## Topical Steroid Treatment



Topical steroid treatment is appropriate for the following conditions:

Alopecia

· Seborrheic dermatitis

Atopic dermatitis/eczema

Psoriasis

Contact dermatitis, such as poison ivy

Vitiligo

LOCATION	Face/neck/body folds (axillae, inguinal)—Low to medium									
LOCATION	Hands/feet—High to super-high									
	Mucosa—High to super-high (for short periods of time)									
	Scalp—High to super-high									
	Trunk/extremities—Moderate to super-high, depending on how inflamed/thick									
VEHICLE	Cream—Good for children/teenagers who don't like greasy ointments. Can burn on open skin.									
	Foam/solution—Good for scalp (Caucasian). Can burn on open skin.  Gel—Good for oral ulcers/mucosa.									
	<b>Gel</b> —Good for oral dicers/mucosa. <b>Lotion</b> —Good for patients with sensory issues. Can burn on open skin.									
	Oil—Good for scalp (ethnic/Black hair) and large body areas (can leave in or wash out in morning).									
	Ointment—Good for all patients with eczema or open skin. Good for scalp (ethnic/Black hair). Ask if patient prefers									
	a hair grease.  Shampoo—Good for inflammatory conditions on scalp such as seborrheic dermatitis and eczema.									
STRENGTH										
STRENGTH	<b>Low</b> —Good for mild inflammation in areas with thin skin, e.g. face, folds or infant skin. <b>Medium</b> —Good for moderate inflammation in areas of scalp, trunk, extremities.									
	High—Good for moderate initial matter in a least of scalp, trank, extremities.  High—Good for moderate to severe inflammation (or lichenification) in areas of scalp, trunk, extremities.									
	Super-high—Good for severely inflamed skin (most of the time needs a dermatology referral).									
DURATION	Don't give hard stop dates. Most inflammatory conditions require some kind of maintenance.									
	Patient should use medicine for 21 days of the month maximum. Some options include:									
	* Use the medicine Monday—Friday and skip weekends.									
	* Use medicine two weeks on, one week off, then restart.									
SIZE	Before prescribing, calculate volume based on the size of the affected area compared to an adult palm.									
	For each adult-hand-size area, the patient will need 2.5 grams for twice a day/week or 10 gm twice a day/month (this									
	includes taking appropriate breaks).									
	Multiply the number of adult hands x 10 = grams per month. If 100% body surface area is affected, this is how much									
	you need for a 30-day supply									
	you need for a	30-day supply					,	now much		
	Ť	30-day supply	body surface a	rea by age twi	ce daily for one	week or one i		now much		
	Ť		body surface a	rea by age twice 2–5 years	ce daily for one	week or one i		Adult		
	Ť	covering 100%	-		-		month			

For more information or to discuss a case, contact the Division of Dermatology at 513-636-4215 or dermatology@cchmc.org

CLASS	DRUG	STRENGTH	DOSAGE FORM
	Betamethasone dipropionate (augmented)	0.05	Cream, ointment
	Clobetasol propionate	0.05	Cream, foam, ointment
	Diflorasone diacetate	0.05	Ointment
2	Amcinonide	0.1	Cream, lotion, ointment
	Betamethasone dipropionate	0.05	Cream, foam, ointment, solution
	Fluocinonide	0.05	Cream, gel, ointment, solution
	Mometasone furoate	0.1	Ointment
	Triamcinolone acetonide	0.5	Cream, ointment
3-4	Betamethasone valerate	0.1	Cream, foam, lotion, ointment
	Fluocinolone acetonide	0.025	Cream, ointment
	Fluticasone propionate	0.05	Cream
	Fluticasone propionate	0.05	Ointment
	Mometasone furoate	0.1	Cream
	Triamcinolone acetonide	0.1	Cream, ointment
5	Hydrocortisone butyrate	0.1	Cream, ointment, solution
	Hydrocortisone probutate	0.1	Cream
	Hydrocortisone valerate	0.2	Cream, ointment
6	Alclometasone dipropionate	0.05	Cream, ointment
	Desonide	0.05	Cream, gel, foam, ointment
	Fluocinolone acetonide	0.01	Cream, solution
	Triamcinolone	0.025	Cream, oil
7	Dexamethasone	0.1	Cream
	Hydrocortisone (OTC)	0.25, 0.05, 1	Cream, lotion, ointment, solution
	Hydrocortisone acetate (OTC)	0.5–1	Cream, ointment

Source: Chow, S et al. "A clinician's reference guide for the management of atopic dermatitis in Asians." Asia Pacific Allergy 8 (2018): n. pag.

Note: Fluocinolone oil is made in peanut oil, but the antigen is removed so it is safe in patients with peanut allergy.

## Full steroid potency table



For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.