

# STEROID LADDER

## Very Potent

**Dermovate** (clobetasol proprionate 0.05%)  
**Dermovate scalp lotion** (clobetasol proprionate 0.05%)  
**Etrivex shampoo** (clobetasol proprionate 500 micrograms/g)

**See Drug safety update**  
 Corticosteroids: rare risk of central serous chorioretinopathy with local as well as systemic administration

**DO NOT USE ON**

- Eyelids
- Face
- Groin
- Armpits
- Genitals
- Children
- Psoriasis

## Potent

**Betnovate** (betamethasone valerate 0.1% in a water miscible base)  
**Betacap** (betamethasone valerate 0.1% containing coconut oil derivative)  
**Locoid** (hydrocortisone butyrate 0.1%)  
**Synalar** (fluocinolone acetonide 0.025%)  
**Elocon** (mometasone furoate 0.1%)

**With salicylic acid**  
**Diprosalic**  
 (betamethasone dipropionate 0.05%, salicylic acid 3%)

**With vitamin D (for use in psoriasis only)**  
**Dovobet**  
 (betamethasone dipropionate 0.05%, calcipotriol 50micrograms/g)  
**Enstilar**  
 (betamethasone dipropionate 0.05%, calcipotriol 50micrograms/g)

**With antibacterial**  
**Fucibet** (betamethasone valerate 0.1%, fusidic acid 2%)  
**Synalar C** (fluocinolone acetonide 0.025%, clioquinol 3%)  
**Synalar N** (fluocinolone acetonide 0.025%, neomycin sulfate 0.5%)

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without expert opinion

## Moderate

**Betnovate RD** (betamethasone valerate 0.25%)  
**Eumovate** (clobetasone butyrate 0.05%)  
**Fludroxycortide Tape** (4 micrograms/cm<sup>2</sup>)  
**Modrasone** (Alclometasone dipropionate 0.05%)

**With Urea**  
**Alphaderm** (hydrocortisone 1%, urea 10%)

**With antifungal and antibacterial**  
**Trimovate**  
 (clobetasone butyrate 0.05%, oxytetracycline 3%, nystatin 100,000units/g)

**DO NOT USE ON**

- Eyelids

## Mild

**Hydrocortisone 1%**  
**Synalar 1 in 10 Dilution** (fluocinolone acetonide 0.0025%)

**With antibacterial**  
**Fucidin H**  
 (hydrocortisone 1%, fusidic acid 2%)

**With antifungal**  
**Canestan HC** (hydrocortisone 1%, clotrimazole 1%)  
**Daktacort** (hydrocortisone 1%, miconazole nitrate 2%)  
**Nystaform HC**  
 (hydrocortisone 1%, nystatin 100,000units/g, chlorhexidine 1%)

**Clinicians are reminded that a prescription for treatment of mild dry skin should not routinely be offered in primary care as the condition is appropriate for self-care.**

• **Products containing antibacterials should be applied twice daily for 7-14 days maximum** per infective flare (check individual product details). Patients should then revert to a steroid that does not contain antimicrobials to control flares unless the skin is infected.

# STEROID Top Tips

- Apply topical steroids after an emollient by accurately 'colouring in' any red sore areas highlighted by the application of the emollient. Steroid can be applied as soon as the emollient can no longer be seen on the skin, which can be a few minutes.
- Apply the correct potency topical steroid to the correct body area (see ladder). Never use very potent steroids on the face, genitals, armpits and groin, and only use mild steroids on the eyelids and under a nappy for a maximum of 5-7 days.
- Always use the mildest strength steroid that clears eczema but ensure that regular 'steroid free' days can be achieved. If not it may be better to increase the strength of steroid if the body area being treated allows this.
- Apply the topical steroid every morning and night (except Elocon which is once daily) until the skin is completely clear.
- Apply the topical steroid immediately as soon as the eczema returns.
- If the eczema is not clearing after seven days of using a topical steroid patients should continue to use it but make an appointment to see their GP to review therapy.
- If skin becomes broken, develops blisters or yellow heads, is weepy or suddenly worse all over (signs of infection) patients should continue treatment but make an urgent appointment to see their GP.
- If the topical steroid stings on application or the eczema patches just aren't clearing then the GP may consider changing the treatment to an ointment as these don't tend to contain preservatives and are more hydrating than creams.