



AN APPEAL FOR FAMILY PHYSICIANS

Esteemed Family Physician,

I am sure that by the virtue of being an experienced practitioner you would be more than aware of the various side effects of topical steroids. Topical steroids are useful and safe drugs if used with sound knowledge of their indications and individual potency. We as dermatologists commonly use steroids and are taught to be careful about their potential side effects if misused. We are concerned that the usual trend in general practice/family practice is to use combination creams which are formally called 'Fixed Dose Combination' (FDC) creams. These most often contain a potent steroid+ antifungal+ antibiotic. We have also observed that your community likes to prescribe 5-in-one, 4-in-one, 3-in-one or even 2-in-one combinations to treat any skin problem, irrespective of its nature. Such combinations are given as a 'blanket treatment' in the hope that they will take care of inflammation, fungal as well as bacterial infections. Such a practice is as ridiculous as giving anti malarial, anti enteric and anti tubercular treatment to a person presenting with fever, without bothering to arrive at a diagnosis!

One of the major culprits for the epidemic like situation of fungal infections of skin (Ringworm) in India is the indiscriminate use of irrational FDCs containing a steroid (often a potent one), antifungal and antibacterial agent. Diagnosing a fungal infection (tinea/ring worm) is easy. For all practical purposes any itchy well defined ring like or 'map like' lesion on the groin, trunk or anywhere on the body is likely to be a ringworm. We urge you not to prescribe any FDC creams like Ring Out Plus, Zole – F , Candid – B, Panderm ++ , Panderm NM , Castor NF, Lobate GN , Keto 4S, Dermi 5 , Cosvate GM ,Nadimix , 3 mix , Quadriderm, Clobikem GM , Betnovate GM , Terbinaforce plus , Terbinaforce-lite, Tenovate M, O2 Derm , Surfaz-SN ,Sonaderm GM, Clozema GM, QuadridermAF,Cloben G, Betamil GM, QualidermPlus,,Candid Total, Fourderm etc. etc. to treat the condition. These creams give only a short term relief and do harm to the skin after prolonged use. Patients usually take the prescription of doctors only once and then continue to buy them directly from the chemist. This is both unfortunate and dangerous. These FDC creams are popular because the patient feels better after applying them. The benefit is due to the fact that the steroid, owing to its anti-inflammatory effect, helps in getting rid of the redness and itching. However, as a qualified physician you should also know that such steroid containing creams do not effectively destroy the fungus. They will, in fact, prevent the fungus from being destroyed by the body's immune system because of the immunosuppressant action of the steroid. This results in flaring of the infection that often covers large areas of the body, does not remain very well defined at times, and is often chronic or recurrent. Lesions are known to become confusing to diagnose due to steroid application. The skin becomes 'addicted' in a sense to such creams.

Steroid containing creams are known to have various side effects, some very long term and also dangerous. Skin can become thin and sensitive. Stretch marks may appear in body folds and even elsewhere and some become permanent. Some of them can get ulcerated and look horrific. Bleeding underneath the skin can also occur in the form of purple patches. (purpura, ecchymosis).

Pharmaceutical companies can play dangerous games for their profits. They never promote these FDC creams to dermatologists. They push these irrational combination products to general practitioners. Some of them have separate division dedicated only to general practitioners/family practitioners. They promote the creams as a 'blanket treatment' for any skin disease. They also suggest that these creams contain 'Clobetasol', a very potent steroid that according to them can cure any disease. This is misleading because such potent steroids can create havoc on the skin. It is unfortunate that these very creams have become so popular and are even bought over the counter. (OTC). We urge you to take this information seriously and change your prescription pattern.

Two questions that I frequently face during my many lectures are 'we will stop selling these dangerous creams but what about the doctors who prescribe them?' The other is 'if the creams are so dangerous why does the government allow them to be manufactured and sold?' I do not have a clear answer for either of the two questions. All I can say at this point for the first question is that 'positive change has to start somewhere. Let it start from you'. Addressing the second question, we have approached the Drug controller in New Delhi but have not managed to bring any change. We as an association of 11000 dermatologists have also filed a PIL in the Delhi high court against the authorities who continue these products to be manufactured and marketed. We are hopeful that the regulators will understand the gravity of the situation.

So my dear family physicians, it is high time you change your prescription patterns. Say no to such irrational combination creams. Ask these representatives for the rationale of such FDC cream. Henceforth whenever you suspect a fungal infection please prescribe solo antifungal cream containing miconazole, clotrimazole, sertaconazole, eberconazole, luliconazole, ketoconazole, ciclopirox olamine, amorolfine, etc. Please ensure that you give oral antifungal agents in optimum dose and for at least 4 to 6 weeks. This is the era of information. Use your phones, laptops and computers to read information on treatment of fungal diseases from respectable sites. If possible take a detailed history, screen household members, instruct them not to share towels, linen, clothes. If there is no response in 14-21 days, think of changing the oral antifungal. Learn to say NO to products containing corticosteroids while treating fungal infections. It may feel uncomfortable doing so in the beginning but it soon becomes a habit and the patient will follow your advice.

So, let us unite and fight this menace of topical steroid abuse. Let us together take an oath to use topical steroid creams judiciously and only when indicated. Let us ensure the patient's safety first.

From ITATSA (IADVLS Taskforce Against Topical Steroid Abuse),
IADVLS (Indian Association of Dermatologists, Venereologists and Leprologists)
THEME IADVLS 2019 "STOP TOPICAL STEROID MISUSE".