

Topical anti-inflammatory agents effective for seborrhoeic dermatitis of the face or scalp

How effective are topical anti-inflammatory agents for the treatment of seborrhoeic dermatitis of the face or scalp in adolescents and adults?
Topical steroid treatment (such as hydrocortisone and betamethasone), topical calcineurin inhibitor treatment (such as tacrolimus and pimecrolimus), and topical lithium salts all reduced the symptoms of seborrhoeic dermatitis when compared with placebo treatment. Short-term (four weeks or less) total clearance was achieved with antifungal azole treatment (such as ketoconazole and miconazole), as well as with steroids. Strong steroids were better than azole treatment in reducing erythema, scaling, and pruritus, and were comparable in terms of safety. Steroids were also as effective as calcineurin inhibitors, but side effects occurred more often with calcineurin inhibitors. There were no differences between calcineurin inhibitors and azole treatments in effectiveness or side effects. Lithium was more effective than azoles but had a similar frequency of side effects (one study). The most common side effects in all treatment groups were burning, itching, erythema, and dryness. Mild and strong steroids seemed to be comparable with regard to efficacy and adverse effects in up to six weeks' follow-up.
There were no data from these studies concerning the effects and safety of topical anti-inflammatory agents in long-term or continuous use, or on the effects of different treatments on quality of life. Potent steroids are best avoided on the face due to the risk of skin atrophy, striae, telangectasia and other known effects.
Seborrhoeic dermatitis is a chronic inflammatory skin disorder affecting primarily the skin of the scalp, face, chest, and intertriginous areas, causing scaling and redness of the skin. Current treatment options include antifungal, anti-inflammatory, and keratolytic agents, as well as phototherapy.
Kastarinen H et al. Topical anti-inflammatory agents for seborrheic dermatitis of the face or scalp. Cochrane Reviews, 2014, Issue 5. Art. No.: CD009446.DOI: 10.1002/14651858. CD009446.pub2. This review contains 36 studies involving 2706 participants.