

MHRA Drug Safety Update



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Topical corticosteroids: information on the risk of topical steroid withdrawal reactions

Topical steroid withdrawal reactions have been reported in some long-term users of topical corticosteroids after they stop use. This is a mixed group of symptoms or conditions, often also referred to by patients as 'red skin syndrome' or 'topical steroid addiction'.

A particularly severe type of topical steroid withdrawal reaction, with skin redness and burning worse than the original condition, is currently an under-recognised side effect of topical corticosteroid treatment. Patients report encountering difficulties with diagnosis, leading many to self-treat. However, topical steroid withdrawal reactions are now being recognised by experts in the field and there are treatment options, in addition to alternative treatment approaches for the underlying condition (see position statement from the National Eczema Society and British Association of Dermatologists).

Patient risk factors

Topical steroid withdrawal reactions are thought to occur after prolonged, frequent, or inappropriate use of moderate to high potency topical corticosteroids. Topical steroid withdrawal reactions can develop after application of a topical corticosteroid at least daily for longer than a year. In children they can occur within as little as 2 months of daily use. People with atopic dermatitis are thought to be most at risk of developing topical steroid withdrawal reactions. It has been reported that the signs and symptoms occur within days to weeks after discontinuation of long-term topical corticosteroid treatment. They are most commonly seen after treatment of sensitive areas such as the face or genitals.

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 there are reports of such flares taking the form of a 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 and genitals
- 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 retreat 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 of topical corticosteroids

Advice for healthcare professionals to provide to parents and carers:

- topical corticosteroids are used on the skin to reduce inflammation; when used correctly, they are safe and effective treatments for skin disorders
- always apply topical corticosteroids as instructed and consult the Patient Information Leaflet provided with your medicine
- seek medical advice before using a topical corticosteroid on a new body area as some areas of the body are more prone to side effects
- very infrequent cases of severe skin reactions have been reported in long-term users of topical corticosteroids after they stop
 using them see Safety Information Leaflet on topical steroid withdrawal reactions
- 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
- 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

Please see Section 13.4 Topical Corticosteroids on the elmmb website regarding formulary products and their potencies