

19th July, 2014

The phenomenon of TSW (topical steroid withdrawal). Dr Richard Aron

I have the greatest sympathy for families who have experienced this distressing aspect of therapy for atopic dermatitis (AD) and will explain how this comes about and why. The usual method of prescribing TSs is via steroid products delivered in tubes, ie undiluted. This in itself is a problem in that prolonged use may lead to side effect concerns so they are generally stopped as soon as a degree of relief is achieved leading to an inevitable flare. At this point more TS, often more potent, is prescribed and not surprisingly the entire process is repeated. To compound the problem the presence of secondary bacterial infection is either not recognised or if it is, is not adequately treated and this oversight intensifies the degree of flare. Oral antibiotics do not work in infected eczema as well as topical antibiotics and that is why I include a topical antibiotic in my mixtures. Another aggravating factor is the tendency to increase the frequency of moisturiser apps when the eczema is active and far from helping this is a negative factor as the greasy/creamy product helps the bacteria multiply ! So how do I deal with these issues in the ARON REGIME.

Firstly, you HAVE to use TSs to achieve a lasting positive outcome, But they should be diluted appropriately in a moisturising base so that the potential for side effects is hugely reduced and so that the cream may be used for very prolonged periods of time as the treatment is not in itself a cure. After all, if a patient has a condition such high blood pressure or diabetes the treatment isn't stopped the minute the condition is brought under control but is continued with dose modification if indicated. However, in AD the glittering prize is that with control and suppression of the AD one can achieve remission, when, no one can say but it does come. In the meantime you have a child who sleeps, does better at school and is a happier little creature ! So where does the fault lie ? I believe that the entire guideline treatment approach needs to be reappraised, particularly in the US

and UK , my efforts in this direction have fallen on stony ground but we'll see. (By the way, antihistamines do not help the itch of eczema and that is why I rarely prescribe them) In summary, parents following the steroid withdrawal and avoidance approach have, I believe, been let down by the profession at large and have my greatest sympathy and understanding but I believe I have found a better way. Very good wishes to you all and kind regards, **Dr Richard Aron**