

Prescribing tip for information

Topical steroid withdrawal reactions

MHRA alert September 2021. *Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. To reduce the risks of these events, prescribe the topical corticosteroid of lowest potency needed and ensure patients know how to use it safely and effectively.*



Advice for healthcare professionals:

- long-term continuous or inappropriate use of topical corticosteroids, particularly those of moderate to high potency, can result in the development of rebound flares after stopping treatment – reports include dermatitis with intense **redness, stinging, and burning** that can spread beyond the initial treatment area
- when prescribing a topical corticosteroid, consider the **lowest potency needed**
- advise patients on the **amount of product** to be applied; underuse can prolong treatment duration
- inform patients **how long** they should use a topical corticosteroid, especially on sensitive areas such as the face
- inform patients to return for medical advice if their skin condition worsens while using topical corticosteroid, and advise them when it would be appropriate to re-treat without a consultation
- for patients currently on **long-term topical corticosteroid treatment**, consider **reducing potency or frequency of application (or both)**
- be vigilant for the signs and symptoms of topical steroid withdrawal reactions and review the [position statement from the National Eczema Society and British Association of Dermatologists](#)
- report suspected adverse drug reactions to the [Yellow Card scheme](#), including after discontinuation.

What are the different strengths of topical corticosteroids?

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

Advice to give to patients and carers:

1. always apply topical corticosteroids as instructed and consult the Patient Information Leaflet provided and seek medical advice before using a topical corticosteroid on a **new body area**
2. very infrequent cases of **severe skin reactions** have been reported in long-term users of topical corticosteroids after they stop using them (see [Patient Safety Leaflet](#) on topical steroid withdrawal reactions)
3. if your **skin worsens** within 2 weeks of stopping a topical corticosteroid, do not start treatment again without consulting your doctor, unless they have previously advised you should do so
4. as well as the known side effects associated with using too much of a topical corticosteroid or with using it for too long, remember that using **too little can prolong treatment time** and increase the risk of certain adverse effects

To contact the Medicines Optimisation Team please phone 01772 214302