

The Role and Risks of Systemic Corticosteroids in Atopic Dermatitis: An Expert Consensus

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Background

- Systemic corticosteroids (SCS), including oral and intramuscular formulations, have historically been prescribed for patients with inflammatory and autoimmune conditions including moderate-to-severe AD
- A recent real-world drug utilization study (2017-2024) found that one in five US adolescent and adult patients aged ≥12 years with AD are treated with SCS (80% received oral corticosteroids)¹
- Despite established evidence and guideline recommendations²⁻⁴, clinical practice remains inconsistent
- A critical gap is the lack of a standardized definition of 'short-term' SCS therapy in existing AD guidelines, which can lead to repeated or extended corticosteroid exposure and avoidable patient harm
- This consensus initiative addresses these care gaps by providing clear, evidence-based definitions of SCS use duration and offers practical guidance on transitioning to advanced systemic therapies

Methods

- A comprehensive literature search of PubMed/Scopus/Google Scholar was completed on May 25, 2025, using a combination of keywords “atopic dermatitis,” “systemic corticosteroids,” “adverse effects,” “short-term,” “long-term,” and “alternative therapies” along with Boolean term “AND” for English-language original research articles, systematic reviews, and meta-analyses
- 9 experts with substantial expertise in the management of AD participated in a panel
- The articles that met inclusion criteria were distributed to the panelists prior to the meeting, and each member assigned them a level of evidence based on Strength of Recommendation Taxonomy (SORT) criteria
- The panel convened on June 11, 2025, to discuss the studies and create consensus statements
- A modified Delphi process was utilized in order to reach consensus for each statement, which requires a supermajority approval for adoption of a recommendation through multiple rounds of real-time voting
- Consensus statements were assigned a strength of recommendation of A (consistent, good-quality, patient-oriented evidence), B (inconsistent, limited-quality, patient-oriented evidence, or C (consensus, opinion, etc.)

Results

Consensus Statements and Recommendations		
Consensus Statement/Recommendation	Strength of Recommendation	Consensus Vote
Systemic corticosteroids should generally be avoided in the management of atopic dermatitis.	A	9/9
Short-term systemic corticosteroid use is associated with adverse effects when used for the treatment of atopic dermatitis	A	9/9
Long-term systemic corticosteroid use is associated with adverse effects when used for the treatment of atopic dermatitis	A	9/9
Systemic corticosteroids exposure of 4 weeks or longer constitutes long-term use and should be avoided when possible.	A	9/9
When other systemic options are not available or advisable, systemic corticosteroids should be used for the shortest duration possible	C	9/9
Any duration of systemic corticosteroids constitutes a systemic therapy trial and makes the patient appropriate for an advanced systemic therapy	A	9/9
Repeated courses of systemic corticosteroids should be avoided, and patients should be transitioned to advanced systemic therapy as soon as possible	A	9/9
Advanced systemic therapies are preferred due to their favorable benefit/risk profiles. Conventional systemic agents such as cyclosporine, methotrexate, or azathioprine may be used when advanced systemic therapies are unavailable or contraindicated	A	9/9
Advanced systemic therapies, including biologics and JAK inhibitors, are effective options for controlling flares in atopic dermatitis	A	9/9
Systemic corticosteroids should be avoided due to their potential for significant adverse effects, even with short-term use for flares	C	9/9
In patients with refractory disease or who are poorly controlled with monotherapy, the combination of JAK inhibitors and biologics may be appropriate	C	9/9

Results

Literature Search and Study Selection

- 500 articles met search criteria. After comprehensive screening process, 27 articles were selected as relevant to the research questions.

Levels of Evidence Designation

- The panel assigned level 1 evidence to 7 articles, level 2 evidence to 9 articles, and level 3 evidence to 11 articles.

Consensus Statements

- The panel developed 11 consensus statements. Of the 11 statements, all received a unanimous (9/9) vote for adoption. Each statement was assigned a strength based on SORT criteria.

Conclusions

This expert consensus establishes clear definitions for short- and long-term systemic corticosteroid use in AD, underscores their significant dose- and duration-dependent safety risks, and affirms that any systemic corticosteroid exposure qualifies as a systemic therapy trial, supporting early transition to advanced systemic therapies

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Disclosures

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