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Podcast Title: Topical steroid abuse

Department: Dermatology

Category: (Select relevant category)

Public awareness/ Continuing medical education/

Research& innovation/ Day celebration

### TRANSCRIPT

Hello Everyone..... This is Dr. Logamoorthy , talking about ---Topical steroid abuse-.

Topical corticosteroids are among the most commonly prescribed and most effective medications in dermatology. They are indispensable in the management of a wide range of inflammatory and autoimmune skin disorders, including eczema, psoriasis, contact dermatitis, lichen planus, and several other dermatoses. When used judiciously — that is, with the correct indication, appropriate potency, limited duration, and under medical supervision — topical steroids are both safe and highly beneficial. However, despite their therapeutic value, these drugs have increasingly become a major source of iatrogenic skin disease due to widespread misuse and abuse.

Topical steroid abuse refers to the unsupervised, prolonged, or inappropriate use of steroid-containing preparations, often for conditions for which they are not indicated. Common examples include their use for acne, melasma, post-inflammatory hyperpigmentation, fungal infections, and cosmetic purposes such as skin lightening or “fairness.” In many countries, especially in South Asia, potent topical steroids are freely available over the counter or as part of irrational fixed-dose combinations that include antifungals and antibiotics. These products are frequently recommended by pharmacists, non-medical practitioners, beauticians, or through social media and online advertisements, rather than by qualified dermatologists.

The initial response to topical steroids is often dramatic and deceptively reassuring. Redness subsides, itching reduces, lesions flatten, and pigmentation appears lighter. This rapid improvement creates a false sense of efficacy and reinforces continued use. Patients often perceive these creams as harmless or cosmetic in nature, leading to prolonged self-medication. Unfortunately, the underlying disease process is merely suppressed, not cured, and with time, the adverse effects of chronic steroid exposure begin to emerge.

The spectrum of complications associated with topical steroid abuse is wide and clinically significant. Prolonged use leads to epidermal thinning, loss of skin barrier function, increased fragility, and delayed wound healing. Telangiectasia, purpura, and easy bruising may appear due to dermal atrophy. Steroid-induced acne, perioral dermatitis, and rosacea-like eruptions are common, particularly on the face. Hypertrichosis and dyspigmentation further add to cosmetic disfigurement, while striae, especially in flexural areas, are often irreversible.

One of the most challenging consequences is the development of topical steroid-dependent or steroid-addicted skin, particularly involving the face. These patients experience intense erythema,

burning, edema, and rebound flares when they attempt to stop the medication. This withdrawal phenomenon creates a vicious cycle of dependency, where patients continue applying the steroid to avoid discomfort, despite knowing its harmful effects. The psychological burden in such individuals is substantial, often associated with anxiety, depression, social withdrawal, and impaired quality of life.

In the context of fungal infections, topical steroid misuse has emerged as a major public health problem. Steroids suppress local immune responses, alter the classical morphology of dermatophytosis, and lead to atypical, extensive, and chronic infections. These cases are often resistant to standard antifungal therapy and require prolonged systemic treatment. The increasing prevalence of chronic and recurrent tinea in the Indian subcontinent is strongly linked to irrational use of steroid-containing fixed-dose combinations.

Several systemic factors contribute to the widespread nature of this problem. These include the easy availability of potent steroids without prescription, poor regulation of pharmaceutical marketing, lack of awareness among the general public, and inadequate training of pharmacists and primary care providers. The cosmetic industry also plays a significant role by promoting steroid-containing products as fairness or anti-acne solutions, blurring the line between medical therapy and cosmetic use.

From a preventive and public health perspective, addressing topical steroid abuse requires a multipronged approach. Patient education is crucial — individuals must understand that topical steroids are prescription medications with specific indications and potential adverse effects. Pharmacist accountability and stricter enforcement of drug regulations are equally important to prevent over-the-counter sales of potent steroids. Healthcare professionals must also remain vigilant, identify early signs of steroid misuse, and counsel patients appropriately.

Management of topical steroid abuse is often complex and requires careful planning. Abrupt cessation may worsen symptoms due to rebound inflammation, and therefore gradual tapering under dermatological supervision is recommended. Treatment strategies may include switching to lower-potency steroids, introducing non-steroidal anti-inflammatory agents such as calcineurin inhibitors, restoring the skin barrier with emollients, and addressing secondary infections when present. Psychological reassurance and long-term follow-up are essential components of care.

In conclusion, topical corticosteroids remain indispensable tools in dermatological practice and have transformed the management of many skin diseases. However, their irrational and unsupervised use has converted them into a significant source of iatrogenic morbidity. Topical steroid abuse is not merely a cosmetic issue; it is a clinical, psychological, and public health concern. Rational prescribing, informed patients, regulatory control, and early specialist intervention are the key pillars in preventing and managing this growing epidemic.



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