Established corticosteroid creams should be applied only once daily in patients with atopic eczema

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The clinical problem

Atopic eczema affects many adults and up to 20% of children, with health costs comparable to diabetes and asthma. One community survey of 1760 young children in the United Kingdom found that 84% had mild eczema, 14% moderate, and 2% severe eczema. Topical corticosteroids are a mainstay of treatment for inflammatory episodes. Most long established topical corticosteroids such as betamethasone valerate or hydrocortisone are applied at least twice daily, but three newer preparations (mometasone, fluticasone, and methylprednisolone) have been developed for once daily application. Here, I propose that established preparations need be applied only once daily.

The evidence for change

Ten randomised controlled trials compared once daily versus more frequent application of topical corticosteroids within the same potency group (table). The findings are summarised in a UK Health Technology Assessment report and guidance from the National Institute for Health and Clinical Excellence (NICE). Another short term study has been published more recently. One trial compared once versus twice daily moderately potent topical preparations; eight studies evaluated once versus twice daily potent preparations; one study compared once versus three times daily application of a super potent topical corticosteroid; and one study compared once versus twice daily super potent topical corticosteroids. Quality of reporting of the studies was generally poor except in three cases. Although some statistically significant outcomes favouring twice daily applications were identified, these were not consistent for the type of outcome selected or between doctors and patients. More importantly, none of the studies found clear evidence that applying topical corticosteroids more than once a day produced better overall clinical outcomes in eczema, such as the number of people with a good response. Clear evidence of a faster response with more frequent use or a better response in subgroups such as children was lacking. No data were given on relapse rates.

View this table: Randomised controlled trials comparing once daily application of topical corticosteroids with more frequent use in eczema
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http://www.bmj.com/cgi/content/full/334/7606/1272?m...
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References