

LONG TERM CONTROL OF RASHES·DERMATITIS

The treatment approach to controlling the inflammation and itching associated with various rashes is somewhat different in the “short-run” than it is in the “long-run”.

In the “short-run”, we don’t have the concerns associated with long-term medication use. As a result, we’ll often tell our patients to simply apply the medications (such as topical steroids) twice/day every day until we see them again in 2-3 weeks. In the “long-run”, though, some of these medications can have unwanted side-effects if they’re overused. Topical steroids are probably our main concern. If overused, they can cause “thinning” of the skin.

What do we mean by “overused”? In general, you want to avoid applying topical steroids to the same area of skin for more than 14 days out of the month. Remember, in the “short-run”, we worry less about this and there will be times where we ask you to use such a cream or ointment for 3-4 weeks, or even longer, but then we’ll start to wean down. What we’re talking about here is when patients have a chronic condition (such as Eczema, Psoriasis, and others) which has the potential to flare or otherwise require management for months on end, if not to some degree, their whole life. Many such skin conditions aren’t “curable” but instead are problems that we “manage” to control the symptoms. So let’s clarify what we mean by the “14 days/month” rule. Basically, it’s just as it sounds – you can use the topical steroid for about 14 days out of the month. That could be 2 weeks on and 2 weeks off. It could be 1 week on and 1 week off. It could also involve using it every other day, more or less. Remember that you don’t have to use all 14 days in a row, nor do you have to use all 14 days at all. If you find that using the topical steroid just 2-3 times/week keeps the inflammation under control, then do that. Bottom line is that you’ve got up to 14 days during any given month to use the topical steroid.

Another factor to consider is that this “14 days/month” rule refers to the “same area of skin”. Some patients have rashes that “move around” and at different times affect different areas of their skin. If you’ve “used up” your 14 days/month on one area of skin, that’s OK, because the “14 days/month” rule only applies per area. If a new area starts to flare, you can begin using it on the new area if needed, starting fresh with a new “14 days/month” countdown. Because of all of this, we often try to have patients use other medications which don’t contain topical steroids. These medications can be other lotions or creams, and it can also be medications such as “itch pills” or antihistamines. By relying primarily on these other “non-steroid” medications and moisturizing creams, we’re able to control symptoms of itching and inflammation, but we also stay safe and avoid the “thinning of the skin” problem that we’ve discussed. So, below we’ve written down which medications you’ve been prescribed and hopefully you have a better understanding about how/when to use them.

TOPICAL STEROIDS YOU’VE BEEN PRESCRIBED
(Observe 14 days/month rule)

OTHER TOPICALS WHICH CAN BE USED DAILY
WITHOUT FEAR OF “THINNING THE SKIN”