

Department of Dermatology, Churchill Hospital

'Get control and Keep control'

Maintenance therapy for topical treatments for eczema



Your doctor has prescribed steroid creams or ointments to treat your child's eczema. Steroid ointments and creams (topical steroids) have been shown to be very effective at treating eczema. However, parents are often given different advice on the how best to use these medicines, which can be very confusing.

Dermatologists have carried out research to find the most effective ways to use topical steroids 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 child's dermatologist will discuss this with you in clinic. This leaflet has been prepared for you to read during and after this discussion.

Get control – Keep control

Eczema is a longstanding 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 your child's eczema is visible (you can see it).

At this stage we need to gain control by using the topical steroid (to be applied to the skin) which the dermatologist has prescribed **every day for two weeks**.

Moisturising emollient should also be used every day at this stage.

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 steroids should only be used for **two consecutive days (one day after another) during each week**.

Many parents find this easiest to do at weekends and because of this we often call this "weekend therapy".

Topical steroids come in different strengths. Your dermatologist will decide what strength of steroid to prescribe based on the age of your child, the severity of the eczema and where on the body the topical steroid will be used.

You should continue to use the moisturising emollients every day.

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 steroid creams?

Parents are often very concerned that by using topical steroids they may be exposing their child to harmful side effects. As with all medicines, topical steroids can have side effects.

However, if used as directed by your dermatologist 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 very long periods of time every day without a break, or use of the wrong strength of steroid on the wrong part of the body.

Sometimes parents are so concerned about side effects of topical steroids that they only 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 your child will not get the correct dose of treatment and the eczema will remain uncontrolled.

A number of 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 Clinical Excellence (NICE) looked at these studies together and concluded that the benefit of using topical steroids in eczema outweighs the 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.

Are there other regimes for topical steroid use?

There are other regimes for using topical steroids which are used by dermatologists. One of these is the “short sharp burst” approach. Your child’s dermatologist will advise you if the regime felt best for your child changes and will explain how to apply the ointments if this is the case.

What are the benefits of controlling eczema?

Good control of eczema should mean symptoms (itchiness, scratching) will be kept under better control. This will improve your child’s quality of life. In addition, gaining control of your child’s 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

Williams HC. Preventing eczema flares with topical corticosteroids or tacrolimus: which is best? *Br J Dermatol*. 2011 Feb;164(2):231-3.

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