

Topical corticosteroids

Topical corticosteroids are used to treat skin conditions such as eczema and psoriasis.¹ QIPP projects in this area focus on ensuring good practice and rational product selection.

Key recommendations¹⁻⁷

- Match the potency of topical corticosteroid to the severity of the condition, taking into account the patient's age and site of application.
- Use topical corticosteroids short term or intermittently wherever possible. Regular emollient use and strategies such as treating frequently flaring atopic eczema with topical corticosteroid for two days a week, or the use of non-steroid based treatments in between topical corticosteroid courses in psoriasis can support this.
- Where more than one alternative topical corticosteroid is clinically appropriate within a potency class, prescribe the product with the lowest acquisition cost, taking into account pack size and frequency of application. Avoid prescribing products that are disproportionately costly when they offer no clinical advantage.
- Products containing antimicrobials should be used only for clinical infection in localised areas, used for no longer than two weeks, and in accordance with local antimicrobial prescribing policy. They should not be issued as repeat prescriptions.
- Potent or very potent products may be contraindicated or restricted to use under specialist supervision depending on age, the condition being treated and site of application.
- Use fingertip units to illustrate how much cream or ointment to apply (see table 1) and prescribe an appropriate quantity (see table 2).
- Review patients after an appropriate time period taking into account the severity and site of their condition and potency of topical corticosteroid being used. Repeat prescribing should only be used if appropriate, and in the context of planned, timely review.
- Give patients information about potential side effects and advise on how to minimise the risk. Give reassurance that side effects are few when topical corticosteroids are used appropriately. A patient information leaflet on topical corticosteroids is available from the British Association of Dermatologists, via <http://www.bad.org.uk/shared/get-file.ashx?id=183&itemtype=document>

Quantity to apply and to prescribe

Table 1: Fingertip units (distance from the tip of the adult index finger to the first crease) of topical corticosteroid cream or ointment to apply to specific areas⁷

Age	Number of fingertip units				
	Face & neck	One arm & hand	One leg & foot	Trunk (front)	Trunk (back) inc. buttocks
Adult	2.5	4	8	7	7
3 - 6 month old child	1	1	1.5	1	1.5
1 - 2 year old child	1.5	1.5	2	2	3
3 - 5 year old child	1.5	2	3	3	3.5
6 - 10 year old child	2	2.5	4.5	3.5	5

Table 2: Suitable quantities of corticosteroid preparations to be prescribed for specific areas of the body¹

Area of the body	Quantity of creams & ointments
Face & neck	15 to 30g
Both hands	15 to 30g
Scalp	15 to 30g
Both arms	30 to 60g
Both legs	100g
Trunk	100g
Groins & genitalia	15 to 30g

These amounts are usually suitable for an adult for a single daily application for two weeks.¹ The amounts relate to the practical aspect of applying the product and do not imply clinical appropriateness.

Cost savings

Nationally £58.9 million is spent annually on topical corticosteroid skin preparations, of which nearly £22.5 million is for combination products also containing antimicrobials (ePACT Apr-Jun 2015).

Savings may be realised by identifying and reviewing inappropriate continuous use of topical steroids, and by ensuring the use of antimicrobial-containing products is appropriate and short term.

A 30% reduction in prescribing could release savings of £17.6 million annually which equates to £30,990 per 100,000

patients.

References

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