

To: All GP Practices and
Community Pharmacies

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Dear Colleague

Urgent Action: Review patients receiving regular topical steroids

HSCB has been notified of a serious incident where a patient developed adrenal insufficiency, most likely due to the long term use of a 'very potent' topical steroid, **clobetasol propionate**¹. The patient was prescribed a clobetasol containing cream, with instructions to use for two weeks, but actually received it for 4 months during 2018 and again for 6 months during 2019.

HSCB has also been made aware of another incident where clobetasol was prescribed in error instead of clobetasone which is classed as a 'moderately potent' steroid.

Issue of concern:

The use of topical corticosteroids can cause adrenal suppression in both children and adults². Risks are increased by the use of higher potency steroids, application to large areas, over prolonged periods, under occlusion or to groin/joint areas (where absorption can be increased), and by the concomitant use of oral or high-dose inhaled corticosteroids. Very potent steroids are indicated for short term use only and should not be prescribed on a repeat basis, except on specialist advice³.

See Appendix 1 for table summarizing the relative potencies of common topical corticosteroid preparations.

Action:

GP Practices

Identify patients receiving regular topical steroids and ensure prescribing is reviewed and is appropriate. Prioritise patients prescribed 'very potent' and 'potent' steroids – refer to Appendix 1 for common examples.

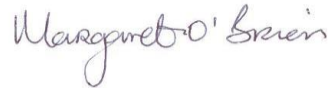
Community Pharmacies

Any long term prescribing of topical corticosteroids, particularly the more potent ones, should be queried with the prescriber.

Yours sincerely



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Assistant Director Integrated Care
Head of Pharmacy
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Dr Margaret O'Brien
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1. <https://bnf.nice.org.uk/treatment-summary/topical-corticosteroids.html>
2. <http://www.mhra.gov.uk/home/groups/spcpil/documents/spcpil/con1545973622859.pdf>
<https://www.medicines.org.uk/emc/product/939/smpc> .
3. <http://niformulary.hscni.net/Formulary/Adult/13.0/13.4/Pages/default.aspx>

Appendix 1: Relative Potency of Common Topical Corticosteroid Preparations

Potency	Topical Steroid Preparation*
Mild	Hydrocortisone 0.5% and 1%
Moderate (2-25 times as potent as hydrocortisone)**	Betamethasone valerate 0.025% (Betnovate-RD [®]) Clobetasone butyrate 0.05% (Eumovate [®]) Fluocinolone acetonide 0.00625% (Synalar 1 in 4 [®])
Potent (100-150 times as potent as hydrocortisone)	Betametasone valerate 0.1% (Betnovate [®]) Fluocinolone acetonide 0.025% (Synalar [®]) Hydrocortisone butyrate 0.1% (Locoid [®]) Mometasone furoate 0.1% (Elocon [®])
Very Potent (up to 600 times as potent as hydrocortisone)	Clobetasol propionate 0.05% (Dermovate [®])

*<http://niformulary.hscni.net/Formulary/Adult/13.0/13.4/Pages/default.aspx>

** <https://www.dermnetnz.org/topics/topical-steroid/>