

KISS: Topical Corticosteroid Withdrawal

[MHRA Sept 2021 Drug and Therapeutics Bulletin 2021;59:184](#) [BAD/NES PIL](#)

► Background:

- Topical corticosteroids (TCS) are a crucial part of managing many skin conditions, most notably eczema, but there has long been concern about the long-term effects of topical steroids.
- TCS withdrawal is an increasingly recognised condition as flagged by the MHRA in Sept 2021.
- However, the MHRA highlight right at the beginning that we need to **put these reactions into context** - they are rare (although not well recognised) but as they state '*Topical corticosteroids are safe and highly effective treatments for skin conditions such as eczema, psoriasis, and atopic dermatitis when used correctly*'.
- **Reminder of TCS potencies** ([click here](#) for BNF link with all the brands delineated by potency):
 - Mild e.g. hydrocortisone
 - Moderate e.g. clobetasone
 - Potent e.g. beclometasone
 - Very potent e.g. clobetasol

► Who gets this?

- TCS withdrawal reactions are a group of conditions that generally occur after prolonged application of moderate to high potency TCS, usually after a year or more of regular daily application.
- However, this may happen in children after as little as 2 months of daily application.
- It is most common in people with eczema.
- It's important to re-iterate this is a rare condition and **does not appear to happen if TCS is applied appropriately** (depending on body site) and for appropriate time lengths. [Click here](#) for advice from PCDS on what potency of steroid to use on which body parts and a [video link here](#) on application of topical steroid and how much to use (based on the 'fingertip unit').

► How does it present?

It can be difficult to differentiate between a flare of the underlying skin condition or a TCS withdrawal reaction, however, the following points can help:

- Symptoms/signs occur within days/weeks of discontinuing long-term TCS, usually mod/high strength.
- **More common on sensitive areas** e.g. face, genitals.
- Skin redness may **extend beyond the initial area of treatment** - may be **confluent** rather than patchy.
- Often described as **'burning' or 'stinging' rather than itchy**, and patients describe it as being worse and different to their original skin condition.
- It is variously known also as Red Skin Syndrome and Topical Steroid Addiction.

► Other skin conditions associated with long-term TCS use/part of TCS withdrawal phenomenon

- **Skin atrophy** - thinning of the skin exposes small vessels underneath giving a red appearance.
- **Rosacea** - can occur on the face if moderate/potent steroids are used, worsening when TCS stopped.
- **Peri-oral dermatitis** - Can be triggered by inappropriate use of TCS on the face.
- **Allergic reactions** - may not necessarily be the TCS but maybe a preservative in the cream.

► How do we manage this? NB excellent PIL from BAD/NES [click here](#)

- If suspected we should refer to dermatology for further assessment.
- Further investigation (e.g. patch testing) may be needed before they manage the TCS withdrawal.
- Topical calcineurin inhibitors (e.g. pimecrolimus), UV therapy and immunosuppressants may be considered as steroid-sparing agents.