Fludroxycortide Tape: A versatile, well-tolerated treatment option

Sara Burr

Fludroxycortide Tape has been used for more than 50 years and is a versatile and well-tolerated addition to the clinician’s suite of treatments, particularly regarding the treatment of chronic, localised, recalcitrant dermatoses. This article considers indications for use, application, and the patient experience.


KEYWORDS
- Fludroxycortide Tape
- Eczema
- Dry and scaling dermatoses
- Topical corticosteroids

Introduction

Chronic inflammatory skin conditions, including eczema, are common within primary, community and secondary care and are initially managed with emollients and topical medicinal products, including topical corticosteroids. The severity of the condition will determine how well the condition can be managed within primary care, and increased disease severity may require secondary care assessment and treatment.

This article will focus on the management of isolated or solitary patches of subacute and chronic eczema, but will also mention other dry and scaling dermatoses, where the use of a tape impregnated with the steroid fludroxycortide can be beneficial.

What is Fludroxycortide Tape?

Fludroxycortide Tape is a licensed product for use on chronic, localised, recalcitrant dermatoses that may not respond to less potent topical corticosteroids.

It is a translucent polythene adhesive, waterproof film, impregnated with fludroxycortide (moderately potent steroid) (4μg/cm²) and protected by a removable paper liner. It provides the dual effect of topical steroid application/absorption, plus occlusion (covering, providing optimum absorption potential). Where patients have patches of chronic inflamed skin, this tape may be a helpful way of ensuring topical steroid absorption on sites that otherwise steroid is easily wiped/rubbed off.

Clinical indications

Eczema

It is well recognised that skin conditions such as eczema are usually long-term and follow a relapsing pattern. Eczema can present with different features which will determine if it is acute (red, inflamed with discomfort and pruritus), sub-acute (red/pink, erosions, vesicles, and pruritus) or chronic (mildly inflamed, dry and scaling with fissures and lichenification). More details regarding the presentation and symptoms of eczema can be found in Table 1.

Other conditions

Many other conditions, such as overgranulation and keloid scars, have been helped with the use of this tape, and case studies illustrating some of these can be found on the Typharm website.

Other conditions include the following, as outlined by Dr Layton’s case study of Fludroxycortide Tape:

- Lichen simplex (see Table 1) represents a chronic inflammatory condition usually caused by repeated scratching/rubbing an itchy area of skin.
- Fingertip fissures can represent a very painful and debilitating disorder, especially for those using their hands in everyday occupations. These may have been worsened due to excessive hand washing or sanitising during the COVID-19 pandemic. The underlying cause may relate to eczema or psoriasis. Some observations were made that nail dystrophy from eczema or psoriasis was also helped with nightly application for 4-6 weeks (see case study on website).
Management of eczema
The National Institute for Health and Care Excellence,6 The National Eczema Society,7 and the Primary Care Dermatology Society8 all recommend a stepped approach for the management of eczema, tailoring treatment to the severity of the eczema, as outlined below. This article will not discuss the full assessment of eczema and other management strategies (such as avoidance of soap, clothing/washing options etc), but the two main considerations are:

Moisturising products (emollients):
These provide the mainstay of management for eczema. They must be applied generously and frequently to help reduce itching, protect the skin from irritants and prevent the skin from drying out. Further information can be gained from local emollient formulaeies, the BNF9 or National Eczema Society.5

Topical corticosteroids (first line):
When eczema is inflamed, red, irritated, and itchy, topical steroids such as creams or ointments (or lotions for scalp) should be used. There are four strengths of steroid – mild, moderate, potent, and very potent. Potency use will depend on body site and severity of the eczema e.g., facial/genital eczema requires mild/moderate potency, whereas palms/soles may need very potent, and these discussions should be had with the prescriber. Finger tip units (FTU) are a guide to the amount to use. For example, one fingertip full of steroid, from the fingertip to first crease of finger (or 1/3 finger), is enough to cover the amount of eczema measured by two flat palms. An adult may need up to seven fingertip units to cover their trunk area if extensive.10 The aim is for a period of use to settle the eczema and then step down the frequency, e.g., daily for seven days, then three times a week, twice a week, before stopping.11,12

It may be that the disease presentation, body site and lifestyle mean that the use of steroid creams and ointments are prohibitive. This is where Fludroxycortide, moderately potent steroid, impregnated tape could be a helpful addition to the treatment regime.

Using Fludroxycortide Tape
The tape is highly flexible, which makes it easy to apply to different body sites and can be appropriate for several different dermatological conditions. Chronic and sub-acute dry and inflammatory conditions, where the skin is not wet, is the best condition for using the tape. If the skin is wet, the tape will not stick, so it is not appropriate for moist intertriginous areas like the axillae, groins or apron folds.

Is it easy to apply?
It is ideal to use on dry, localised skin irritation, with better adherence in hair free sites. Due to the adhesive and flexible nature of the tape, it can be used on joints such as elbows, knees, and digit tips.

Table 1.
Presentation and symptoms of eczema.2

<table>
<thead>
<tr>
<th>Major features</th>
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Types of eczema in bold indicate the ones amenable to treatment with Fludroxycortide Tape, as will be outlined later.

Types of eczema

- Nodular prurigo characterised by extremely pruritic papules/nodules, usually on the trunk and extremities.
- Psoriasis, when used to treat discreet, nummular plaques.
- Lichen planus, particularly if hypertrophic areas present.
- Hand and foot eczema (see Table 1).
- Discoid/nummular eczema (see Table 1).
- Granuloma Annulare, sometimes seen as curative.1
- Excessive granulation tissue within or around the edge of ulcers can occur in any context of healing venous or mixed varicose/ischaemic ulcers. The granulation tissue can become very vascular and bleed and may prevent healing. An application of Fludroxycortide Tape to the granulation tissue, once to twice weekly, alongside the usual dressings for six to eight weeks or daily for up to eight applications, can help reduce the granulation tissue.3

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Practical aspects involved in application of the Fludroxycortide Tape include the following:

1. The skin must be clean, dry, and shorn of hair, free of excess exudate, crusts or scales prior to application.

2. The tape should be cut to the desired length and should cover a margin of a few millimetres of normal skin. It comes on a roll of either 20cm x 7.5cm (£12.49) or 50cm x 7.5cm (£18.75) long. It comes in a container, where it should be kept once the required length has been cut.

3. The skin should be under gentle tension when the tape is applied. The edges should be pressed down to produce tight, closed adhesion.

4. For adults and the elderly, the tape may be left in situ for 12 out of every 24 hours and can be left on overnight. All of the steroid is released after 12 hours.

5. The tape can be covered with cosmetic camouflage and make-up, as well as emollients. It is also waterproof, so can be washed over.

There is no defined maximum quantity of tape that can be used. However, it should be highlighted that when applied to large areas of broken skin, corticosteroids may be absorbed into the bloodstream.

Patients using large quantities of tape or other topical steroid cream/ointment should be evaluated periodically for evidence of hypothalamic pituitary adrenal axis suppression. It can be used for children, provided courses are limited to five days, and adults if results and progress of the condition are monitored.

The adhesive is a mixture of acrylic acid and acrylate esters on a plastic backing. No colophony, rosin or latex are in the product which is important to consider when reassuring eczematous patients with possible allergic sensitivities.

The Fludroxycortide Tape comes in a carton box which hosts the patient leaflet and the round plastic container with the roll of tape inside. All packaging is recyclable.

**Is Fludroxycortide Tape cost effective?**

A direct cost comparison to other topical corticosteroid plasters or tapes is not appropriate as the potency of steroid within the Fludroxycortide Tape (moderately potent) and other such plasters (potent) differs, while clinical indications may also differ.

A similar caution is highlighted when directly comparing Fludroxycortide Tape to other topical corticosteroids such as creams and ointments. Because of the fixed dosage found within the Tape and the high patient compliance, Fludroxycortide Tape is uniquely placed within this sphere of treatment. There are very minimal risks of over- or under-dosing since there is no need to rely on the patient to apply the correct amount of steroid onto their skin.

Furthermore, Fludroxycortide Tape provides additional benefits when considering the product’s unique characteristics, such as it being waterproof and the possibility of applying make-up over it, for those patients concerned with how their skin conditions appear.

**The patient experience**

There is no recent large cohort research or trial data looking specifically at patient
experiences of using this tape. However, the case studies and reviews available on the Typharm website, written by various medical professionals, illustrate the clinical response of patients with various conditions, to the use of the tape on their skin.2

Fludroxcortide Tape appears to be a well-tolerated, convenient occlusive treatment option for a variety of chronic/sub-acute cutaneous problems

Other steroid impregnated products
Although Fludroxcortide Tape is the only steroid impregnated tape currently on the market, there are steroid impregnated plasters that can be used to manage isolated patches of eczematous/inflamed skin. The unique properties of Fludroxcortide Tape, such as being waterproof and that it can be cut to any size or shape (due to its roll presentation), ensures it is a distinct alternative for the treatment of various skin concerns.2

Undesirable and adverse effects
Patients occasionally complain of eczematous adverse reactions, folliculitis (particularly in adjoining skin), and the excessive de-scaling of plaques with slight bleeding in psoriasis. The incidence of local atrophy or striae appears to be rare, particularly if the tape is just used overnight for periods of up to four weeks at a time and avoiding prolonged use.

The following local adverse reactions are reported infrequently with topical corticosteroids but may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate decreasing order of occurrence: burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, skin atrophy, miliaria, striae and thinning, and dilatations of superficial blood vessels producing telangiectasia.

Conclusion
Eczematous, inflammatory, and proliferative skin conditions are common within both primary and secondary care. Standard treatments involve the use of topical therapies with emollients and topical corticosteroids. Sometimes the application of cream or ointment-based preparations are sufficient to control the condition, however there are times when persistent patches within these conditions, as outlined in this article, are less responsive to that formulation.

Further useful educational tools for health professionals and patients are available online at www.typharm.com/tape, including an application video and a cutting template amongst others.

References
11. NCBI 2017 https://www.ncbi.nlm.nih.gov/books/NBK424899/ 2017 Eczema: Steroids and other topical medications, accessed 08.05.21
12. NICE 2021 accessed 8.5.21 https://cks.nice.org.uk/topics/eczema-ataopic-prescribing-information/topical-corticosteroids/
The Waterproof Steroid Tape

Effectively treats inflammatory dermatoses, including hand eczema and finger tip fissures¹. Good news for patients especially with increased handwashing situations.

Easy to use on joints and awkward areas to allow patient mobility without disturbing the dressing.

Fludroxycortide Tape
Steroid Impregnated Tape

Previously called Haelan tape

Fludroxycortide 4 micrograms per square centimetre Tape

For both children and adults

Scan the QR code to view the application video. Alternatively visit typharm.com or call 01603 722480 for more information

Typharm Limited, 14D Wendover Road, Rackheath Industrial Estate, Norwich, Norfolk, NR13 6LH. UK

Abridged Prescribing Information Fludroxycortide 4 micrograms per square centimetre Tape

See Fludroxycortide Tape Summary of Product Characteristics (SmPC) prior to prescribing.

Presentation:
Transparent, plastic surgical tape impregnated with 4 µg/cm² fludroxycortide.

Indications:
Adjunctive therapy for chronic, localised, recalcitrant dermatoses that may respond to topical corticosteroids and particularly dry, scaling lesions.

Posology and Method of Administration:
Adults and the Elderly: For application to the skin, which should be clean, dry and shorn of hair. In most instances the tape need only remain in place for 12 out of 24 hours. The tape is cut so as to cover the lesion and a quarter inch margin of normal skin. Corners should be rounded off. After removing the lining paper, the tape is applied to the centre of the lesion with gentle pressure and worked to the edges, avoiding excessive tension of the skin. If longer strips of tape are to be applied, the lining paper should be removed progressively.

Children:
Courses should be limited to five days and tight coverings should not be used. If irritation or infection develops, remove tape and consult a physician. If treatment is required, Fludroxycortide Tape should be used. Contra-indications: Chicken pox; vaccinia; tuberculosis of the skin; hypersensitivity to any of the components; facial rosacea; acne vulgaris; perioral dermatitis; perianal and genital pruritus; dermatoses in infancy including eczema, dermatitic napkin eruption, bacterial (impetigo), viral (herpes simplex) and fungal (candida or dermatophyte) infections.

Special Warnings and Precautions for use:
Not advocated for acute and weeping dermatoses. Local and systemic toxicity of medium and high potency topical corticosteroids is common, especially following long-term continuous use, continued use on large areas of damaged skin, flexures and with polythene occlusion. Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression. Long-term continuous therapy should be avoided in all patients irrespective of age. Application under occlusion should be restricted to dermatoses in very limited areas. If used on the face, courses should be limited to five days and occlusion should not be used. In the presence of skin infections, the use of an appropriate antifungal or antibacterial agent should be instituted. For children, administration of topical corticosteroids should be limited to the least amount compatible with an effective therapeutic regime. Children may absorb proportionally larger amounts of topical corticosteroids and thus may be more susceptible to systemic toxicity. Pregnancy and Lactation: Use in pregnancy only when there is no safer alternative and when the disease itself carries risks for mother and child. Caution should be exercised when topical corticosteroids are administered to nursing mothers. Undesirable Effects: The following local adverse reactions may occur with the use of occlusive dressings: burning, itching, irritation, dryness, folliculitis, hypertrichosis, acne form eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, skin atrophy, milia, shirring and thinning and dilatations of superficial blood vessels producing telangiectasia. Transient HPA axis suppression. Cushing’s syndrome. Hyperglycaemia. Glycosuria. Adrenal suppression in children may occur. Local hypersensitivity reactions. Stop treatment immediately if hypersensitivity occurs.

Precautions for Storage:
Store in a dry place, below 25°C.

Pack size and price:
Polypropylene dispenser and silica gel desiccant sachet in a polypropylene container, with a polyethylene lid, packed in a cardboard box, containing 20cm or 50cm of translucent, polythene adhesive film, 7.5cm wide, protected by a removable paper liner. 7.5cm x 20cm £12.49. 7.5cm x 50cm £18.75.

Legal Category:
POM

Marketing Authorisation Number: PL 00551/0014

Marketing Authorisation Holder: Typharm Ltd. 14D Wendover Road, Rackheath Industrial Estate, Norwich, NR13 6LH. Tel: 01603 722480, Fax: 01603 263804.

Date of Revision of Text: February 2021.

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Adverse events should also be reported to Typharm Limited on 02037 694160.