It causes dry skin that’s prone to flare-ups of a very itchy rash. When the eczema flares up, a steroid cream or ointment is the recommended treatment. However, many people worry about steroids because of possible side-effects.

This issue of Treatment Notes is for anyone concerned about using steroids for atopic eczema – either on themselves or their child. It explains how, used correctly, these steroids are very effective and rarely cause problems.

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## Atopic eczema

There are several types of eczema – also known as dermatitis. The most common type is called ‘atopic’ eczema. ‘Atopic’ means a problem caused by an allergy to certain common things, such as house dust, animal hair or some foods. The cause of atopic eczema isn’t fully understood, but seems to involve the immune system. People who have it often also have other atopic problems such as hay fever or asthma.

Eczema typically flares up in skin creases, such as at the elbows and knees and around the neck. It can affect large areas of skin, and make it crack or bleed. Eczema, particularly when severe, can also make the skin prone to infection. Even though most people have quite mild eczema, the itching, pain and loss of sleep can be very upsetting and disrupt school, work or other activities.

Adults can get atopic eczema but it’s most common in children. Up to 1 in 5 school children suffer from it at some stage. But over half of them grow out of it by their teens.

There’s no cure for atopic eczema. So treatment aims to ease symptoms and control flare-ups.

## **Everyday skin care**

There’s lots you can do to look after your skin and to try and prevent your eczema flaring up. Your doctor, nurse or pharmacist can give you more advice about this.

It’s important to avoid things that you know you’re allergic to, or that aggravate your eczema, such as detergents, bubble baths or woollen clothes. You should also apply an ‘emollient’ (moisturiser).

## **Using emollients**

Emollients act as a protective layer on your skin. This helps stop germs and things that might irritate it.

You should apply emollients at least once a day, and more often if it seems to help.

You might need more than one type and might have to try a few products before finding what suits you best – ask your pharmacist for help.

Ointments are the most moisturising type of emollient so tend to be the best option for very dry skin.

There are products that can be used in the bath or instead of soap to help stop your skin drying out.

You can buy emollients from pharmacies and shops, or perhaps get them on prescription.

### **How do steroids fit in?**

No matter how well you look after your skin, eczema can still flare up. When this happens, ointments or creams containing a steroid are recommended to get the rash under control.

#### **What are steroids?**

Steroid medicines copy the effects of some of the body's natural steroid hormones. They treat eczema by, for example, making the skin less inflamed and less allergic to things. These medicines are different to the 'anabolic' steroids abused by some body-builders and athletes.

Steroids are grouped according to how powerful they are, in potencies ranging from 'mild' to 'very potent'. In general, the more potent the steroid, the better it'll be at treating eczema, but also the more likely it is to cause side-effects. The box lists the steroids for eczema according to how potent they are.

The concentration of steroid in a particular cream or ointment is often described as a percentage (%). But this has nothing to do with how potent it is.

### **Pros and cons of steroids**

To see how well medicines work, they're tested in 'clinical trials', usually with large groups of patients. There have been lots of such trials to see how well steroid medicines help atopic eczema and how likely side-effects are.

#### **How well do they work?**

Trials have shown that steroid creams or ointments improved eczema in around 7-9 in every 10 patients, whereas eczema improved in only about 2-5 in every 10 patients who used a cream or ointment containing no steroid.

#### **But what about skin damage?**

One of the possible side-effects of steroids is skin damage, particularly thinning of the skin. This thinning can make the skin papery and fragile. It can also cause stretch marks, bruising or tiny spidery red veins. But it's actually very rare to get any thinning of the skin if you use a mild or moderate steroid for up to 4 weeks. It seems that it's only when too much of a potent steroid is used, or if it's used for too long, that skin-thinning's a real risk.

Steroids can also affect the skin in other ways. For instance, they can make acne or skin infections worse, or make the skin change colour. Rarely, some people get a rash because they're allergic to something in the cream or ointment. For these reasons, it's essential that the steroid treatment is no more potent, nor used for longer, than needed to clear the eczema.

#### **What about other side-effects?**

Sometimes, steroid medicines cause side-effects in other parts of the body. These can include thinning of bones, slowing a child's growth, or reducing the body's ability to produce natural steroid hormones. However, such effects don't occur with the low doses of mild or moderate steroid ointments and creams used by most people with atopic eczema. In fact, these problems are only likely if a very potent steroid is used on large areas of skin for a long time. So it's important that people with severe

atopic eczema, who need high doses of potent steroids, are looked after by a skin specialist. This is especially true for children.

### **Steroid potencies**

#### Mild

- hydrocortisone acetate

#### Moderate

- alclometasone
- clobetasone
- fluocortolone
- flurandrenolone (fludroxycortide)

#### Potent

- beclometasone
- betamethasone
- desoximetasone
- fluocinolone
- fluocinonide
- fluticasone
- hydrocortisone butyrate
- mometasone

#### Very potent

- clobetasol
- diflucortolone
- halcinonide

You may know treatments by their brand names rather than the steroid names listed above. But the packaging will tell you what steroid a cream or ointment contains.

### **More tips on using steroids**

It's crucial you follow the instructions that come with the steroid, unless you've been told otherwise. Your doctor, pharmacist or nurse can also give you more advice about applying treatment.

To work out how much cream or ointment to use, squeeze some onto your finger, from the tip to the first crease. This is called a 'fingertip unit' – its' enough to treat an area of skin twice the size of an adult hand.

Don't cover the treated skin with a plaster or bandage unless you're advised to – this could increase how much steroid gets into your skin and bloodstream). These come in various forms, such as ointments, creams, lotions or bath oils. They help soothe and keep moisture in the skin.

### **Treating a flare-up**

#### **What's best for children?**

When treating a child with a flare-up of atopic eczema, it's important to use the mildest steroid that works. For most children, a mild steroid – such as 1% hydrocortisone – is likely to be enough.

Emollients should also be used at least once a day, but should not be applied at the same time as the steroid.

In general, nothing more potent than a mild steroid should be used on the face, skin creases or areas where the skin is thin, such as the genitals. And treatment should be stopped once the rash has settled down. With such treatment, there's very little risk of worrying side-effects.

### **And for adults?**

Like children, adults should use the mildest steroid that works for them. A mild or moderate flare-up of eczema may need treating with a potent steroid for about 3 days in a row. This can be repeated every week until the flare-up settles down. Again, an emollient should be used every day, but not applied at the same time as the steroid.

Treating flare-ups in this way is just as effective as using a mild steroid at least once a day. Plus it's more convenient and is no more likely to cause side-effects. There seems to be no added benefit from using the steroid more than once a day.

In general, as with children, any flare-up on the face, genitals or skin creases should only be treated with a mild steroid. The box, gives more tips about using steroids.

### **Can you treat yourself?**

There are a few steroid creams or ointments that you can buy without a prescription from pharmacies. In some cases, adults and children over 12 can use these for up to one week to treat eczema. Your pharmacist can advise you if one is suitable for you, or whether you ought to consult your doctor first. You should also continue to use an emollient at least once a day.

### **What if it doesn't clear up?**

Occasionally, a flare-up of eczema may not clear up with steroid treatment, and may even get worse. If this happens to you, you should see your GP or pharmacist. It could be due to, for example, using the wrong potency of steroid, not using the steroid or emollient properly, or an allergy to something in the treatment. Or it may be due to an infection.

If it's not clear why your eczema isn't getting better, or you need a lot of a potent steroid to keep it under control, your GP may need to refer you to a skin specialist.

### **Find out more**

Your doctor, pharmacist or practice nurse will be able to give you more advice about atopic eczema and its treatments.

You can also contact the **National Eczema Society** on 0870 241 3604 or at [www.eczema.org](http://www.eczema.org)

Treatment notes contains general medical information that will not always apply to you or your child. Don't start, or stop, prescribed medicines without speaking to your doctor or pharmacist first.