is the fingertip rule: Squeeze a ribbon of the topical corticosteroid onto the tip of an adult index finger, between the fingertip and first finger crease. This amount of corticosteroid represents “one fingertip unit”, and should be enough to cover an area of skin the size of two flat adult palms of the hand (including fingers).

MYTH Topical corticosteroids cause lightening or darkening of the skin. There is no evidence that topical corticosteroids cause lightening or darkening of the skin.

MYTH Topical corticosteroids rarely cause skin discoloration, which resolves when the treatment is stopped. Skin discoloration is much more likely to result from the eczema itself, because skin inflammation can increase or decrease the amount of tan pigment in the skin. Skin discoloration from eczema will also resolve over time, but may take several months.

MYTH Topical corticosteroids promote excessive hair growth. If topical corticosteroids are used for long periods, they can occasionally cause a temporary, mild increase in fine hair growth in the treated areas, although this is rare. Frequent scratching can also cause a temporary, mild increase in fine hair growth.

MYTH Topical corticosteroids will prolong the eczema and decrease the chances of improvement with age. There is no evidence that topical corticosteroids change the underlying natural course of the disease.

MYTH A lot of moisturizer can eliminate the need for topical corticosteroids. Proper bathing and moisturizing is essential in managing chronic eczema. Although moisturizers are a first-line treatment, when used alone they will only control the very mildest forms of eczema. Moderate or severe eczema cannot be treated effectively with moisturizers alone. Once the skin becomes red (inflamed), additional anti-inflammatory medication is needed.

MYTH Only use the corticosteroid as areas of skin affected by the skin disease. It is most effective to apply corticosteroids immediately after bathing.

MYTH Emollients may work better if applied to wet skin. Do not wet the skin without applying an emollient afterwards.

MYTH Only use the corticosteroid as often as prescribed by your doctor — more than twice daily increases the risk but not the benefits of corticosteroids; for many topical corticosteroids, once-a-day application is sufficient.

MYTH Do not use a topical corticosteroid as a moisturizer.

MYTH Wherever possible, avoid using large quantities of corticosteroids for long periods of time.

MYTH Be aware that certain areas of skin – the face, geni-
tals, raw skin, thin skin and areas of skin that rub together, such as beneath the breasts or between the buttocks or thighs - absorb more corticosteroid than other areas.

MYTH Applying dressings over the area of skin treated with the corticosteroid increases the potency and absorption of corticosteroid into the skin. Only use dressings with corticosteroids for long periods.

Tips for Using Topical Corticosteroids

• Use the least potent corticosteroid possible to control the inflammation.

• Only apply the corticosteroid to areas of skin affected by the skin disease.

• It is most effective to apply corticosteroids immediately after bathing.

• Emollients may work better if applied to wet skin. Do not wet the skin without applying an emollient afterwards.

• Only use the corticosteroid as often as prescribed by your doctor — more than twice daily increases the risk but not the benefits of corticosteroids; for many topical corticosteroids, once-a-day application is sufficient.

• Do not use a topical corticosteroid as a moisturizer.

• Wherever possible, avoid using large quantities of corticosteroids for long periods of time.

• Be aware that certain areas of skin – the face, genitalia, raw skin, thin skin and areas of skin that rub together, such as beneath the breasts or between the buttocks or thighs - absorb more corticosteroid than other areas.

• Applying dressings over the area of skin treated with the corticosteroid increases the potency and absorption of corticosteroid into the skin. Only use dressings with topical corticosteroids if advised to do so by a physician.

• Once the inflammation is under control, reduce or stop using the corticosteroid. Remember: a proper bathing and moisturizing practice helps prevent flare-ups.

Special Note for Parents of Children with Atopic Dermatitis

Applying medications and supervising your child’s skin care is often difficult and time-consuming, especially if the eczema is severe. Many parents are concerned about the long-term effects of medications. However, the risk of uncontrolled eczema is far greater. When used appropriately, topical corticosteroids have a very low risk of absorption or thinning of the skin.

For a complimentary copy of the NEA print newsletter, The Advocate, and an eczema information package, please contact us. We are always here to help!

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Contact Information: For complimentary copies of The Advocate, the NEA information package, or information about The National Eczema Association, please contact:

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EMERGENCY: Call your local emergency number or an eczema specialist immediately. For more information or to learn how you can help support research, support, and education for people with eczema, please visit nationwideczema.org or call 800.818.SKIN.

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ATTENTION: This brochure is intended for general information only. This brochure does not provide medical advice and is not a substitute for professional diagnosis and treatment. Only a physician who is knowledgeable about that condition should consult a physician who is knowledgeable about that condition.

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The word “eczema” is derived from a Greek word meaning “to boil over,” which is a good description for the red, inflamed, itchy patches that occur during flare-ups of the disease. Topical steroids are an important part of the treatment plan for most people with eczema. When eczema flares up, applying cream, lotion or ointment in an area where the inflammation is soreness and irritation, reduce itching, and relieve the need to scratch, allowing the skin to heal and recover.

Steroids are naturally occurring substances that are used to regulate growth and immune function. There are many different kinds of steroids, including “anabolic steroids” like testosterone and “female hormones” like estrogen (both produced in the gonads), and corticosteroids such as cortisol, which is produced by the adrenal glands. Corticosteroids are the type of steroid used for eczema. Corticosteroids have many functions in the body, but among other things they are very effective at controlling inflammation. The way corticosteroids reduce inflammation does not have a significant effect on a child’s brain development.

Topical corticosteroids come in various strengths, ranging from “super potent” (Class I) to weakest, “least potent” (Class 7). The chart to the right lists some commonly used generic steroid names and their generic version. While often more expensive, your doctor may prescribe a generic steroid if they believe you will receive the corticosteroid in a particular formulation for a variety of reasons. You should discuss with your doctor if a generic formulation may be available and would be right for you. The list is not comprehensive, and the strength class listing may vary for some products based on the different tests used to define this.

Topical corticosteroids, like many other medications, are often used for indications and ages that have not been specifically studied. This is referred to as “off-label” use.

The following chart lists the topical corticosteroids that have been approved by the FDA for use with children. FDA approval is awarded based on studies with children in a specific range of ages. These medications are commonly used in younger children, ranging from 0.005% to 0.5%.

**What are some other risks?**

Frequent and prolonged application of a topical corticosteroid to the skin can cause glaucoma and even cataracts. Topical corticosteroids can occasionally cause tiny pink bumps and acne, especially when used on the face and around the mouth. On the body, greasy corticosteroid ointments can rarely cause redness around hair follicles, sometimes with a small bump centered in the follicle (folliculitis). When corticosteroids are applied to large body surface areas, enough may be absorbed into the body to cause systemic problems, a condition known as “adrenal suppression.” The risk of adrenal suppression is highest with high potency (Class 1-2) corticosteroids used in young children, and a higher ratio of body surface area compared to their weight, so they are more susceptible to corticosteroid absorption. If a child is using a high potency or highly absorbed corticosteroid in large doses or over a long term, prolonged adrenal suppression can be associated with growth suppression and weakened immune responses. Adrenal suppression does not have a significant effect on a child’s brain development.

**What are the most common risks of using topical corticosteroids?**

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