

### **Introduction**

Topical corticosteroid (i.e. glucocorticoid or “steroid”) preparations are commonly prescribed and are listed by the World Health Organization as essential drugs for treating a broad range of inflammatory skin disorders including psoriasis and eczema. They are classified according to strength into different categories, for instance ‘mild’, ‘moderately potent’, ‘potent’ and ‘very potent’; this classification scheme varies between different countries.

Nevertheless, any topical corticosteroid preparation other than the mild (i.e. least potent) category may be associated with significant adverse cutaneous and systemic side effects, when inappropriately applied. In many countries higher strength topical corticosteroids are only available when prescribed by a licensed medical practitioner and in an appropriate quantity and treatment duration. This ensures clinical use that is guided by international standards of best practice. However, the misuse of potent (i.e. greater than mild) topical corticosteroids either alone or in combination with antibiotics and/or antifungals in the same formulation, has increased in many world regions, largely due to over-the-counter or unregulated sales without prescription, or use by practitioners without appropriate training. This results in potentially serious side-effects. The International League of Dermatological Societies (ILDS) has received reports of these potentially unsafe and harmful topical corticosteroid practices from several of its member organisations.

### **The Scope of Topical Corticosteroid Misuse**

Potent topical corticosteroid products can seemingly provide rapid symptom relief by suppressing skin inflammation and alleviating itch. However, in doing so, they may inadvertently mask other underlying or unrecognized problems and diagnoses. Moreover, they can also be relatively inexpensive and available without prescription in many countries. For these reasons, they are widely used in these countries, without medical supervision and inappropriately, as primary therapy to treat a variety of different skin disorders including fungal infection or scabies infestations as well as diseases of the external ears and eyes. They are often also incorrectly used as topical bleaching agents to lighten skin colour or treat disorders of hyperpigmentation like melasma or post inflammatory hyperpigmentation.

These patterns of misuse lead to:

- a) incomplete resolution of skin disorders and relapse of the condition on withdrawal;
- b) increased numbers and severity of skin infections caused by bacteria, fungi, viruses or scabies, with a higher risk of transmission to others;
- c) direct corticosteroid side-effects that range from local effects such as skin atrophy, bruising, exacerbation of acne or rosacea, striae formation, and hypertrichosis to more serious systemic side-effects due to adrenal suppression or leading to Cushing’s syndrome, particularly in infants. Restriction of foetal growth in pregnancy has also been recorded. Some of these side-effects are irreversible and can have lasting serious effects on health and quality of life.

## Action and Recommendations

On behalf of the global dermatology community, the ILDS affirms that:

- topically applied corticosteroids, other than those of mild strength, either on their own or when combined in a single formulation or product with other pharmacologically active compounds such as antimicrobials, should only be used when currently prescribed by an appropriately trained health professional;
- in countries where there is likely to be use by those without dermatological training, proper guidelines should be available to ensure that patients and the public are protected from the consequences of overuse and/or misuse.

## References

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**The ILDS is an umbrella organisation for professional dermatological organisations. Our goal is to improve skin health for all people around the world through partnerships, policy, education and training.**

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