

Some worry about topical steroid withdrawal, but doctors say this is rare under medical supervision



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Steroid-containing creams are commonly prescribed by doctors to treat inflammatory skin conditions such as eczema and psoriasis. Ideally, the cream works, the skin problem disappears and the patient suffers no other effects.

However, some find that the topical corticosteroids fail to fully address their skin issues. Patients might be prescribed stronger creams, or even oral steroids, yet the problems persist and even worsen over time.

They suffer itchiness and burning sensations, as well as lower self-esteem from skin that reddens, oozes fluid, flakes off, or develops acne-like bumps.

Are such patients experiencing a greater flare-up of the original skin condition, a new inflammatory condition, or are they going through something known as topical steroid withdrawal (TSW) as their skin reacts to prolonged use of topical steroids?

Even dermatologists find it hard to give a clear answer, as the symptoms of TSW overlap with those of the condition that led to a steroid prescription in the first place.

WHAT IS TOPICAL STEROID WITHDRAWAL?

Dr Su Peiqi, senior consultant at the National Skin Centre, says TSW is not a disease but a skin condition that may occur as a rebound effect after patients stop the prolonged use of medium- to high-potency topical corticosteroids.

The risk of TSW increases with overuse or misuse and if the topical corticosteroids were applied to areas of thin skin such as the face or genitals, she adds.

Symptoms include widespread reddening of the skin, flaking, oozing, skin bumps and oedema or swelling.

“Secondary infections may occur due to a disrupted skin barrier,” she says. “Burning, itching and stinging sensations often disrupt sleep.”

The Health Sciences Authority said in December 2022 that three cases of TSW had been reported here, all linked to the long-term use of topical products that were adulterated with potent corticosteroids.

Symptoms of suspected TSW overlap with those of eczema, secondary skin infections or allergic contact dermatitis. Doctors say this overlap makes diagnosis harder.

Dr Nisha Suyien Chandran, head of the National University Hospital’s division of dermatology, says there is greater awareness of TSW online and on social media. She has had patients who self-diagnose with TSW, but their symptoms could also indicate a flare-up of eczema.

Eczema is a relapsing condition and flares can occur for multiple reasons, she says. “Whether patients suffer from true TSW, or a severe flare of eczema, is often a clinical and diagnostic challenge.”

HOW COMMON IS IT?

Dr Ochi Harumi, a dermatologist and associate consultant at Changi General Hospital, says TSW is a real but uncommon phenomenon.

Cases of TSW typically involve patients with chronic skin condi-



Ms Chia An An and her elder son Nathaniel Tan (right), five, have both used topical corticosteroids to treat eczema, without issue. Her younger son Timothy Tan, two, who had ringworm-like rashes at six months, suffered flaking skin and severe itching when Ms Chia stopped his steroid treatment in 2024. ST PHOTO: JASEL POH

The Bottom Line

Should you use steroid creams?



Dr Edmund Chow (above), 50, has had eczema since his teens. He experienced symptoms of topical steroid withdrawal (left) from 2022. PHOTOS: COURTESY OF EDMUND CHOW

them with their doctor and avoid self-medicating.”

Dr Seow Chew Swee, senior consultant dermatologist at private practice DAS Skin Clinic, says: “In about 40 years of full-time practice attending to about 30 patients a day, I cannot recall having seen a patient with topical steroid withdrawal.”

Many patients who came to him complaining of TSW turned out to have dermatitis instead, he says.

In atopic dermatitis, the skin overreacts to external factors, such as chemicals, heat, dry air or insect bites.

Difficulty in getting a clear diagnosis adds to the woes of those who say they or their loved ones have experienced TSW.

Ms Ho Chye Hoon, 45, is secretary and founding member of TSW Society (Singapore). It was set up in 2022 to offer mutual support and raise awareness of TSW.

The 13-member group also administers a WhatsApp support group for about 100 people with any kind of skin condition, primarily eczema and suspected TSW.

The Straits Times spoke with Ms Ho and three other members, all of whom reported that they or their loved ones were prescribed repeated rounds of increasingly potent corticosteroids that failed to control the rashes.

Ms Ho’s elder daughter, now four years old, developed rashes soon after birth. Her skin improved for a couple of days after using steroids, but worsened the next day even with continued use of steroids.

A second dermatologist said steroids would be needed for the

baby until she turned five and grew out of it.

“I followed this advice and used the ointment, but I kept asking myself, ‘What’s next?’” recalls Ms Ho, who is a lawyer and has another daughter aged two.

“If her skin worsens after we stop hydrocortisone, do I keep using more and more potent steroids on my daughter? Deep down, the answer was no,” she says.

Similarly, teacher Pamela Ng, 49, had for years managed her 18-year-old daughter Kaer Lim’s eczema with topical corticosteroids prescribed by doctors.

When Kaer turned 11, her eczema worsened despite the use of topical corticosteroids. Ms Ng consulted a specialist in allergies and a dermatologist. She had her home tested for mould that might be causing her daughter’s skin irritation.

After two months of steroid use, Kaer’s skin improved, but the redness, oozing and swelling returned after the steroids were stopped.

It made it hard for her to go to school. “It was demoralising,” Ms Ng recalls. “She was crying herself to sleep because it was not healing after months and months. It took a toll on her self-esteem.”

Educator Edmund Chow, 50, says he suffered from insomnia because of his symptoms, and even experienced thermal dysregulation and could not stop shivering because his body was unable to regulate its temperature.

He says he developed TSW around 2022 and went through depression because of how his body changed – severe flaking skin, skin hardening, oedema and

even cataracts that were linked to prolonged use of steroids.

“I didn’t know that was one of the effects of the prescription drugs,” recalls Dr Chow, who has a PhD in drama from the University of Manchester. “I was disgusted when I found out!”

GETTING OVER IT

Dr Chow and parents such as Ms Ho and Ms Ng decided to stop all steroid use for themselves and their loved ones.

All reported a prolonged period of severe skin-related woes, including fluid oozing from the skin, swelling, itching, burning sensations and feeling extremely cold.

Ms Ho says: “In the first nine months, my daughter’s skin oozed and fluid stained her pillows and bedsheets. Her skin was extremely itchy and red all the time. The itch worsened at night, and she would wake up almost every hour to cry because it was unbearable.”

Dr Chow recalls having to wear sweaters and winter jackets in the Singapore heat because he was so sensitive to the cold. His legs swelled up with water retention.

“I was bleeding all over because I was itchy all the time and scratching,” he recalls.

Symptoms got better after nine months in the case of Ms Ho’s daughter, and about three years for Ms Ng’s daughter and Dr Chow.

All found support online and hope that TSW Society (Singapore) can help others in the same situation.

Ms Chia An An, 35, and her five-

year-old son Nathaniel Tan, have both used topical corticosteroids to treat eczema, without issue.

However, Ms Chia’s younger son Timothy, now two years old, had a tougher time. He developed ringworm-like rashes at six months, which would clear up when topical steroids were applied. However, they would return as soon as Ms Chia stopped using the creams on him.

“We went through three or four rounds of this. As we tapered off the steroids, the rashes came back and got worse,” says the speech therapist.

“I’d heard about topical steroid withdrawal but didn’t believe in it,” she adds. “Until the situation with Timothy.”

In October 2024, she stopped all steroid treatment for Timothy. His skin began flaking, he suffered severe itching and he also had thermal dysregulation. These symptoms lasted for four months before things became better.

Ms Chia found support online with groups like TSW Society (Singapore). “I would share my experience and people would say: ‘I’ve been through that, it will get better.’ I held on to that.”

OTHER TREATMENT OPTIONS

Dr Ochi says symptoms seen after stopping the use of steroids should not automatically be assumed to be withdrawal symptoms.

Reddening of the skin, or scaling, could still be caused by eczema flare-ups, allergic contact dermatitis to topical steroids, or infection. These conditions would need to be managed.

“Additionally, the reported improvement after the cessation of topical steroids may also coincide with the child’s eczema improving as they grow older,” she says.

She adds: “The backbone of eczema treatment remains the use of gentle soaps and consistent use of moisturisers to maintain the skin barrier.”

“When a flare-up occurs, the least potent topical steroid should be used for the shortest duration necessary to bring the inflammation under control. Higher-potency steroids may be appropriate for areas of thicker skin, while lower-potency preparations should be used for sensitive areas such as the face and skin folds.”

There are non-steroid treatments as well, says Dr Ochi, such as topical creams containing calcineurin inhibitors or phosphodiesterase-4 inhibitors to control inflammation. Phototherapy and oral medication might also help.

Dr Su says TSW is still a controversial diagnosis, but adds: “The symptoms experienced by patients are very real and can be very debilitating. It is important to manage these patients in an appropriate and empathetic manner.”

Once steroids are stopped, side effects such as oozing and flaking skin can be managed with supportive skin care, she says. Use medical moisturisers or emollients, gentle washes, and avoid irritants. Antibiotics might be needed to address infections.

“For most cases, however, topical steroids remain safe and effective when used appropriately. With regard to whether it is a distinct medical condition or an extreme rebound of the original dermatitis, more research is needed,” she says.

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THE BOTTOM LINE

Topical steroid withdrawal is difficult to diagnose because its symptoms overlap with those of eczema and other skin conditions. Seek medical guidance before using steroid-containing creams. Ask your dermatologist for advice and other treatment options if you are concerned about long-term steroid use.