FINAL TOPICAL CORTICOSTEROID TREATMENT FACTSHEET

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath CCG) Crawley CCG and Horsham & Mid-Sussex CCG

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

Use product of lowest acquisition cost if more than one in a class is clinically appropriate

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

MILD	MODERATE **Two times more potent than 1% hydrocortisone**	POTENT **Ten times more potent**	VERY POTENT **50 times more potent and usually initiated by a specialist**
Hydrocortisone 0.1% - 1% To be prescribed generically (Dermacort & Hc45 -OTC only; Dioderm; Mildison Lipocream; Zenoxone) Please note **hydrocortisone 2.5%** preparations are not recommended for prescribing due to high costs compared to lower strength, equally effective hydrocortisone preparations **Fluocinolone acetonide 0.0025%** (Synalar 1in 10) ***With urea*** (Alphaderm) **OTC:** Not for use on the eyes, face or ano-genital region, broken or infected skin. Do not use in pregnancy without medical advice. Do not use on children under 10	**Clobetasone butyrate 0.05%** (Clobavate; Eumovate) **Alclometasone diproprionate 0.05%** (Modrasone) **Fludroxycortide 0.0125%** (Haelan) **Fluocortolone hexanoate 0.25%** (Ultralanum Plain) **Fluocinolone acetonide 0.00625%** (Synalar 1 in 4) **Betamethasone valerate 0.025%** (Betnovate –RD)	**Betamethasone valerate 0.1%** (Betacap & Bettamousse; Betnovate) **Beclometasone diproprionate 0.025%** **Betamethasone diproprionate 0.05%** (Diprosalic; Diprosone) **Mometasone furoate 0.1%** (Elocon (BLACK)) **Hydrocortisone butyrate 0.1%** (Locoid) **Fluticasone proprionate 0.05% & 0.005%** (Cutivate) **Diflucortolone valerate 0.1%** (Nerisone) **Fluocinonide 0.05%** (Metosyn) **Fluocinolone acetonide 0.025%%** (Synalar) ***With calcipotriol*** (Dovobet & Enstilar)	**Clobetasol propionate 0.05%** (Clarelux & Etrivex; Dermovate) **Diflucortolone valerate 0.3%** (ClobaDerm; Nerisone Forte)
Compound preparations: The advantages of including other substances (such as antibacterials or antifungals) are uncertain, but combinations may have a place where inflammatory skin conditions are associated with bacterial or fungal infection. In these cases, the antimicrobial should be chosen according to the sensitivity of the infecting organism and used regularly for a short period (typically twice daily for one week). BNF May 2018			
With antifungal (Canesten HC; Daktacort) ***With antibacterial*** (Terra-Cortril; Fucidin H) ***With both*** (Nystaform HC; Timodine)	***With both*** (Trimovate)	***With antifungal*** (Lotriderm; Synalar N) ***With antibacterial*** (Aureocort; Synalar C; Betamethasone valerate; Fucibet (BLACK))	***With both*** (Clobetasol proprionate)
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 fingertip unit (FTU) system, which is the distance from the tip of the **adult index finger** to the first crease (Figure1).
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 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.

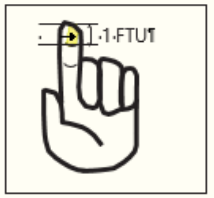
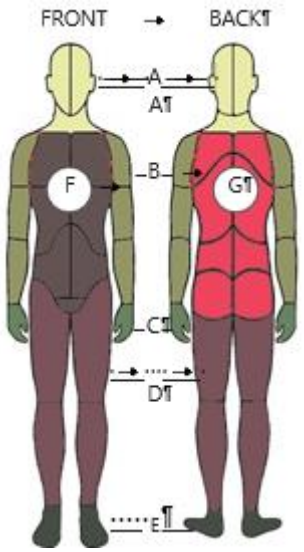


Figure 1

When reviewing prescribed topical corticosteroids, in particular note those:

- Prescribed topical corticosteroids (TC) on repeat. Contact the prescriber to move to acute.
- Prescribed more than one TC, prescribed potent and very potent TC.
- Do not have specific directions for use or 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



FTU	3-6m	1-2yr	3-5yr	6-10yr	>10 yr
Face & neck (A)	1	1½	1½	2	2½
Arm (B) & Hand (C)	1	1½	2	2½	4
Hand only (C)					1
Leg (D) & Foot (E)	1½	2	2	4½	8
Foot only (E)					2
Trunk (front) (F)	1	2	3	3½	7
Trunk (back) inc. buttocks (G)	1½	3	3½	5	7

Typical amounts of topical corticosteroids used in dermatological conditions (FTUs) *Eczema Society 2016*

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

Area of body	Cream and Ointments
Face and neck	15 to 30 g
Both hands	15 to 30 g
Scalp	15 to 30 g
Both arms	30 to 60g
Both legs	100 g
Trunk	100 g
Groins and genitalia	15 to 30 g

Appropriate total quantities of cortiscosteroid 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

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 week 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

IMPORTANT: NHS England have issued guidance (March 2018) stating that a prescription for treatment of contact dermatitis and insect bites/stings will not routinely be offered in primary care as the condition is appropriate for self-care. GPs are directed to the general exceptions in the guidance and their own professional contractual responsibilities in deciding whether to prescribe

References: BNF May 2018, British Association of Dermatologists, National Eczema Society 2016, NICE Clinical Knowledge Summary Jan 2018; NICE TA81
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