

# UC Davis

## Dermatology Online Journal

### Title

Lack of Information in Current Guidelines Regarding Systemic Corticosteroids in Inflammatory Diseases

### Permalink

<https://escholarship.org/uc/item/4tz4m31x>

### Journal

Dermatology Online Journal, 20(3)

### Authors

Semble, Ashley L  
Davis, Scott A  
Feldman, Steven R

### Publication Date

2014

### DOI

10.5070/D3203021761

### Copyright Information

Copyright 2014 by the author(s). This work is made available under the terms of a Creative Commons Attribution-NonCommercial-NoDerivatives License, available at <https://creativecommons.org/licenses/by-nc-nd/4.0/>

**Commentary**

**Lack of Information in Current Guidelines Regarding Systemic Corticosteroids in Inflammatory Diseases**

Ashley L. Semble<sup>1</sup>, MS, Scott A. Davis<sup>1</sup>, MA, Steven R. Feldman<sup>1,2,3</sup>, MD, PhD

**Dermatology Online Journal 20 (3): 14**

**Center for Dermatology Research, Departments of <sup>1</sup>Dermatology, <sup>2</sup>Pathology and <sup>3</sup>Public Health Sciences; Wake Forest School of Medicine; Winston-Salem, North Carolina**

**Correspondence:**

Scott A. Davis, MA  
Department of Dermatology, Wake Forest School of Medicine  
Medical Center Boulevard  
Winston-Salem, NC 27157-1071  
Phone: 336-716-2702, Fax: 336-716-7732, E-mail: scdavis@wakehealth.edu

**Introduction**

The use of systemic steroids for inflammatory diseases is a controversial issue—one that continuously invites disagreement throughout the healthcare community. However, there is little, if any, mention of systemic steroid recommendations among widely used rheumatoid arthritis, psoriasis, and psoriatic arthritis guidelines. This relative dearth of information is contrasted by the pervasive systemic steroid use for decades both domestically and abroad [1,2]. The European League Against Rheumatism (EULAR) guidelines for rheumatoid arthritis discuss systemic steroid use, though relatively briefly [3]. The most recent American Academy of Dermatology (AAD) psoriasis and American College of Rheumatology (ACR) rheumatoid arthritis guidelines fail to make any recommendations regarding systemic steroid use [4,5]. Currently, there is a void in guidelines regarding when and how (if at all) to use systemic steroids in psoriasis and there are minimal recommendations regarding psoriatic and rheumatoid arthritis. Considering how often primary care physicians, dermatologists, and rheumatologists prescribe systemic steroids for rheumatic diseases and psoriasis, this void must be filled.

**Methods**

We searched for practice guidelines for the treatment of rheumatoid arthritis (RA), psoriatic arthritis (PsA), and psoriasis with a focus on what was stated about systemic steroid use. The most recent guideline for each organization on each disease was included.

**Results/Discussion**

Systemic steroids are not mentioned as a possible treatment for psoriasis in any psoriasis guidelines (Table). They are discussed in the EULAR guidelines for RA, but not in the corresponding ACR guidelines. They are briefly mentioned in the AAD guidelines for PsA as a treatment that rheumatologists may use in mild PsA, but whether dermatologists should consider using them is not discussed. The GRAPPA guidelines for PsA also discuss them and note that there is not enough evidence to recommend for or against them. The EULAR guidelines recommend that systemic steroids be used in PsA “with caution” and at low doses ( $\leq 7.5$ mg/d). Because systemic steroids are commonly used for arthritis and are used for psoriasis in many countries, it is unfortunate that some guidelines ignore them completely [2,9]. Future guidelines should address systemic steroid use for RA, PsA, and psoriasis to educate clinicians on their safety.

**Table**

Organization	Disease	Recommendations regarding systemic steroids
--------------	---------	---

(Year)		
ACR (2012)	RA	<ul style="list-style-type: none"> <li>• Not mentioned [5]</li> </ul>
EULAR (2007)	RA	<ul style="list-style-type: none"> <li>• “despite controversial data, steroids are probably effective in slowing radiographic progression in early and established rheumatoid arthritis.”</li> <li>• “In an RCT involving rheumatoid arthritis patients with a disease duration of less than two years, Kirwan reported the superior efficacy of two years of continuous treatment with prednisolone, 7.5 mg daily, with respect to radiographic progression compared with standard care without prednisolone.”</li> <li>• “In an RCT involving patients with rheumatoid arthritis of less than one year duration, van Everdingen et al compared treatment with prednisone 10 mg daily and NSAIDs...The prednisone group showed significantly less radiographic progression at 12 and 24 months.”</li> <li>• “This data is supported by data from another RCT and from two trials in early rheumatoid arthritis, which indicated that combination therapy including steroids was more effective in terms of radiographic progression than single DMARD therapy.”</li> <li>• “Paulus et al were unable to show an effect of prednisone, 5 mg/ day, in radiographic progression in a subgroup analysis of a three year RCT comparing etodolac and ibuprofen in 824 patients.”</li> <li>• “A recent RCT by Capell et al failed to demonstrate any significant difference in two year radiographic progression between prednisone, 7 mg/day, and placebo.”</li> <li>• “In addition, subanalysis of two recent trials with new</li> </ul>

		<p>DMARDs did not show any added benefit of low dose prednisone with respect to radiographic progression [3].” (p.38-39)</p>
EULAR (2012)	PsA	<ul style="list-style-type: none"> <li>• “Systemic steroids in psoriasis are feared, as it has been reported that skin flares may occur. However, the literature search performed to inform the present recommendations found few data (other than case reports) supporting the assertion that skin psoriasis may flare in glucocorticoid-treated PsA patients.”</li> <li>• “Furthermore, registry data reveal that systemic steroids are, in fact, widely used in PsA (up to 30% of patients in the German national database), usually at low doses (<math>\leq 7.5</math> mg/day...)”</li> <li>• “Nevertheless, the task force considered that systemic glucocorticoids are a therapeutic option, although they should be used with caution, keeping in mind the possibility of a skin flare.</li> <li>• “Greater caution should perhaps be used in patients with severe/ extensive skin involvement, and/or not taking concomitant DMARD (expert opinion).”</li> <li>• “In PsA as in other chronic diseases, the long-term use of glucocorticoids can lead to major adverse events; therefore, thought should be given to tapering glucocorticoids when feasible. When tapering, attention should be paid to the potential worsening of skin disease (rebound) [6].” (p.8)</li> </ul>
GRAPPA (2008)	PsA	<ul style="list-style-type: none"> <li>• “Systemic corticosteroids are not typically recommended in the treatment of psoriasis and are only advisable in discrete circumstances and not for chronic use, due to the potential to cause post-steroid psoriasis flare and other adverse effects.”</li> </ul>

		<p>(p.6)</p> <ul style="list-style-type: none"> <li>• “no recommendation can be given regarding efficacy and side effect profiles of systemic corticosteroids because clinical trial data are not available.”</li> <li>• “In general, monotherapy with systemic corticosteroids is to be avoided in psoriasis because skin disease can flare during or after taper. Further studies, however, are needed to evaluate the role of short-term corticosteroids in severe, pustular, and erythrodermic psoriasis. [7]” (p.8)</li> </ul>
AAD (2008)	PsA	<ul style="list-style-type: none"> <li>• “most dermatologists avoid systemic corticosteroids in the treatment of patients with psoriasis because of the potential risk of pustular and erythrodermic flares when systemic corticosteroids are discontinued. However, rheumatologists often use systemic corticosteroids in the short- and long-term treatment of PsA, in significantly smaller dosages (5-10 mg/d) than dermatologists traditionally use in chronic dermatoses.</li> <li>• “Between 10% and 20% of patients entered into the pivotal clinical trials of adalimumab, etanercept, and infliximab for PsA were treated with concurrent systemic corticosteroids with minimal observed adverse outcomes [8].” (p.858)</li> </ul>
AAD (2009)	Psoriasis	<ul style="list-style-type: none"> <li>• Not mentioned [4]</li> </ul>

ACR, American College of Rheumatology; EULAR, European League Against Rheumatism; GRAPPA, Group for Research and Assessment of Psoriasis and Psoriatic Arthritis; AAD, American Academy of Dermatology

## Reference

1. Al-Dabagh A, Al-Dabagh R, Davis SA, Taheri A, Lin HC, Balkrishnan R, et al. Systemic corticosteroids are frequently prescribed for psoriasis. J Cutan Med Surg. In press 2013.
2. Augustin M, Schafer I, Reich K, Glaeske G, Radtke M. Systemic treatment with corticosteroids in psoriasis--health care provision far beyond the S3-guidelines. J Dtsch Dermatol Ges 2011 Oct;9(10):833-8 [PMID: 21627773]
3. Combe B, Landewe R, Lukas C, Bolosiu HD, Breedveld F, Dougados M, et al. EULAR recommendations for the management of early arthritis: report of a task force of the European Standing Committee for International Clinical Studies Including Therapeutics (ESCISIT). Ann Rheum Dis 2007 Jan;66(1):34-45 [PMID: 16396980]

4. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: section 4. Guidelines of care for the management and treatment of psoriasis with traditional systemic agents. *J Am Acad Dermatol* 2009 Sep;61(3):451-85 [PMID: 19493586]
5. Singh JA, Furst DE, Bharat A, Curtis JR, Kavanaugh AF, Kremer JM, et al. 2012 update of the 2008 American College of Rheumatology recommendations for the use of disease-modifying antirheumatic drugs and biologic agents in the treatment of rheumatoid arthritis. *Arthritis Care Res (Hoboken )* 2012 May;64(5):625-39 [PMID: 22473917]
6. Gossec L, Smolen JS, Gaujoux-Viala C, Ash Z, Marzo-Ortega H, van der Heijde D, et al. European League Against Rheumatism recommendations for the management of psoriatic arthritis with pharmacological therapies. *Ann Rheum Dis* 2012 Jan;71(1):4-12 [PMID: 21953336]
7. Ritchlin CT, Kavanaugh A, Gladman DD, Mease PJ, Helliwell P, Boehncke WH, et al. Treatment recommendations for psoriatic arthritis. *Ann Rheum Dis* 2009 Sep;68(9):1387-94 [PMID: 18952643]
8. Gottlieb A, Korman NJ, Gordon KB, Feldman SR, Lebwohl M, Koo JY, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 2. Psoriatic arthritis: overview and guidelines of care for treatment with an emphasis on the biologics. *J Am Acad Dermatol* 2008 May;58(5):851-64 [PMID: 18423261]
9. Mrowietz U, Domm S. Systemic steroids in the treatment of psoriasis: what is fact, what is fiction? *J Eur Acad Dermatol Venereol* 2012 Jul 25;10-3083 [PMID: 22830601]