

## Corticosteroids (Topical)

**Actions:** Corticosteroids (cortisone-like steroids) can be "applied" topically to the nose, bronchial passages, eyes, or skin to reduce inflammation in these tissues. They are unrelated to the anabolic steroids that athletes occasionally use. Corticosteroids are very effective at treating many different diseases, including:

- asthma, in which the bronchial tube lining is inflamed
- rhinitis (allergic rhinitis or hay fever, non-allergic rhinitis), in which the nasal membranes are inflamed
- conjunctivitis, in which the eyes are inflamed
- eczema (atopic dermatitis), in which the skin is inflamed

### Types and Examples:

- Inhaled corticosteroids (e.g. Advair, Alvesco, Azmacort, Flovent, Pulmicort, Symbicort QVar,) are inhaled into the lungs. These medications are usually used on a regular, preventative basis.
  - Local side effects include thrush (yeast infection in the mouth), hoarseness, sore throat, cough, wheeze, headache, nausea. These side effects are generally preventable by using a "spacer" (holding chamber) with the inhaler. Rinse your mouth after each use. These side effects resolve when the medication dosage is decreased or when the drug is stopped.
- Intranasal corticosteroids (e.g. Beconase, Flonase, Nasacort, Nasonex, Nasarel, Omnaris, Rhinocort,) are sprayed into the nose. These medications are very effective at reducing nasal congestion, sneezing, and runny nose. These medications are usually used on a regular, preventative basis.
  - Local side effects include nasal burning, bleeding, or irritation; sneezing, runny nose. These side effects resolve when the medication is stopped. Rarely, perforation of the nasal septum may occur. Proper "spray technique" should be followed.
- Corticosteroid eye drops or ointments (e.g. Blephamide, Decadron, FML, and Pred Forte ophthalmic preparations) are placed in the eye to decrease eye redness, swelling, and itching.
  - Corticosteroid eye preparations usually are used only for short periods (except in certain eye diseases which are cared for by an eye doctor). Cataracts and/or glaucoma may result from long-term use. Certain types of eye infections (e.g. herpes eye infection) can be made worse by corticosteroid eye drops, so do not use them if an infection of the eye is suspected until herpes is ruled out. Healing of recent surgery of the eye may be delayed, so let your physician/physician's assistant know if you recently had an eye operation.
- Skin corticosteroids can be found as creams, ointments, lotions, and gels. Each type has a different potency, classified as low-, medium-, and high-potency. Only products with the lowest potency (such as hydrocortisone) should be used on the face, neck, groin, and underarm areas (unless otherwise recommended by your doctor).
  - Corticosteroids applied to the skin on a long-term basis can lead to local side effects such as skin thinning, stretch marks, prominent blood vessels on the skin surface. Burning or worsening of the rash may occur, and then the corticosteroid should be stopped. A different type will then be prescribed.

**Special Instructions:** - Notify your doctor if you:

- are pregnant or breast-feeding
- have cataracts or glaucoma
- have medication side effects

Remember that "topical steroids" frequently take a few days to a few weeks to work