



THE AUSTRALASIAN COLLEGE  
OF DERMATOLOGISTS

# Topical corticosteroids for the treatment of eczema

Atopic eczema (also known as Atopic Dermatitis) is a chronic inflammatory disease. It often starts in infancy, affecting almost 30% of young children in Australia,<sup>1,2</sup> but can continue throughout adolescent and young adulthood years.

The effect of eczema on a patient's quality of life depends on the severity, and if left untreated can impact concentration, behaviour, self-esteem, and confidence, particularly amongst children.<sup>3</sup> Although there is no cure for eczema, topical corticosteroids are a safe and effective treatment for managing eczema.

The Australasian College of Dermatologists (ACD) has developed a fact sheet that provides information on topical corticosteroids for the treatment of eczema.

## Why do I need to use a steroid cream for my eczema?

Eczema is a chronic condition. That means it is not curable and has to be controlled. It is a condition where the skin is constantly inflamed.

For over 50 years, topical steroids have been known to be highly effective in controlling this inflammation. There is no other medication that works as well or as efficiently.

One of the main functions of skin is to maintain a barrier to the outside world. In eczema the barrier is damaged. Steroids rapidly repair the damaged skin barrier without irritating the skin.

Topical steroids do not fix all rashes.

## How long should I use my steroid cream for?

You need to use your cream for as long as it takes to get your condition better and whenever it flares up again. There are no rigid time limits. The sooner you use it, the quicker it works and the less you need. It is always better to use a bit longer than not long enough.

## What does 'sparingly' mean?

'Sparingly' is a meaningless term that has, unfortunately, been automatically printed out by the labeling software used by pharmacists for many years. It creates an impression that the creams are dangerous and should be minimized. If anything, the opposite is true.

Creams should be used in adequate amounts to cover the entire area involved so that a film is obvious on the skin. The word 'sparingly' has recently been removed from medication labels.

<sup>1</sup> Robertson C, Dalton M, Peat J, et al. Asthma and other atopic diseases in Australia children. Australian arms of the International Study of Asthma and Allergy in Childhood. Med J Aus 1998; 168: 434-438.

<sup>2</sup> Martin P. The epidemiology of infantile eczema (thesis). Melbourne: Royal Children's Hospital, University of Melbourne; 2011.

<sup>3</sup> Gelmetti C, Boralevi F, Seité S, et al. Quality of life of parents living with a child suffering from atopic dermatitis before and after a 3-month treatment with an emollient. Pediatr Dermatol 2012;29(6):714-18

## **How does using a steroid cream help me prevent getting an infection?**

We have mentioned that the skin "barrier" is damaged in eczema. This barrier keeps invading organisms out. Inflamed skin is easily infected.

Cortisone creams rapidly reduce inflammation and restore the barrier, and this prevents infection. Well controlled eczema is much less often infected than active eczema.

## **Do I still need to use a moisturiser while I am using my steroid cream?**

Definitely. Using a moisturiser is vital to restore the skin barrier. People with eczema have dry skin. Their skin does not retain moisture naturally and this needs to be replaced with substances that do.

Your moisturiser is there to store water in the skin. Applying it over your cortisone creams gets you better more quickly and keeping it going when you are better helps to prevent flares.

## **What side effects should I be aware of while using a steroid cream?**

Side effects are very uncommon. Blocked pores can occur from the use of any cream, and these can become infected. We call this folliculitis, and it may require antibiotics. Stinging may occur with creams however ointments which do not contain preservatives usually do not sting. Use of strong steroids on the face can cause a rash around the mouth. All these side effects are not dangerous and are reversible.

Steroids do not thin the skin if used normally. This only occurs if they are very incorrectly used or put on under plastic wrap. It is a popular myth that they do this, but this is an exaggeration. In general, steroid creams are outstandingly safe.

## **Why is it important for management of my eczema to use different strength steroid creams?**

Expert use of steroid creams involves matching the strength of the cream to the severity of the eczema and to the type of skin being treated. For instance, the soles of the feet are completely different to the face. They will need a much stronger steroid because the skin there is thicker and much less sensitive.

Age is not important in choice of steroid. A baby with severe eczema may need a stronger one than an adult with mild eczema.

## **Why should I visit a dermatologist to obtain the correct strength steroid cream?**

Dermatologists are experts in skin disease and its management. They can correctly diagnose your condition, assess its severity, and can anticipate and manage complicating factors such as infection, allergy to medications and skin sensitivity.

Dermatologists also have extensive knowledge about the accurate and safe use of drugs in practice, such as steroids. They can devise a treatment regime that is exactly right for each individual and give accurate up-to-the-minute advice on safety.

If you have any concerns about your treatment or receive conflicting advice, it is important that you contact your dermatologist to discuss these.

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Dermatologists are doctors who are the medical specialists in skin health.

The Australasian College of Dermatologists (ACD):

- Trains and supports dermatologists
- Advocates for better skin health for our communities
- Sets the clinical standard in dermatology



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