

# Topical Corticosteroids

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## FREQUENTLY ASKED QUESTIONS



**Eczema Education Series**



[www.eczemahelp.ca](http://www.eczemahelp.ca)

# Eczema Help

## Topical Corticosteroids FAQ

At The Eczema Society of Canada, we are dedicated to helping Canadians living with eczema. This booklet aims to answer some common questions about the use of topical corticosteroids, a group of medications used to treat the inflammation of eczema. Sometimes these medications are called “steroids” or “cortisones”. Speak to your doctor about any questions you may have related to the use of topical corticosteroids, other medications, and your eczema care regimen.

### About Topical Corticosteroids

#### How do topical corticosteroids help eczema?

Topical corticosteroids help control inflammation (redness, swelling, pain and itch) thereby healing skin. They can help keep skin comfortable, as well as help reduce rash and itchiness.

These topical medications are generally safe when used under the advice of a physician. The use of topical corticosteroids should be tapered off when the skin is healed; however, it is important to allow the skin to heal completely before discontinuing use. Fearing side effects, many people commonly underuse topical corticosteroids rather than overuse them.

Topical corticosteroids are actually familiar to the skin, as the body makes a natural form of steroids to regulate many body functions. In eczema, topical corticosteroids temporarily alter chemicals in the skin, thereby reducing inflammation.

#### Does eczema need to be treated with prescription medications?

When deciding on any treatment, benefits and risks need to be weighed. Untreated severe eczema can have a negative impact on physical health, as well as mental health, including sleep, behaviour, social interactions, physical comfort, stress levels, ability to concentrate, and family dynamics. When topical corticosteroids are used appropriately and as directed, the risks of untreated eczema far outweigh the risks of treatment.

#### Is a cream or ointment base better?

The vehicle (the cream or ointment base) that delivers corticosteroid treatment does matter. An ointment base delivers a more potent medication and is less likely to sting open areas. A cream may feel more comfortable on your skin and may be preferred before dressing. Speak with your doctor about your preferences.

#### What does the percentage number on the cream mean? How is a 2% product of one name less potent than a 0.5% product of another name?

Topical corticosteroids range in strength from mild to extra strong. The percentage on the label of a topical corticosteroid refers to the specific medication it contains. There are many different cortisone molecules and the percentages between products are not comparable. For example, a 2% concentration of one product may be much milder than a 0.05% of another product even though it is a higher number.

#### Can I use over-the-counter (non-prescription) topical hydrocortisone instead of my prescription corticosteroid?

Over-the-counter (OTC) hydrocortisone can be helpful for very mild eczema, as well as the itching associated with minor skin irritations, bug bites and poison ivy. With moderate and severe eczema, OTC hydrocortisone may not be effective enough to manage the inflammation. If you choose to try OTC products, follow the directions on the package and direct any questions you may have to your pharmacist. You should also let your doctor know if you are using these products, especially if you are attempting to substitute them for a prescription treatment.

### Using Topical Corticosteroids

#### How often should I apply my topical corticosteroid?

Use the treatment as directed by your prescribing physician. These products are generally used one to three times a day. If you apply the cream once per day in an effort to use less product, you may actually prolong the eczema and hinder treatment. Using the treatment less than prescribed does not allow the medication to work on the inflammation. Different products with different strengths and formulations sometimes require different application frequency. Ask your physician when the product is being prescribed how often to use it.

#### Should I apply the treatment to wet or dry skin?

As a general rule, it is best to apply the treatment after bathing to damp, but not soaking wet, skin. If you are applying your topical corticosteroids twice daily for example, you may want to apply it to dry skin in the morning and to damp skin after an evening bath.

#### How much product should I apply?

You want to apply a thin film to the skin, but enough that it still feels slightly tacky after you have rubbed it in. People more commonly apply too little rather than too much.

#### Should I apply the topical corticosteroid only to affected skin?

Apply the corticosteroid only to affected areas and apply moisturizer to the rest of the skin.

### **What is a fingertip unit?**

A “fingertip unit” is a way to measure the amount of cream you are applying to your skin. While only a general guideline, it can be a helpful way to understand how much cream or ointment is required to cover an area of skin. One fingertip unit is the amount of cream squeezed onto an adult index finger, from the fingertip to the first crease. This amount should cover the size of two adult palms or approximately a 7”x7” area of the body. For example, for an average adult, four fingertip units would be required to cover an entire arm or five fingertip units would be needed to treat an entire leg. This is likely more than you are used to using!

### **Can I apply the treatment before or after moisturizer?**

Medications should always be applied to your skin before any other products, as moisturizers create a barrier on the skin. Apply topical corticosteroids to affected areas first, then apply a moisturizer to the rest of the skin. Remember that your topical corticosteroid is most likely in a cream or an ointment base, which also acts as a moisturizer.

### **Can I use wrappings, bandages, plastic wrap or wet wraps over topical corticosteroids?**

Wrappings of any kind should never be used with corticosteroids unless done so under the strict supervision of your physician. Not only can occlusive bandages (wrappings) increase the potency of the medication, but also they can lead to complications or side effects.

### **Can I use topical corticosteroids on my face?**

In short answer, yes. That said, your doctor may prescribe a less potent medication for your face. Avoid getting the medication in your eyes, as complications may occur. However, if you have eczema around your eye, it is important to treat this. Your doctor will select a cortisone strength and formulation for this area, or may recommend a different type of medication for the eye area. It is fine to use your prescription around the mouth, including when applying products on small children; just avoid getting it in the mouth.

### **Are topical corticosteroids the best treatment for my eyelid eczema?**

It's always best to speak to your doctor about your specific treatment needs. Other topical agents, such as Protopic® or Elidel® might be a better choice for the eye area, or other areas of the body with delicate or thinner skin, such as the groin, arm pits, and folds. Ask your doctor about the best treatment for your specific condition and specific areas of the body, and how to use the medications correctly.

## **Safety**

### **I'm afraid to use 1% hydrocortisone on my baby. My dermatologist told me it's safe, but now my pharmacist has cautioned me. Is it safe?**

Topical corticosteroids have been used in dermatology, for the management of eczema for over half a century, and the safety profile is very good. When used as directed by your physician, the benefits of the treatment outweigh the drawbacks. A baby (or child, or adult) left with severe eczema that is untreated can pose a much greater health risk than using a topical corticosteroid to effectively manage eczema.

### **When can I stop using the topical corticosteroid?**

Generally speaking, you should see some improvement in inflammation within a couple of days. You want to continue using the treatment until the inflammation and redness is gone. Commonly, people quit using topical corticosteroids once they see a small improvement in their symptoms; however, it is important to continue treating the affected areas until they are clear. If you are using medication on the same areas of the body for longer than two weeks' time, speak to your doctor.

### **My doctor said not to use my medication longer than two weeks, but just as my leg eczema clears, I get a flare on my arms. Can I keep using it?**

The short answer is yes. Generally speaking, you should not use topical corticosteroids on the same area of the body for a longer than two weeks if the area is not improving. If you are getting a good response to the treatment but you need a little bit longer to clear it completely, it may be appropriate to continue beyond two weeks. Review the specific instructions with your doctor about how to deal with this situation. However, it is very common for people with eczema to experience clear skin on one part of the body and a flare on another. It is fine to cycle treatment around the body as the skin flares.

### **My pharmacist told me to use my medication more sparingly than prescribed by my doctor. What should I do?**

It is generally recommended that you follow the advice of your prescribing physician, rather than the pharmacist, as your doctor is the expert who has done a clinical evaluation of your condition. He or she knows your medical history and the condition of your skin and can best advise you on a treatment plan that will help improve your eczema. If you have questions about how much medication to use or when to stop using the medication, ask your prescribing physician.

### **Do topical corticosteroids stunt growth?**

Not to be confused with anabolic steroids often used by bodybuilders and athletes, when used appropriately, topical corticosteroids do not impact growth. However, babies and young children, who have larger skin area

relative to their body mass, can potentially absorb topically applied corticosteroids. This can occur when potent steroids are used, when used too frequently or over a long period of time, or when used under occlusions, such as bandages, wraps, and diapers. Topically applied corticosteroids, when used under the advice of a qualified physician, are very safe. Oral corticosteroids are reserved for the most severe cases of eczema, should be used extremely sparingly, and should be used under the supervision of a dermatologist or specialist.

### **Why did the doctor prescribe two different topical corticosteroids?**

Different strengths or potencies of medications are used for different areas of the body. A mild treatment may be appropriate for the face, armpits, groin, genitals, neck and folds. Other areas may require a more potent medication. For your hands and the soles of your feet, or other areas that could be lichenified (where the skin has thickened due to long term scratching or uncontrolled eczema), potent medications may be used for short periods of time.

## **Complications of Eczema**

### **How do I know if the eczema is infected?**

If your skin is tender, oozing, or swollen, you should see your doctor, as it could be signs of infected eczema. Infection in eczema is common and can be treated.

### **Do topical corticosteroids prolong eczema in the long term?**

There is no evidence that topical corticosteroids change the course of the disease. Experts believe that reducing inflammation and maintaining good skin care habits help to maintain periods of clear skin longer. It is believed that uncontrolled severe eczema is harder to get back under control.

### **My hand eczema is not getting better with my topical creams.**

#### **Now what?**

Speak to your doctor. Hand eczema that does not respond to topical treatment may require a treatment specific for hand eczema, such as the oral agent Toctino® (alitretinoin). Ask your doctor about the best treatment for your specific condition.

### **Could I have steroid allergy or withdrawal? Could my eczema be getting worse from the topical corticosteroids?**

This is extremely uncommon, although there has been a lot of talk about this on social media web sites. If you are concerned about this, speak with your dermatologist.

It is important to contact your doctor immediately or seek emergency care if you experience any of the following symptoms:

- difficulty breathing or swallowing
- wheezing
- severe skin rash
- bright red skin that burns
- oozing or puss in the skin; swelling or tender skin

## **Lifestyle Modifications**

### **Can I just control eczema through diet instead of using topical medications?**

While new information and research is constantly evolving, at this time, experts believe eczema to be a condition caused by a variety of factors, including genes, skin barrier dysfunction and the immune system.

We know that foods do not cause eczema. For some people, foods can trigger eczema, such as when they handle acidic fruits. For a baby or small child who frequently has a food contact the skin during feeding, certain foods may trigger eczema on the face.

If you have known food allergies confirmed by an allergist, such foods should be avoided. Food allergies can certainly cause skin reactions, such as hives. If you suspect you have food allergies, speak to your doctor. Food allergies are more common among people with eczema.

### **Can I just use lots of moisturizer?**

Frequent moisturizing is a very important part of eczema management, both when the skin is clear and during a flare. However, once the skin is inflamed and red, topical treatments (such as topical corticosteroids) and TCIs (topical calcineurin inhibitors) are needed to reduce the inflammation. Moisturizers will not control the inflammation of moderate to severe eczema.

## For more information contact:

Eczema Society of Canada  
411 The Queensway South  
PO Box 25009, Keswick, Ontario L4P 4C2  
Telephone: 1-855-ECZEMA-1  
Email: info@eczemahelp.ca

[www.eczemahelp.ca](http://www.eczemahelp.ca)



The Eczema Society of Canada is a registered Canadian charity dedicated to eczema education, providing support, raising awareness, and supporting research.

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The information contained in this document reflects the current standards of eczema management in Canada. Medicine is a constantly changing science, and this information was current as of the date of publishing.

The information contained within this guide should in no way dictate an exclusive treatment course. You should always seek diagnosis, treatment, and advice from a qualified physician.