

"Steroid Phobia in the Ward"

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Letter to Editor

"I wouldn't let them put that muck on your skin" - steroid phobia in the Dermatology ward

Topical steroid phobia is a recognised phenomenon and may be exhibited by patients, parents of patients, relatives, GPs, dermatologists, pharmacists, Internet sites and patient blogs [1-3]. Unhelpful and overvalued beliefs about side effects of topical steroids exist, resulting in a reluctance to use topical steroids as recommended. Adherence to the suggested treatment regimen is reduced which can result in suboptimum outcomes. The reasons for steroid phobia are complex and have been explored recently [4].

We would like to share an example of topical steroid phobia in the dermatology ward which, to the best of our knowledge, has not been reported previously. A 27-year-old female patient was convinced that the use of topical steroids made her skin worse. She had been using a website from the International Topical Steroid Awareness Network (ITSAN) that warns of topical steroid withdrawal, the side effects of topical steroids and promotes success stories of patients whose skin has improved after stopping topical steroid treatment [3]. She shared her views with everyone she came into contact within her bay, stating that topical steroids are "toxic" and "do the skin no good at all". She said to a patient who was applying topical steroid that she "would not put that muck on my skin" then proceeded to show photographs of her skin taken on her mobile phone from a previous admission to the patient and others to illustrate her point stating, "look how bad my skin was when I was using steroids". Her strongly expressed views appeared to plant a seed of doubt in the other patients, who then proceeded to question nursing staff about their own topical treatments to the extent that one patient, with palmar plantar pustulosis, thought that her skin was beginning to look worse when, objectively, it was improving. Previously, this patient had not shown any sign of steroid phobia but now she began to question her treatment with Dermovate[®] ointment; she started to wonder if in fact she was "reacting" adversely to the topical steroid and questioned whether it could be "harming her skin". She was reassured by the nursing staff but remained concerned.

Such a scenario may be more common than we realise and is challenging to manage. One should respect an individual patient's opinion on topical steroid therapy but when that opinion is contrary to the prescribed treatment for other patients it is unhelpful and may impact negatively on other patients' experience in the ward. Such disruptive behaviour undermines the efforts of medical and nursing staff.

Admission to a Dermatology ward has many advantages including rest, relaxation, removal from external stressors, physical help with topical treatments, information provision, and emotional and

psychological support from doctors and nurses. Patients are often mutually supportive, listening to each other's experience living with a skin disorder and discussing the use of topical therapies amongst themselves. We should also be aware however that patient-to-patient interaction can be counterproductive as the above account illustrates.

With topical steroids, side effects come from inappropriate use; beneficial effects come from appropriate use [5]. Under-treatment results in disease chronicity with prolonged symptoms and signs or frequent and rapid relapses. Reducing steroid phobia is difficult. Optimum communication is needed with careful choice of words, avoiding negative terms like "thinly", "sparingly" and "cautiously" which may facilitate anxiety about side-effects via the nocebo effect [6]. A motivational approach emphasising the benefit/risk ratio of topical steroids with continuity of care and consistent message is desirable from all health care professionals [7]. Clear, simple verbal and written instructions, explaining treatment regimens are helpful. Use of patient information leaflets and recommended websites may facilitate adherence to suggested treatment regimens [5,8]. A poster displayed in the dermatology outpatient clinic waiting area and the dermatology ward addressing common questions with regards to topical steroids would be a useful practical way to highlight the benefits of topical steroids and their appropriate use. The poster could be entitled, "some common questions about the use of steroid preparations on the skin" and could follow a questions and answer format e.g. "A doctor has prescribed a steroid cream for me but I am worried about using it as I have been told it thins the skin. Can you advise please?"

Further research into interactions between patients in an inpatient setting with subsequent influence on healthcare beliefs and healthcare-related behaviours is desirable.

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