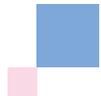


Types of topical steroids

Potency	Name	Sites
Very mild	Hydrocortisone 1%	Face, neck, flexures, body, limbs
	Desonide 0.5%	Face, neck, flexures, body, limbs
Mild	Betamethasone 0.025%	Face, neck, flexures, body, limbs
Moderate	Betamethasone 0.05%	Body, limbs, NOT face, neck and flexures
Strong	Betamethasone 0.1%	Body, limbs, NOT face, neck and flexures
	Fucicort	Body, limbs, NOT face, neck and flexures
	Momethasone furoate	Body, limbs. <i>May be used for a short time on the face, flexures and neck.</i>



Steroid Phobia



Scan to watch video on Common Treatments for Eczema

Useful telephone number

Appointments/Specialist 6294-4050
Outpatient Clinics
Enquiries Hotline

Steroid phobia or irrational fear of topical steroids can result in undertreatment of eczema.

■ **Why are topical steroids used to treat eczema?**

Steroids occur naturally in the body and control inflammation. Topical steroids applied to the skin target areas where they are needed.

■ **What are the risks of using topical steroids?**

If topical steroids are used in its **appropriate strength, quantity, duration and at the correct sites under your doctor's supervision**, skin damage is extremely uncommon. Without using topical steroids, the skin becomes thick, itchy and unsightly. Delayed use of topical steroids can lead to worsening of eczema and stronger topical steroids will eventually be required for longer periods of time.

Topical steroid creams should be avoided on eyelid skin though as there is an increased risk of cataract and glaucoma.

■ **Myths about topical steroids**

Q: Topical steroids should not be used on broken or weepy skin.

A: False

The skin is often broken and cracked if you have bad eczema, and topical steroids help to reduce the inflammation. If your skin is very weepy it may be infected, so antibiotics may be needed.

Q: Topical steroids affect growth and development.

A: False

Topical steroids are not the same as anabolic steroids which are sometimes taken by athletes. They are almost never absorbed into the blood stream, and will not affect growth and development or cause other side effects within the body. The body's ability to fight infections will

not be affected. Short courses of oral steroids may be prescribed for severe eczema flare-ups, but this will not harm the body in the long run.

On the other hand, untreated severe eczema can have a significant effect on physical, psychological and social development, and this can affect the child's development. As the eczema improves with steroid application, the quality of life may improve.

Q: Topical steroids will make me dependent on them.

A: False

There is no evidence that topical steroids cause dependence or addiction.

Q: Topical steroids should not be needed if I use enough moisturisers

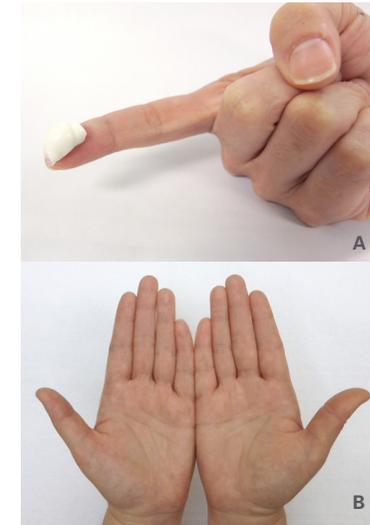
A: False

Moisturisers only help with the dryness of the skin. Red, itchy or bumpy skin requires topical steroids for effective treatment.

Q: Topical steroids should always be applied in very small amounts.

A: False

Too thin an application results in ineffective treatment. A useful way of knowing the correct amount of topical steroids to apply is to use the fingertip rule.



A: One fingertip unit is the amount of cream/ointment from the tip of an index finger to the first crease of that finger.

B: This will cover an area equal to two hands.

■ **Alternative and complementary therapies**

Alternative and complementary therapies have not been tried and tested in clinical trials in the same way as topical steroids have. In fact, some may contain steroids in a higher concentration.

The role of food allergy in eczema remains uncertain. Dietary exclusion should be supervised by doctors as it may affect growth and development.