Topical Steroids

Many rashes respond well to topical steroid medication, but patients should be aware of the potential harm of these medications if used improperly. Topical steroid use should be limited to two weeks at a time. If used on thinner, more sensitive skin. Such as the face, or groin, the physician may recommend limiting use to one week.

1. Tropical steroids, if used for longer than the above-mentioned periods, can cause thinning of the skin, or atrophy. This can lead to fragile skin, easy bruising, or the appearance of prominent vessels and stretch marks.
2. Chronic use can cause pigment changes or an acne-like rash.
3. When using topical steroids on children or infants, patients should avoid application on large surface areas. On younger patients, topical steroids can be absorbed in quantities large enough to have effects as if they were taking the steroid medications orally (see below)
4. Finally, patients should be careful not to accidentally get the medication in the eyes as this can lead to glaucoma problems.

Oral Steroids

The physician may use an oral steroid medication for treatment of more severe skin conditions. Oral steroids can cause many of the same problems as discussed above with the use of topical steroids (such as skin thinning and glaucoma)

1. Other common side effects noted with oral steroids include insomnia, mood changes, increased appetite, feelings of jittering.
2. Patients may notice an elevation in blood pressure. For this reason, the physician may ask the patient to monitor his/her blood pressure at home (or local pharmacy) if the patient has a prior history of high blood pressure. If the blood pressure exceeds 170/100, the patient should call the office for possible adjustment of the medication.
3. Patients may also experience elevated blood sugars. This is usually not a problem unless the patient has a history of diabetes. In that case, more frequent glucose monitoring is recommended.
4. Longer courses of steroids can cause adrenal suppression in which the body stops producing its own natural steroids. To avoid this problem, the physician will often prescribe the medication in tapering doses instead of stopping the medication abruptly. Therefore, if the patient is experiencing unpleasant side effects and wishes to stop taking the steroid, he/she should consult the physician on the correct method of more rapidly tapering the dose.
5. Oral steroids can cause thinning of the bones, or osteoporosis, especially if taken repeatedly or for longer courses. Calcium and vitamin D supplementation is therefore recommended.
6. Oral steroids suppress the immune response and should therefore be taken with caution in the setting of an active infection.
7. Very rarely, oral steroid use can cause aseptic vascular necrosis of the hip, a serious condition in which the hip joint is permanently impaired.
8. Repeated courses of oral steroids in children may affect normal growth