

## Patient Information Leaflet

### 'How to.....apply topical steroid creams and ointments'

Topical steroid creams and ointments come in many different preparations and can have many different names, for example, Hydrocortisone, Clobetasone Butyrate (Eumovate®), Betamethasone Valerate (Betnovate®), Mometasone Furoate (Elocon®), Fluticasone Propionate (Cutivate®), Fluocinolone Acetonide (Synalar®) and Clobetasol Propionate (Dermovate®).

Topical steroid creams and ointments are usually tolerated well; however some preparations can cause irritation or stinging, especially if the skin is sore or cracked. Should you develop a severe reaction such as burning, swelling, intense itching or redness of the skin (in addition to your skin condition), then you should stop using the topical steroid preparation and see your doctor or nurse to review your treatment plan.

### General advice for the application of topical steroids

- Do not apply topical steroids to any viral infections, such as molluscum contagiosum, chickenpox or viral warts.
- If the skin has yellow crusting or if it is weeping a lot, see your doctor or nurse as you may have a skin infection that requires treatment with antibiotics as well as your topical steroid.
- Always wash your hands before and after applying your topical steroid preparation as this prevents the treatment from being transferred to other areas of the body.
- Different strengths (potency) of topical steroids are generally used in various parts of the body e.g. mild or moderate to the face, neck or skin folds, but very potent to the palms and soles.
- Always read the patient information leaflet enclosed with your cream or ointment.
- Do not share your treatment with anyone else (even if they have the same condition as you).
- If you are going to see your doctor or nurse please take your tubes with you. This will allow them to see what strength of topical steroid you are using and will give them an idea of how much you are using.

### The fingertip unit (FTU)

An FTU is a unit of measurement designed to judge how much topical steroid to use on the skin.

1 FTU = 0.5g



### Number of FTU's to use

Age	<u>Face &amp; Neck</u>	<u>Arm &amp; Hand</u>	<u>Leg &amp; Foot</u>	<u>Trunk (front)</u>	<u>Trunk (back &amp; buttocks)</u>
Children:					
3-6 months	1	1	1½	1	1½
1-2 years	1½	1½	2	2	3
3-5 years	1½	2	3	3	3½
6-10 years	2	2½	4½	3½	5
Adults	2½	4	8	7	7

**Topical steroids are applied once or twice a day. Your doctor or nurse will discuss this with you. Instructions should also be written on the label from the pharmacist/chemist and attached to the packaging.**

### **Step 1**

In the morning you should have a lukewarm bath, shower or wash using the soap substitute and/or bath additive that you have been prescribed. This will help to remove any dead skin cells and soften the skin by leaving a trace of oil on the skin surface. If bathing or showering in the morning is not possible or inconvenient you could do this in the evening instead.



### **Step 2**

Apply your topical steroid (as directed by your doctor or nurse). Apply evenly to all affected areas until the skin 'glistens'. If you are using a cream it may soak into the skin quickly but if you are using an ointment you will probably have to wait for it to soak into the skin. Once you have applied the preparation wash your hands (unless your hands are the treated area). The skin may appear redder or shiny initially.

### **Step 3**

Once your topical steroid has completely soaked into the skin, apply your moisturiser (as recommended by your doctor or nurse) to all areas of your skin. [Ideally you should leave at least 20 – 30 minutes in between applying your steroid and your moisturiser]. Moisturisers are an important part of your treatment as they help your topical steroids to be absorbed into the skin and also help to soften and moisturise the skin, which helps to reduce itchiness and dryness. There are many different brands of moisturisers available but you should use the moisturiser that you prefer to use.



### **Step 4**

Moisturising the skin is an important part of your treatment so repeat **Step 3** as often as you wish or whenever your skin looks or feels dry or if it is itchy. If your skin is itchy please try not to scratch the skin. Scratching is very damaging to the skin and can lead to skin infections and soreness. Scratching can also make itching much worse.

### **Step 5**

If you have been advised to use your topical steroid twice a day repeat **Step 2**.

### **Step 6**

Continue using your topical steroids for at least a week before assessing if your skin has improved or not. If the skin has improved i.e. if the redness is less and the itching has reduced or stopped, then you can start to withdraw the steroids (e.g. if using the steroids twice a day reduce to once daily or if using the steroids once a day reduce to every other day). Your doctor or nurse will advise you on how to reduce your treatments depending on your condition.

### **Step 7**

It is advisable to continue using your soap substitute, bath additive and moisturiser every day to keep the skin soft and moisturised, even if your skin has settled. Should your skin condition recur then you can restart your topical steroid as previously advised by your doctor or nurse.