

TOPICAL CORTICOSTEROIDS

# Topical steroids

CATEGORY:

## Treatments

WHY:

Topical steroids are used to treat a range of skin conditions eg, eczema, psoriasis, and others

WHAT:

Topical steroids are man-made (synthetic) hormones that are applied to the skin to reduce inflammation and irritation

HOW

Usually a small amount applied 1-2 times daily for several days to weeks or as directed by your healthcare provider

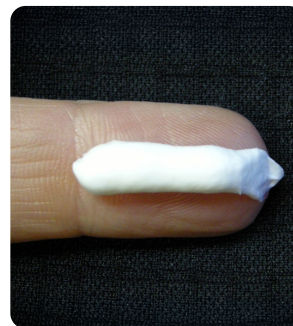
WHERE:

Apply to affected area/s of skin

## WHAT IT LOOKS LIKE —



Topical steroids come in a variety of strengths and forms eg, creams, ointments, gels, foams



A fingertip unit: sufficient steroid for 2 'handprints' of affected skin



An acute contact dermatitis (allergic reaction) on the face



Five days later after a topical steroid and allergen avoidance



Skin thinning from excessive topical steroid application



Perioral dermatitis rash due to inadvertent strong topical steroid application to the face

## What is it?

Topical steroids are commonly-used medications that are applied directly to the skin. They are used to treat several skin conditions, including eczema and psoriasis.

They mimic a natural hormone (cortisol) produced by the body and reduce symptoms of inflammation and irritation, such as itching and redness.

This leaflet explains more about topical steroids and how to use them.

Topical steroids are also known as topical corticosteroids.

# Topical steroids

## WHAT THEY ARE USED FOR —

Topical steroids are used **to treat a range of inflammatory skin conditions** eg, eczema, psoriasis, contact dermatitis, and lichen sclerosus.

They reduce symptoms of inflammation such as itching, redness, heat, pain, and swelling.

**Talk to your healthcare provider (HCP) before using topical steroids**, especially if your skin is broken or infected. This is important as topical steroids can make some conditions worse eg, infections, perioral dermatitis (rash around the mouth), and acne.

Mild and moderate topical steroids are safe for use in pregnancy. They should be used for the shortest duration possible; discuss with your HCP.

## TYPES OF TOPICAL STEROIDS —

Topical steroids come in several forms eg, **ointments, creams, lotions**, gels, mousses, and shampoos. There are also medicated adhesive tapes containing steroids for some skin diseases.

They also come in different strengths (potency):

- **Mild (weak)** eg, hydrocortisone 0.5–1%
- **Moderate** eg, clobetasone butyrate
- **Potent (strong)** eg, mometasone furoate
- **Very potent (strongest)** eg, clobetasol propionate.

Your provider will choose an appropriate topical steroid based on your age, the condition being treated, how bad it is, and the affected body area. You may be prescribed different types of topical steroids to use in different areas (eg, face vs body).

Topical steroids also come in **combination products** with other treatments (eg, antifungals, antibiotics, or calcipotriol) which can be useful for some skin conditions.

## HOW TO USE —

Topical steroids are usually applied **1–2 times daily** for several days to weeks. Once symptoms settle, they can be stopped, stepped down in strength, or applied less often (such as twice a week), as per medical advice.

Unlike moisturisers, which are applied generously all over the body, **topical steroids should only be applied to the affected area/s** as directed.

**Fingertip units (FTUs)** may be used to guide how much product to apply to a specific area of skin.

- 1 FTU is the amount of product squeezed onto your index finger from the tip to the first crease.
- In an adult, 1 FTU should be enough for an area of skin about two ‘handprints’ (palms and fingers) in size.
- For example, 1 adult FTU should cover an adult hand, elbow, or knee (front and back); or the whole chest and abdomen in a baby.

If you are also applying a **moisturiser** to affected skin, it is often recommended to apply the topical steroid and moisturiser 20–30 minutes apart.

## SIDE EFFECTS —

**If used appropriately, you are unlikely to experience side effects** from topical steroids.

Side effects are more likely to occur with use of strong (potent or very potent) topical steroids for long periods of time (eg, months), over large areas of skin, or on thin-skinned areas (eg, eyelids, face) or skin folds (eg, groin, armpits). They can include:

- **Skin thinning** and easy bruising/tearing
- **Stretch marks**
- Visible small blood vessels (telangiectasia)
- Steroid rosacea — facial rash
- **Topical steroid withdrawal** — a rare rebound skin reaction after stopping topical steroids that can cause pain, swelling, redness, dryness, itch, and flaking/peeling.

However, sometimes long courses of treatment are appropriate for certain skin conditions (eg, lichen sclerosus) — follow your doctor’s advice for safe use.

## OUTCOME —

Topical steroids do not cure any underlying skin condition but are helpful at controlling symptoms.



<https://dermnetnz.org/topics/topical-steroid>

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