



## St John's Institute of Dermatology

# Topical steroids

This leaflet explains more about topical steroids and how they are used to treat a variety of skin conditions. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

## What are topical corticosteroids and how do they work?

Topical corticosteroids are steroids that are applied onto the skin and are used to treat a variety of skin conditions. The type of steroid found in these medicines is similar to those produced naturally in the body and they work by reducing inflammation within the skin, making it less red and itchy.

## What are the different strengths of topical corticosteroids?

Topical steroids come in a number of different strengths. It is therefore very important that you follow the advice of your doctor or specialist nurse and apply the correct strength of steroid to a given area of the body. The strengths of the most commonly prescribed topical steroids in the UK are listed in the table below.

**Table 1 - strengths of commonly prescribed topical steroids**

| Strength    | Chemical name   | Common trade names  |
|-------------|---|---|
| Mild        | Hydrocortisone 0.5%, 1.0%, 2.5%   | Hydrocortisone<br>Dioderm®, Efcortelan®,<br>Mildison®   |
| Moderate    | Betamethasone valerate 0.025%<br>Clobetasone butyrate 0.05%<br>Fluocinolone acetonide 0.001%<br>Fluocortolone 0.25%<br>Fludroxycortide 0.0125%  | Betnovate-RD®<br>Eumovate®, Clobavate®<br>Synalar 1 in 4 dilution®<br>Ultralanum Plain®<br>Haelan® Tape |
| Strong      | Betamethasone valerate 0.1%<br>Diflucortolone valerate 0.1%<br>Fluocinolone acetonide 0.025%<br>Fluticasone propionate 0.05%<br>Hydrocortisone butyrate 0.1%<br>Mometasone furoate 0.1% | Betnovate®<br>Nerisone®<br>Synalar®<br>Cutivate®<br>Locoid®<br>Elocon®                                  |
| Very strong | Clobetasol propionate 0.1%<br>Diflucortolone valerate 0.3%  | Dermovate®, Clarelux®<br>Nerisone Forte®  |

In adults, stronger steroids are generally used on the body and mild or moderate steroids are used on the face and skin folds (armpits, breast folds, groin and genitals). In infants and small children, mild or moderate steroids are normally used, although stronger steroids may be needed to treat severe skin conditions. Stronger steroids can sometimes be used on the face and skin folds to treat certain skin conditions for short periods of time.

## What are the different preparations of topical corticosteroids?

- **Ointments** have the highest oil content and are therefore usually preferred for dry skin conditions.
- **Creams** are less greasy than ointments but have less moisturising effect. Creams are sometimes preferred for the face and hands or if the skin condition is weeping.
- **Lotions** are less thick than creams and may be used to treat large areas or hairy skin.
- **Solutions and scalp applications** can be water or alcohol based and are the thinnest topical steroid preparations. Alcohol based preparations may sting when applied to inflamed skin.
- **Tapes** often used to treat inflamed areas on the hands and feet.

## How should I apply topical steroids?

Applying topical steroids correctly will increase their effectiveness and reduce the risk of side effects. Please follow these simple steps when applying them:



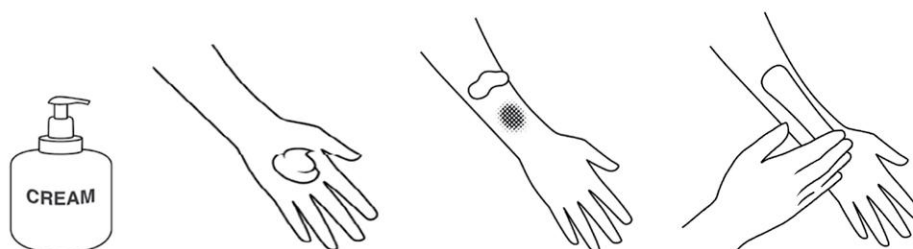
Start by washing your hands.

Squeeze the topical steroid in a line from the last finger crease to the finger tip. This is a 'finger tip unit' and is enough steroid to cover the same area of skin as two hands laid flat with the fingers together. For more information about finger tip units (FTU) please see Table 2-3 on the next page.

1 FTU =



Topical steroids are usually only applied to affected areas of skin (red, rough or thickened areas) but follow the advice of your doctor or specialist nurse. Apply the treatment in downward motions in the direction of hair growth. Do not rub the treatment in. Wash your hands thoroughly after applying topical corticosteroids.



## How much topical steroid should I apply?

As a general guide, topical steroids should be applied to affected areas of skin to give a thin glistening layer. The finger tip unit (FTU) is a useful guide to estimate how much topical steroid to use and represents approximately 0.5g of cream or ointment. This can be measured by squeezing the steroid in a line from the last finger crease to the tip of the finger (see image on previous page). Fingertip units for children are measured on an adult finger and are used differently according to the age of the child.

Tables 2 and 3 list the amount of fingertip units required to treat a given body site in children and adults. It assumes that the whole area is treated. If this is not the case then the number of finger tip units should be adjusted accordingly.

**Table 2 - Body surface area and finger tip units in children**

| Age         | Number of finger tip units (FTU) |                     |                     |                                   |                                |
|-------------|----------------------------------|---------------------|---------------------|-----------------------------------|--------------------------------|
|             | Entire face and neck             | Entire arm and hand | Entire leg and foot | Entire front of chest and abdomen | Entire back including buttocks |
| 3-12 months | 1                                | 1                   | 1.5                 | 1                                 | 1.5                            |
| 1-2 years   | 1.5                              | 1.5                 | 2                   | 2                                 | 3                              |
| 3-5 years   | 1.5                              | 2                   | 3                   | 3                                 | 3.5                            |
| 6-10 years  | 2                                | 2.5                 | 4.5                 | 3.5                               | 5                              |

**Table 3 - Body surface area and finger tip units in adults**

| Site                       | Number of FTU to treat given body area |
|----------------------------|--|
| Scalp                      | 3                                      |
| Face and neck              | 2.5                                    |
| Front and back of one hand | 1                                      |
| One arm and hand           | 4                                      |
| One leg and entire foot    | 8                                      |
| Trunk front                | 8                                      |
| Trunk back                 | 8                                      |

## Should I apply topical steroids with moisturisers?

You should avoid applying the topical steroid at the same time as a moisturiser as this will dilute its strength. When both treatments are to be used and where practical, the emollient should be applied 30 minutes before application of the topical steroid.

## How long should I use topical steroids for?

The length of treatment will depend on the severity of your skin condition, the strength of topical steroid and the site to which it is applied. Usually, the risk of side effects increases after one to two months of continuous use. If topical steroids are used for longer than this, a treatment-free period or a change in frequency of use can reduce the risk of side effects.

However, suddenly stopping treatment can sometimes cause the underlying skin condition to flare. The length of treatment and how it is stopped will vary between people and must therefore be decided by your doctor or specialist nurse.

## What are the side effects of topical steroids?

When used correctly, the risk of side effects from topical steroid use is very low. Local side effects that can occur following topical steroid use are listed here:

1. Temporary stinging or burning. This is common, especially if the skin is inflamed. It usually settles within a few days
2. Thinning of the skin. This is rare if topical steroids are used correctly. The risk of skin thinning increases if strong steroids are used for long periods, on the face or skin folds, or under bandages or plasters. Most skin thinning will resolve on stopping treatment
3. Stretch marks. This is uncommon and generally only occurs after prolonged use of strong topical steroids
4. Mild lightening of the skin
5. Allergic reactions to the steroid or other ingredients within the preparation
6. Acne like rash. This can occur if strong steroids are applied to the face.

A small proportion of the topical steroid is absorbed into the body from the skin. If topical steroids are used in large quantities for long durations of time, this can cause weight gain and the symptoms of steroid excess (Cushing's syndrome), or it can affect the body's production of natural hormonal steroids (adrenal suppression). If topical steroids are used as prescribed, the risk of these complications is very low.

## Can I use topical steroids if I am pregnant or breastfeeding?

As with many medications, there is limited information about the safety of topical steroid use in pregnancy and during breast feeding. However, topical steroids have been used by a large number of pregnant and breast feeding women without any evidence of harmful effects.

Any use should always be discussed with your doctor or specialist nurse to make sure the benefits outweigh the risks. To avoid transfer to the infant only weak topical steroids should be used on the breast and around the nipple, and these should be washed off before breastfeeding.

## When should I avoid using topical steroids?

Topical corticosteroids can worsen skin infections. If you have a bacterial, viral or fungal skin infection they should therefore be avoided, unless they are applied with an anti-infective agent or you are started on tablet medication to treat the infection.

## Useful sources of information

**Watch our video about topical steroids:**

**w:** [www.guysandstthomas.nhs.uk/dermatologyvideos](http://www.guysandstthomas.nhs.uk/dermatologyvideos)

## Contact us

If you have any questions or concerns about your emollient treatment, please speak to the nurse or doctor looking after you.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

### Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

### Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

### Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

### NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

### NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

### Get involved and have your say: become a member of the Trust

Members of Guy's and St Thomas' NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, and to become a member:

**t:** 0800 731 0319      **e:** [members@gstt.nhs.uk](mailto:members@gstt.nhs.uk)      **w:** [www.guysandstthomas.nhs.uk/membership](http://www.guysandstthomas.nhs.uk/membership)

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