THE UNIVERSITY OF WESTERN AUSTRALIA

WESTERN AUSTRALIAN CENTRE FOR HEALTH AGEING

CENTRE FOR OPTIMISATION OF MEDICINES

CORTICOSTEROIDS (SKIN)

Deprescribing in older people: A clinical practice guideline

dRx™

CORTICOSTEROIDS (SKIN)

Corticosteroids for skin use include betamethasone*, clobetasol, clobetasone, desonide, hydrocortisone, methylprednisolone*, mometasone*, and triamcinolone*.

*Common Pharmaceutical Benefits Scheme medicines

Note: For systemic corticosteroids, refer to the Prednisone / Prednisolone section; for ophthalmic corticosteroids, see the Corticosteroids, plain (eye) section.

Type	Recommendation
	WHEN TO DEPRESCRIBE
CBR	To minimise potential adverse effects associated with prolonged use (i.e. skin atrophy, steroid rosacea), we suggest deprescribing be offered to older people using long-term topical corticosteroids for: 1. No ongoing indication (e.g. indication in line with current treatment guidelines) in people who are asymptomatic after uninterrupted treatment using appropriate potency therapy; or 2. Unclear or unknown indications.
GPS	Deprescribing decisions should be made in consultation with the person, their GP and/or specialist providers (e.g. dermatologist, clinical immunologist) to ensure it aligns with their preferences, goals and overall treatment plans (ungraded good practice statement).
	ONGOING TREATMENT
CBR	We suggest: • continuing the topical corticosteroid treatment during flares or at the first signs of a flare until resolution of symptoms; • minimising exposure to topical corticosteroids by using the lowest potency topical corticosteroid that is effective, or intermittent use of a higher potency topical corticosteroid if required; and • continuing the use of moisturisers.
	HOW TO DEPRESCRIBE
CBR	We suggest discontinuing topical corticosteroids without the need for tapering when the flare is fully resolved (e.g. itch-free, inflammation resolved) without strict time limits, then switch to on-demand or intermittent use for maintenance therapy if needed, following an appropriate non-pharmacological management plan (e.g. use of emollient, avoid triggers) and ensuring a flare management protocol is in place.
	MONITORING
CBR	We suggest advising individuals to report to their healthcare professionals symptoms of recurrence, noting topical corticosteroid withdrawal syndrome (e.g. red or darker burning skin, papulopustular rashes) is rare but more common in people stopping treatment after using for prolonged continuous periods of moderate-to-high potency topical corticosteroids, particularly on sensitive areas (e.g. face).

CBR, consensus-based recommendation; GPS, good practice statement

Note:

Evidence is drawn from studies involving participants aged ≥ 65 years and over.

Chronological age may not reflect health status. Among Aboriginal and Torres Strait Islander peoples, individuals aged 50 years and over are considered older.

Statements in this guideline are not prescriptive and should be applied using a shared decision-making approach.

Access to healthcare services may vary and can influence healthcare decisions.

Medicine needs may change over time; medicines may be restarted if clinically necessary, based on shared decision-making and informed consent.

For supporting evidence and further information, please visit **deprescribing.com** or scan the QR code:

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