

Real-World Long-Term Topical Corticosteroid Use and Adverse Event Concerns Among Adults and Caregivers of Children With Atopic Dermatitis, Psoriasis, or Seborrheic Dermatitis

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SYNOPSIS

- Soon after TCS were implemented as a treatment option for chronic inflammatory dermatoses in the early 1950s, data began to accumulate regarding their association with various cutaneous and systemic AEs^{1,2}
- Concerns about potential AE occurrence and increasing AE frequency, alongside limitations to TCS application, can contribute to reduced TCS adherence and complicate their use, potentially leading to misuse and prolonging or worsening symptoms¹⁻⁴
 - Specifically, TCS are not recommended for long-term continuous use (ie, >2–4 weeks) and application should be intermittent and avoided for thin-skinned areas where systemic absorption is higher (eg, face, genitals, and intertriginous areas)^{5,6}
- More research is needed to understand patient and caregiver awareness and concerns over long-term use of TCS, and how these affect both adherence to a prescribed treatment plan and discussions between patients or caregivers and providers⁷

OBJECTIVE

- To assess treatment patterns, patient and caregiver perceptions, symptom control, and AEs for patients diagnosed with AD, PsO, or SD and prescribed TCS

METHODS

- Individuals who voluntarily registered with Wakefield Research, Inc., for participation in research panels received an email invitation to complete an online survey from August 18 to September 1, 2025
 - Two surveys were deployed, one to adults aged ≥18 years and another to caregivers of children
 - A self-reported diagnosis of AD or PsO (aged ≥6 years) or SD (aged ≥9 years) and a history of >1 TCS prescription were required for participation in the survey
- After agreeing to participate in the survey, respondents answered screening and classification questions in line with study criteria (ie, age, diagnosis, and TCS prescription) before being admitted to the 22-question survey
 - IP addresses, device patterns, and response patterns were used to determine the quality of each data point throughout data collection
- Independent *t*-tests for means (based on a test for equal variances) and an independent *z*-test for percentages (unpooled proportions) were conducted to determine significance at the 95% level (ie, *P*≤0.05)
- Data related to treatment patterns and flare prevention were also collected and are being presented separately

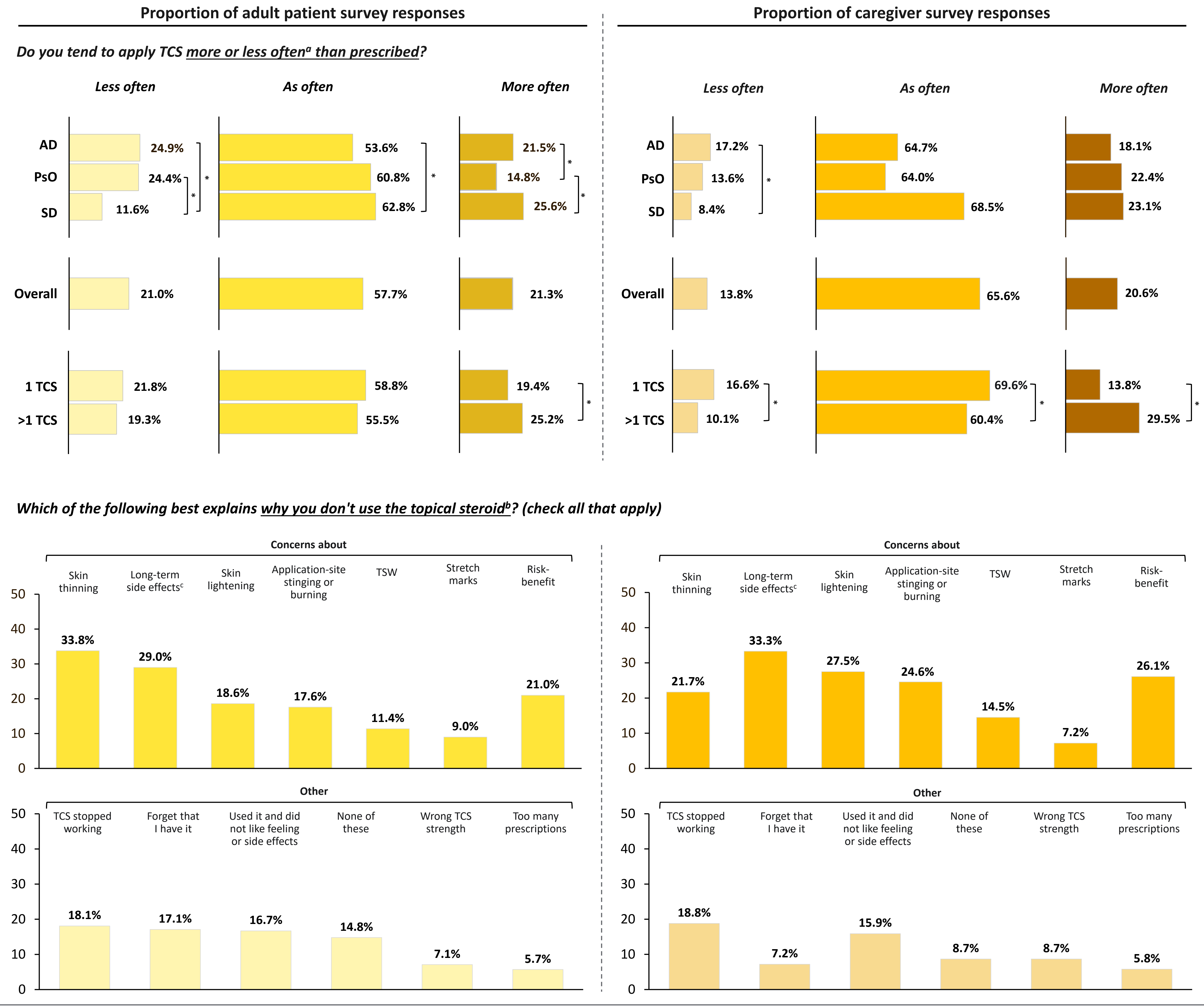
RESULTS

- AD was self-reported by a higher proportion of patients and caregivers than PsO or SD
 - Greater proportions of patients were prescribed 1 TCS (adults: 67.4%; children: 56.6%) than >1 TCS (32.6%; 43.4%)
- TCS were not applied at the prescribed frequency by 42.3% of adults and 34.4% of caregivers
 - Among those who applied TCS less often than prescribed, AE-related concerns (ie, skin thinning, long-term effects, risk-benefit) were the top reasons
- Overall, 66.1% of adults and 68.4% of caregivers were aware of TCS-associated AEs
- 43.5% of adults and 42.8% of caregivers responded that they/their child had experienced a negative reaction or side effect (eg, burning, stinging, or skin discoloration, thinning, or texture changes) after TCS application; these rates were higher for both adults and children prescribed >1 versus 1 TCS (both *P*<0.05)
 - TCS-associated side effects prompted 36.3% of adults and 39.4% of caregivers to seek alternative treatment options that could be used for any length of time; rates were higher if they had ever versus never experienced a prior negative reaction and for adults prescribed >1 versus 1 TCS (both *P*<0.05)
- Adults and caregivers were aware of prescription nonsteroid topical therapy as an option for the chronic conditions being treated (82.7% and 86.2%, respectively); despite this awareness, 47.8% and 45.0% were hesitant to raise concerns of long-term TCS use with their providers
 - Hesitancy was higher for adults and caregivers of children prescribed >1 versus 1 TCS and if they had ever versus never had a prior negative reaction (both *P*<0.05)

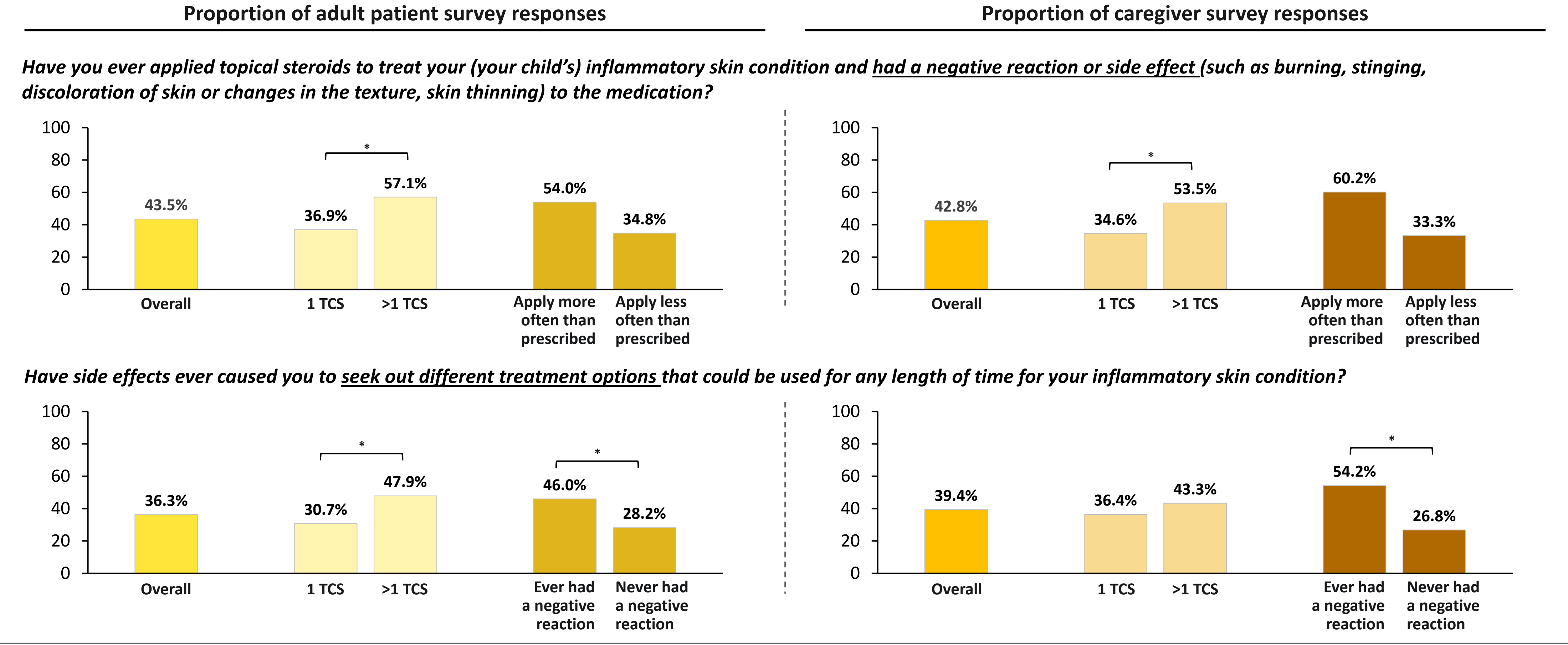
Patient Demographics and Condition Details						
		Adult patient survey (n=1000)			Caregivers of children survey (n=500)	
n (%)						
Patient female gender		522 (52.2)			250 (50.0)	
		18–35 y	36–50 y	>50 y	6–9 y	10–12 y 13–17 y
Patient age group		342 (34.2)	415 (41.5)	243 (24.3)	117 (23.4)	150 (30.0) 233 (46.6)
		White	597 (59.7)			279 (55.8)
Patient race or ethnicity		Black or African American	206 (20.6)			111 (22.2)
		Hispanic	160 (16.0)			92 (18.4)
		Other	37 (3.7)			18 (3.6)
Self- or caregiver-reported cutaneous condition type		AD	PsO	SD	AD	PsO SD
		506 (50.6)	209 (20.9)	285 (28.5)	232 (46.4)	125 (25.0) 143 (28.6)
		1 TCS	371 (73.3)*,+	136 (65.1)	167 (58.6)	147 (63.4)+ 70 (56.0) 66 (46.2)
TCS prescriptions		>1 TCS	135 (26.7)*,+	73 (34.9)	118 (41.4)	85 (36.6)+ 55 (44.0) 77 (53.8)

**P*<0.05 vs PsO. +*P*<0.05 vs SD.

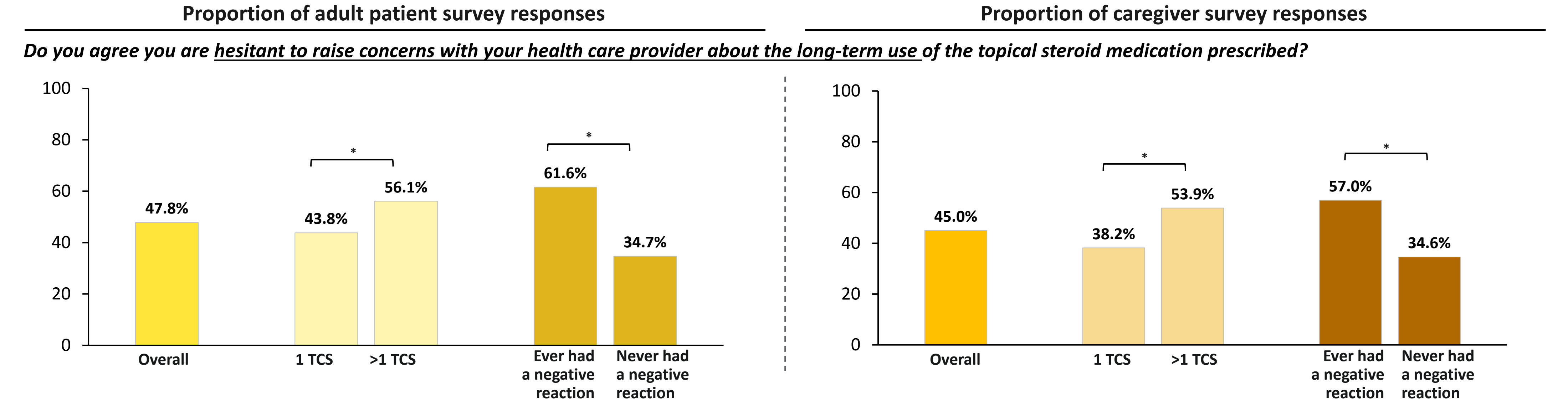
TCS Application Frequency



Negative Skin Reactions to TCS and Alternative Treatment Options



Perceptions of Long-Term Treatment Plans



CONCLUSIONS

- 42.3% of adults and 34.4% of caregivers of children with chronic inflammatory dermatoses reported not applying TCS at the prescribed frequency; many applied TCS less often because of concerns about adverse effects
 - The proportions who applied TCS less often in this study are lower than those reported previously⁸; the reason(s) for this difference is unclear
- Experiences with and concerns about TCS-associated AEs may influence treatment use and drive patients and caregivers to seek alternatives, yet 47.8% of adult patients and 45.0% of caregivers were hesitant to discuss concerns about long-term TCS use with clinicians
- These findings highlight the need for proactive clinician–patient conversations and effective, well-tolerated long-term treatment options that patients and caregivers can use with confidence