

Dermatologists and Pharmacists Have Differing Views of Topical Steroids

By Linda Carroll

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(Reuters Health) - When it comes to prescriptions for corticosteroid creams, your dermatologist and your pharmacist may not always be on the same page, a new study suggests.

Researchers found it wasn't uncommon for pharmacists' recommendations to contradict doctors' instructions, according to a report in *JAMA Dermatology*, online March 27.

"Patients may be receiving conflicting counseling on topical corticosteroid use from dermatologists and pharmacists," said lead author Dr. Ashley Millard, a dermatologist and researcher at the Marshfield Clinic Health System in Wisconsin. "Dermatologists and pharmacists are both integral parts of the dermatology care team, so this is an issue in need of further study and collaborative education."

The medications discussed in the study, such as prescription-strength cortisone cream, are prescribed to treat a wide array of acute and chronic rashes, such as eczema, Millard said.

To look more closely at the possibility that dermatologists and pharmacists might give patients different instructions, Millard and her Marshfield colleague Dr. Erik Stratman sent an electronic survey to 117 dermatologists and 2,954 pharmacists in Wisconsin. The survey contained 17 questions revolving around the prescribing of topical corticosteroids.

Ultimately 52 dermatologists and 111 pharmacists completed the surveys. The researchers found the two groups often gave differing advice to patients about how long to use the medications and how much to use, and they emphasized different risks and side effects.

A substantial number of pharmacists, 46 percent, said they advised patients to limit topical steroid use to two weeks or less, as compared to 6 percent of the dermatologists. Pharmacists were also more likely than dermatologists to recommend that the medication be applied in a thin layer: 87 percent versus 65 percent.

Almost a third of pharmacists said they had dispensed less medication than the doctor prescribed. Nearly 84 percent of dermatologists, however, said pharmacists

had modified prescriptions without communicating with the doctor, while only 30 percent of pharmacists said they made such modifications.

"I think this disconnect stems, in part, from the resources that dermatologists and pharmacists use to inform their patient counseling," Millard said in an email. "For example . . . pharmacists are more likely to use drug reference textbooks, websites and medication package inserts, whereas dermatologists rely more on previous patient care experience and current research."

Conflicting recommendations can be confusing to patients.

Millard suggests that patients "be their own best advocates and not be afraid to ask questions. As a healthcare provider, I would much rather receive a phone call from a patient asking for clarification than have that patient struggle to interpret differing instructions."

The new study is "quite interesting," said Dr. Karen Pater, an associate professor of pharmacy and therapeutics at the University of Pittsburgh School of Pharmacy.

Much of this disconnect could be resolved with more communication between physicians and pharmacists, Pater said. Still, in her experience, calling a physician's office usually results in conversations with staff rather than the doctor.

Ultimately, pharmacists need to assume that dermatologists wrote prescriptions the way they did for a reason. While she generally recommends that over-the-counter topical corticosteroids be used for two weeks or less, "once a dermatologist is involved, they are clearly the experts in care for dermatological issues."

One piece that's missing is that pharmacists often don't know what the prescribed drug is being used for, Pater said. "And if the patient also isn't sure, that puts the pharmacist in a position where they are trying to help the patient be as safe as they can with the medication," she added.

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