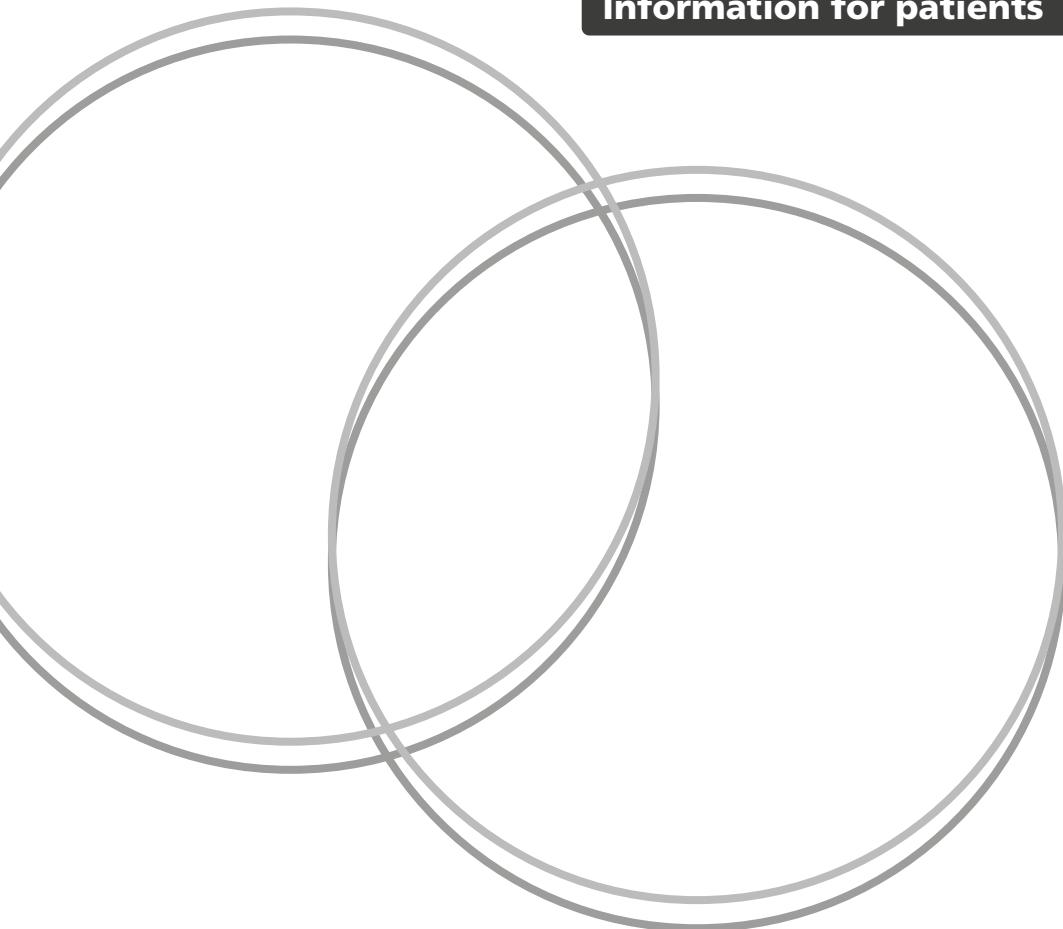


Get Control and Keep Control

(Maintenance therapy for topical treatments for eczema)

Information for patients



**Department of Dermatology,
Churchill Hospital**

Your doctor has prescribed topical treatments (creams or ointments applied to the skin) to treat your eczema or your child's eczema. These treatments reduce inflammation (redness/swelling/heat) in the skin and are known as 'anti-inflammatory'.

There are 2 main types of anti-inflammatory topical treatments:

1. Steroid ointments and creams (known as topical corticosteroids) are the most commonly used treatments and have been shown to be very effective at treating eczema. However, people are often given different advice on the how best to use these medicines, which can be very confusing.
2. Calcineurin inhibitors (which include the drugs pimecrolimus and tacrolimus). These creams and ointments work to reduce inflammation (redness/swelling/heat) in the skin and are commonly used in areas such as the face and eyelids.

Dermatologists have carried out research to find the most effective ways to use these topical anti-inflammatory treatments to control eczema, whilst reducing the chance of side effects. One of the most effective ways to control eczema is a two-stage regime that we call "Get control – Keep control". Your dermatologist will discuss this with you in clinic.

Get control – Keep control

Eczema is a long-standing condition where the severity of the condition "comes and goes" or "flares". Often after treatment, even when it looks like eczema has gone there is still activity in the skin. Therefore, one of the most effective treatments doesn't just treat the problem when you can see the eczema, but continues to work during the time where the skin looks normal but eczema can still be active.

Step 1. Get control

The first step is to be used when eczema is visible (you can see it).

At this stage we need to gain control by using the topical anti-inflammatory treatment (to be applied to the skin) **every day for up to two weeks.**

Topical steroids come in different strengths. Your dermatologist will decide what strength of steroid to prescribe based on the severity of the eczema and where on the body the topical steroid will be used. Steroid ointments can safely be used to all areas of inflammation including areas of skin which have been scratched and need to be applied in sufficient amounts to make skin 'glisten'.

Calcineurin inhibitors can be used daily if advised - these do sometimes burn the skin when first being used which usually settles down. They may be better used as a maintenance treatment (step 2. Keep control). Your dermatologist will advise whether to use them in 'get control' situations when eczema appears.

Step 2. Keep control

Once the eczema looks like it has cleared there will still be abnormalities in the skin which can't be seen (subclinical eczema). At this stage, the topical treatments should be used to the flare prone areas (wherever eczema can be active). This is called Proactive treatments to reduce eczema flaring up again. Topical Steroid ointments and creams can be applied on **two consecutive days (one day after another) during each week.** Many people find this easiest to do this at weekends and because of this we call this 'weekend therapy'.

Calcineurin inhibitor cream must be applied on 2 separate days in the week and not 2 days in a row.

What should we do if the eczema flares while doing this?

Even using regular treatments, it is likely that there will be episodes of flares. We know that despite the best treatment eczema will continue to flare. This is not anyone's fault. Eczema skin is different and there are many complex reasons why the skin can flare up. When this happens, we would recommend going back to Step 1 again to 'Get control'.

What about the side effects of topical treatments (creams and ointments)?

People are often very concerned that by using topical treatments they may be exposing themselves or their child to harmful side effects. As with all medicines, topical treatments can have possible side effects.

However, topical treatments are generally safe and have many benefits in managing eczema. If used as directed by your dermatologist to manage eczema, any side effects are very unlikely to occur.

'Skin thinning' in particular is associated with use of the very strong (potent or super-potent) topical steroids for long periods of time, or use of the wrong strength of steroid on the wrong part of the body.

Sometimes people are so concerned about side effects of topical steroids that they use very small amounts. This is often because they have been told to use "sparingly". However, if not enough topical steroid is applied to the skin the eczema will not be treated and remain uncontrolled. Enough should be applied to ensure skin is 'glistening'.

Many studies have been done to look at the benefit of using topical steroids in eczema versus the potential harm from side effects. The National Institute for Health and Care Excellence (NICE) looked at these studies together and concluded that the benefit of using topical steroids in eczema outweighs any potential harm from side effects when used correctly.

The reason behind a maintenance phase (Step 2 – Keep control) is that studies have shown that the chance of eczema coming back as a flare is reduced. As a result, there are fewer episodes where topical steroids are used every day. The total amount may be less than if the steroid was just used when the eczema is visible and flaring.

Topical calcineurin inhibitors have been shown to be effective in both treating flares (step 1 'Get Control') and in particular preventing flares of eczema (Step 2 'Keep Control'). Calcineurin inhibitors previously had warnings about a possible risk of skin cancer. However, this was based on findings of the tablet called Tacrolimus which was used in a different group of patients. Recent data has shown that even if using topical calcineurin creams and ointments for a long time to manage eczema these treatments are safe. The warning has now been removed.

What other treatments should be used?

You should continue to use the moisturising emollients every day to wash skin with and when skin feels dry.

What are the benefits of controlling eczema?

Good control of eczema should mean symptoms (itchiness, scratching) will be kept under better control. This will likely improve quality of life. In addition, gaining control of eczema is likely to reduce the risk of long-term problems associated with eczema.

References

Schmitt J, von Kobyletzki L, Svensson A, Apfelbacher C. Efficacy and tolerability of proactive treatment with topical corticosteroids and calcineurin inhibitors for atopic eczema: systematic review and meta-analysis of randomized controlled trials.

Br J Dermatol. 2011 Feb;164(2):415-28.

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BAD PIL topical steroids

www.bad.org.uk/pils/topical-corticosteroids

BAD PIL calcineurin inhibitors

www.bad.org.uk/pils/topical-calcineurin-inhibitors

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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