ConferMED™
Connecting Primary Care to the Future

Dermatology Treatment Pearls

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Dermatology Treatment Pearls

March 5, 2026

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Learning Objectives

1

Review efficacy, potency, topical vehicles, and calculating amounts needed for topical medications

2

Review common topical treatments and sunscreens used for dermatologic conditions

3

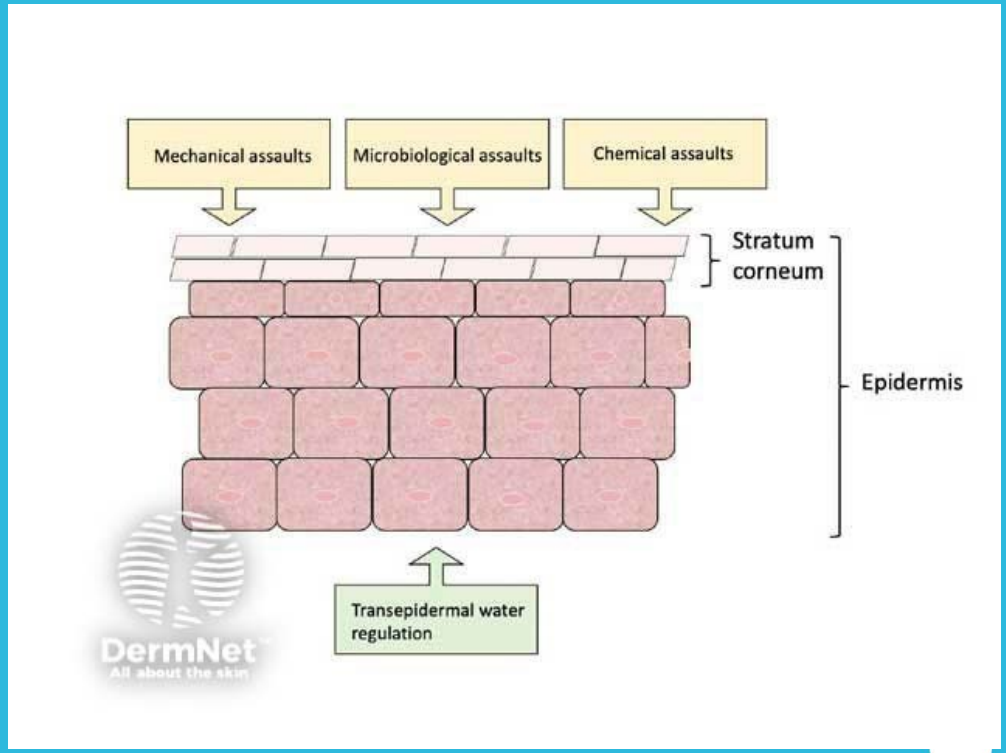
Increase confidence in prescribing dermatologic treatments

Topical Medications in General



Challenge for a Topical Medication = Crossing the Skin Barrier

- **Stratum corneum (SC) = major barrier = outermost epidermis**
- Protects from environment
- Reduces water loss



What Makes it Easier to Cross SC Barrier?

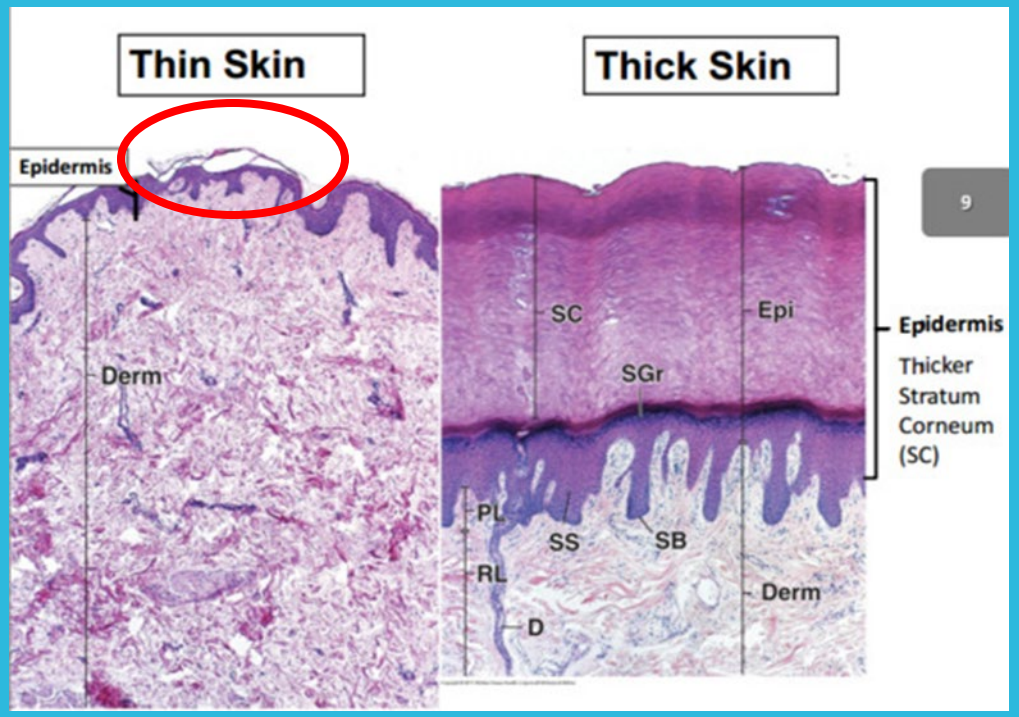
Anatomic location

- Thinnest SC: eyelids, face, genitals
- Thickest SC: palms, soles

Younger age (babies)

Reduced skin integrity

Occlusion



https://quizlet.com/29065660/structure-and-function-of-skin-flash-cards/

Drug Potency vs Efficacy

POTENCY

= Quantity of drug required to produce desired effect

Inherent to molecule

EFFICACY

= Drug's ability to produce desired therapeutic effect

What Affects How Well A Topical Works?

DRUG FACTORS

Active Ingredient
Potency
Concentration
Vehicle

PATIENT FACTORS

Age
Anatomic location
Severity
Skin Integrity
Occlusion

Vehicles


Triamcinolone Acetonide
Ointment USP, 0.1%
FOR EXTERNAL USE ONLY. NOT FOR OPHTHALMIC USE.
Rx only
TARO


Clobetasol Propionate
Gel 0.05%
FOR EXTERNAL USE ONLY. NOT FOR OPHTHALMIC USE.
Rx only
TARO
Clobetasol Propionate
Gel 0.05%
FOR EXTERNAL USE ONLY. NOT FOR OPHTHALMIC USE.
Rx only
TARO


fougera
DESONIDE LOTION 0.05%
Rx only
59 mL (2 Fl Oz)
fougera
DESONIDE LOTION 0.05%
Rx only
59 mL (2 Fl Oz)


NDC 0168-0269-50
fougera
CLOBETASOL PROPIONATE TOPICAL SOLUTION USP, 0.05%
50 mL
FOR USE ON THE SCALP
FOR DERMATOLOGIC USE ONLY
NOT FOR OPHTHALMIC USE
Rx only
E. FOUGERA & CO.


Luxiq
(betamethasone valerate) Foam, 0.12%
LUXIQ® Foam, 0.12% is a medium-potency topical corticosteroid indicated for relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses of the scalp.
50 g Rx only
Luxiq
(betamethasone valerate) Foam, 0.12%


Fluocinolone Acetonide
Topical Oil
0.01%
(SCALP OIL)
Rx only


Desonide
Cream 0.05%
Desonide
Cream 0.05%
FOR EXTERNAL USE ONLY. NOT FOR OPHTHALMIC USE.
Rx only
TARO
Keep this and all medications out of the reach of children.

What is a Topical Vehicle?

Delivery system for the active ingredient

Inactive ingredients

- Emollients
- Emulsifiers (keep oil/water from separating)
- Preservatives
- Penetration enhancers (example: propylene glycol)
- Solvents (keep active ingredient dissolved)

Vehicles: Most Common

	PROS	CONS
OINTMENT (petrolatum)	Absorb well, occlusive, soothing Thick or lichenified skin	Greasy, messy May stain clothing
CREAM (oil/water)	Moisturizing, rubs in Thinner skin	More preservatives Can sting/burn
GEL (water/alcohol)	Absorbs well, spreads, dries faster Oily skin, hairy areas, poison ivy	Can sting/burn Drying
SOLUTION (water/alcohol)	Absorbs well, spreads, dries faster Scalp, hairy areas	Can sting/burn Drying

Vehicles: Less Common, Fewer Options

	PROS	CONS
FOAM (MOUSSE) (water/alcohol or emollient)	Absorb well, spreads, dries Scalp, hairy areas	Can sting/burn May be $
OIL (oil)	Spreads, soothing, softens scale Scalp	Messy, hard to wash out
LOTION (water/alcohol)	Absorbs well, spreads Oily skin, hairy areas	Can sting/burn

Topical Vehicle Considerations

Body area treated

- Scalp, body

Patient skin type/condition

- Oily/acne-prone vs dry skin
- Irritated skin

What will your patient actually use?

- Ointment vs cream

How Much Topical Medication to Rx?

Not prescribing enough can lead to treatment failure

Estimating Involved BSA: Use Palm of Hand

- Palm = 1% BSA
- Patient's palm (not yours)



www.unsplash.com (Ruthson Zimmerman)

Estimating Topical Use: Fingertip Unit

- From DIP to fingertip
- Approximately 0.5 g
- Covers about 2% BSA (2 palms)



- How much do you need to treat 2% BSA dosed BID for 30 days?

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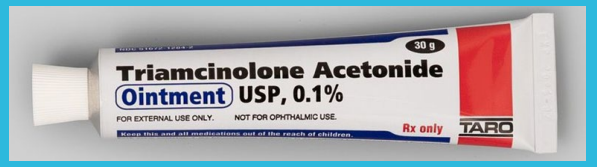


Estimating Topical Use: FTU Math

- Involved BSA = 2%
- 1 FTU covers 2% BSA
- 2% BSA = 1 FTU per dose
- BID dosing = 2 FTU/day = 2 x 0.5g = 1 g/day
- 1 g/day x 30 days = **30 g**







Also: 30 g covers whole body once



Quantity TCS needed for 1 month?

First, estimate BSA

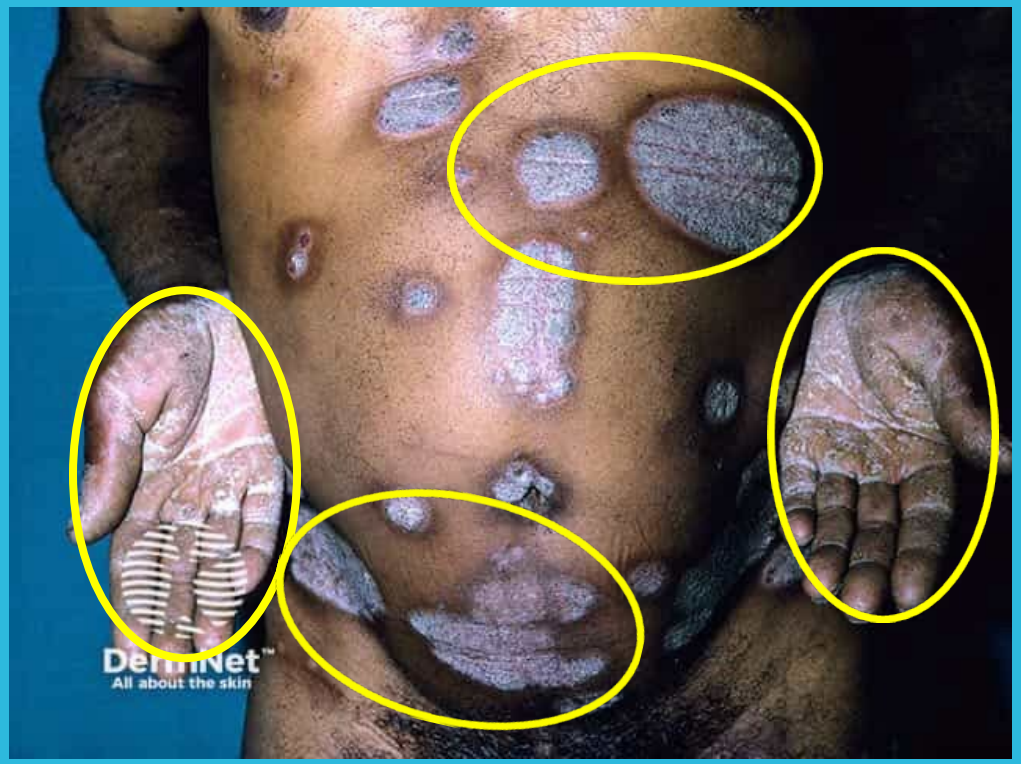






Quantity TCS needed for 1 month?

First, estimate BSA





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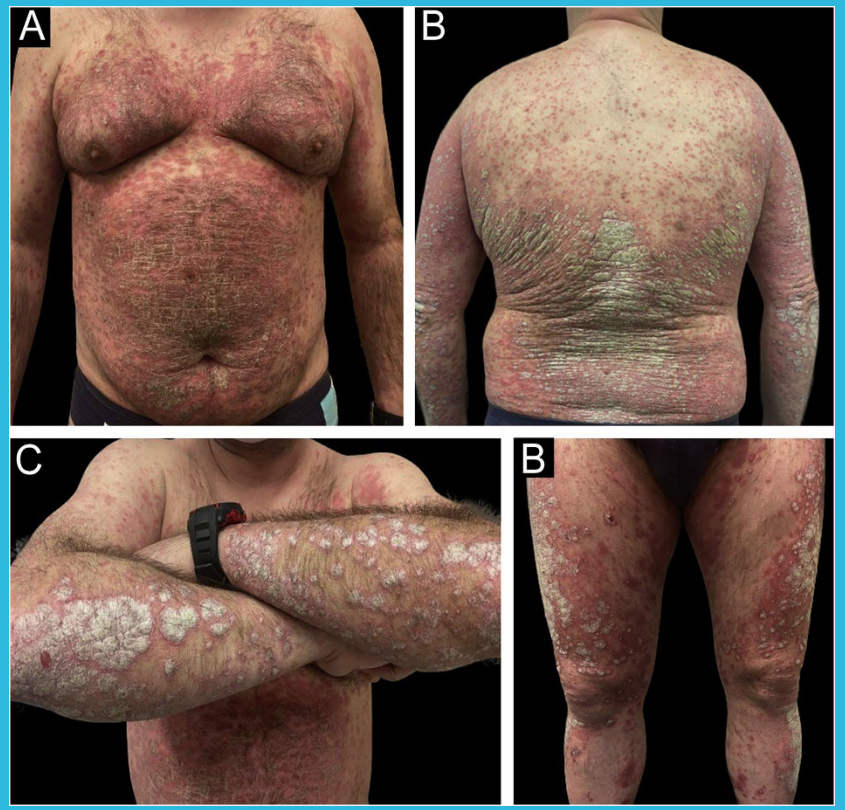
Quantity TCS needed for a month?

- **Involved BSA = 8%**
- 1 FTU covers 2% BSA
- 8% BSA = 4 FTU per dose
- BID dosing = 8 FTU/day = 8 x 0.5 g = 4 g/day
- **4 g/day x 30 days = 120 g**

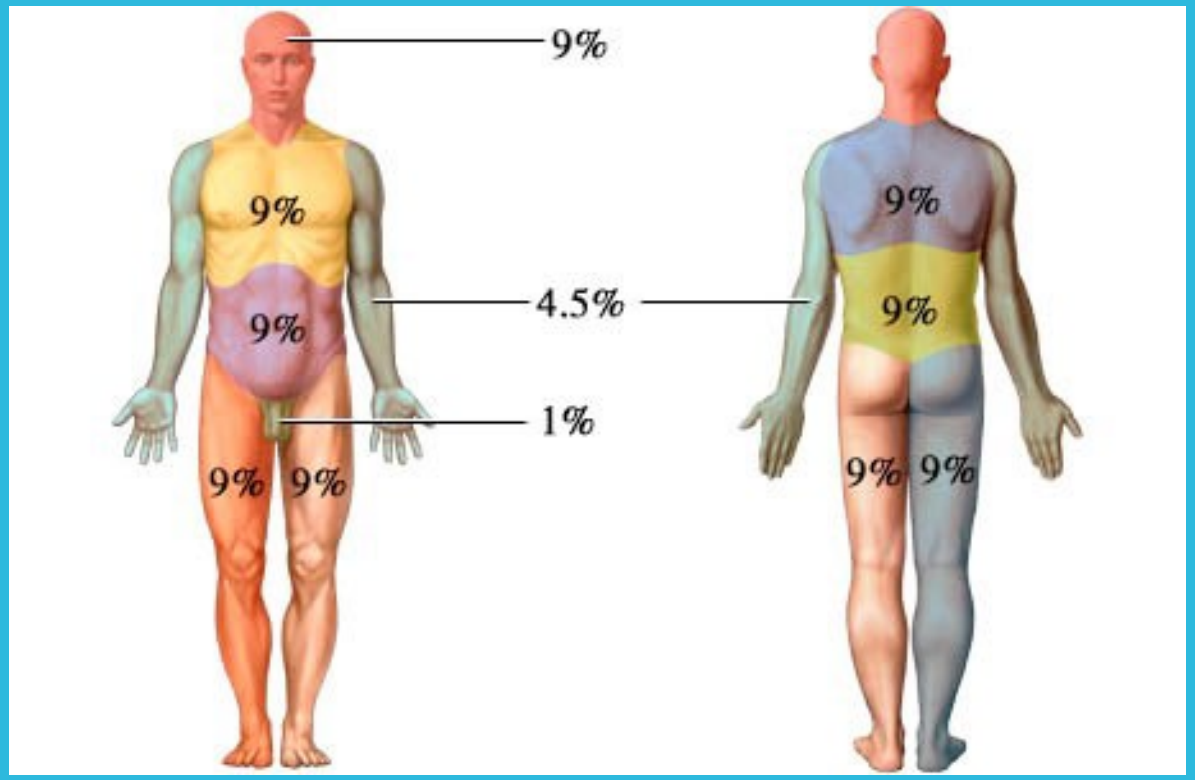


Quantity TCS needed for large areas?

Use the Rule of 9s



Mansilla-Polo M et al. 2024. An Brasil de Derm 99(6); 922-27.

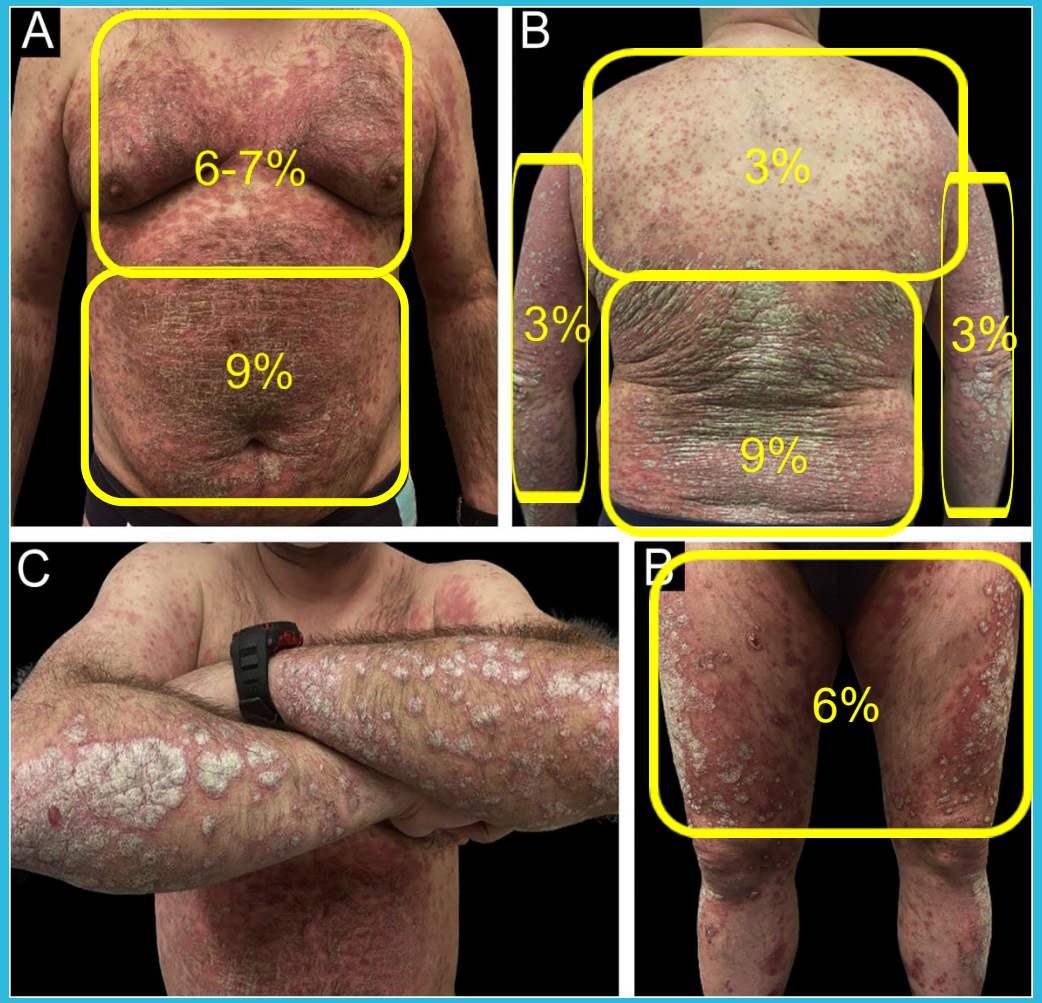


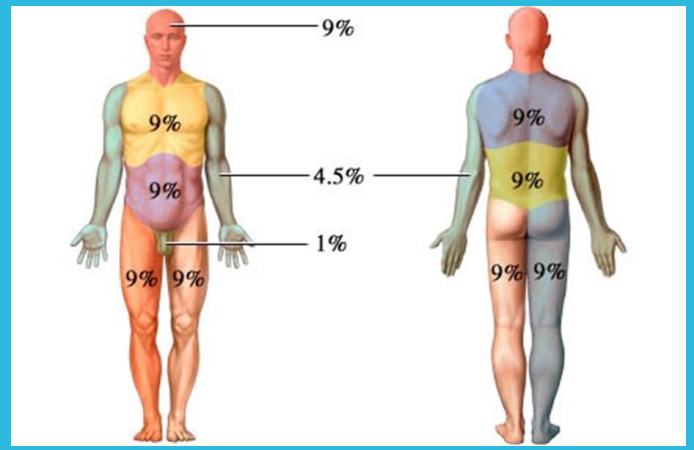
https://www.health.state.mn.us/communities/ep/surge/burn/tbsa.html

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Quantity TCS needed for 1 month?



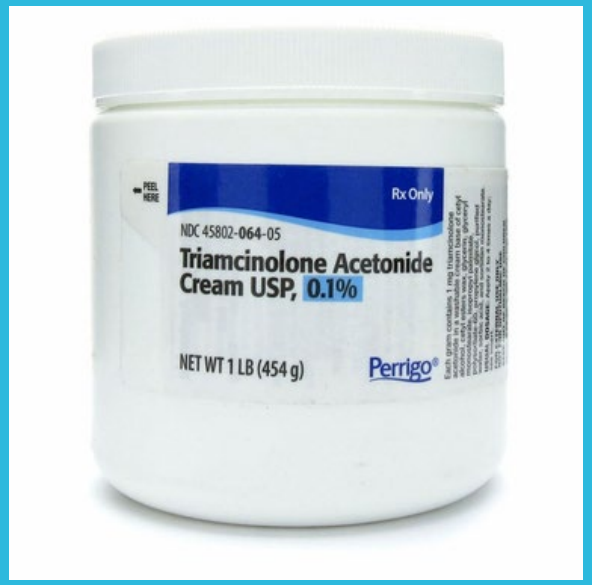


Total = 40%



Quantity TCS needed for a month?

- 1 FTU = 0.5 g
- 1 FTU covers 2% BSA
- 40% BSA = 20 FTU per dose
- BID dosing = 40 FTU/day = 20 g/day
- **20 g/day x 30 days = 600 g**





Topical Corticosteroids (TCS)

- Anti-inflammatory
- Relieves pruritus, burning
- Widely used for dermatitis, psoriasis, and multiple other dermatologic conditions



dermnetnz.org

Topical Steroid Potency

Potency	Generic Name	%
Low (Class VI, VII)	Hydrocortisone Desonide	1 or 2.5 0.05
Medium (Class III, IV, V)	Triamcinolone acetonide	0.1
High (Class II)	Fluocinonide	0.05
Ultra High (Class I)	Clobetasol propionate Betamethasone dipropionate	0.05 0.05

Class I about 1000x as potent as hydrocortisone 1%

TCS: Prescribing Considerations

- What are you treating?
- Anatomic location?
- Severity? Condition of skin? (lichenified, thick)
- Anticipated duration of treatment? Acute vs chronic?
- How much BSA involved?
- Best vehicle choices?
- Appropriate potency for this patient right now?

TCS: Potency Guidelines

ULTRA-HIGH POTENCY

- Palm, Sole, Scalp
- Thick plaques
- Extensor surfaces
- *NOT face, neck, body folds*

MID POTENCY

- Trunk, Arms, Legs
- Limited use in flexural (lichenified AD)
- *NOT face, neck, body folds*

LOW POTENCY

- Face, Eyelid, Genital, Neck
- Intertriginous
- Baby/Young Child

TCS: Duration Guidelines

*use should taper over time

SUPER-HIGH POTENCY

- < 3-4 weeks for thick, lichenified areas

MID POTENCY

- < 6-8 weeks for body areas
- (less for flexures)

LOW POTENCY

- < 2 weeks for sensitive areas

Tube/Jar Sizes of Common TCS

Potency	Generic Name	Sizes
Low	Hydrocortisone 1% OTC Hydrocortisone 2.5% Desonide 0.05%	1-3.5 oz 20, 30, 454 g 15, 60 g
Medium	Triamcinolone acetonide 0.1%	15, 30, 80, 454 g
High	Fluocinonide 0.05%	15, 30, 60 g
Ultra High	Clobetasol propionate 0.05% Betamethasone dipropionate 0.05%	15, 30, 45, 60 g 15, 45/50 g

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TCS Prescribing Tips

- Know 1-2 TCS at each potency level
- Know what tube/jar sizes are available
- Quantity sufficient to treat affected areas
- Tailor duration to body area, condition of skin
- Choose a vehicle your patient will use
- Add area-specific instructions to Rx

Triamcinolone ointment 0.1%
80 g
BID prn to affected areas on body. Not for face, neck, body folds.

Hydrocortisone 2.5% cream
30 g
BID prn to affected areas on face and neck.

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TCS Potential Side Effects

*Risk increases with increasing potency



Skin Atrophy



Striae



Hypopigmentation

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TCS Adverse Effects: Facial

Steroid acne



Perioral Dermatitis



TCS Adverse Effects: Worsening Tinea Infections

- Tinea incognito
- Majocchi granuloma (fungal folliculitis)



Strategies for Ongoing TCS Treatment

Maximize TCS benefits & minimize risks

- Use lowest potency agent that will do the job
- Transition to PRN use as tolerated (no preventative use)
- Intermittent dosing: 2 days per week for maintenance
- Rotate TCS and nonsteroidal topicals (M-F/Sat-Sun, rotate weeks)
- Nonsteroidal Topicals: especially helpful for sensitive areas, kids

Nonsteroidal Topicals

Several Categories

- Calcineurin Inhibitors
- PDE4 Inhibitors
- Aryl hydrocarbon receptor agonist
- JAK Inhibitor

Most approved for children and/or adolescents

Topical Calcineurin Inhibitors

Pimecrolimus cream 1%

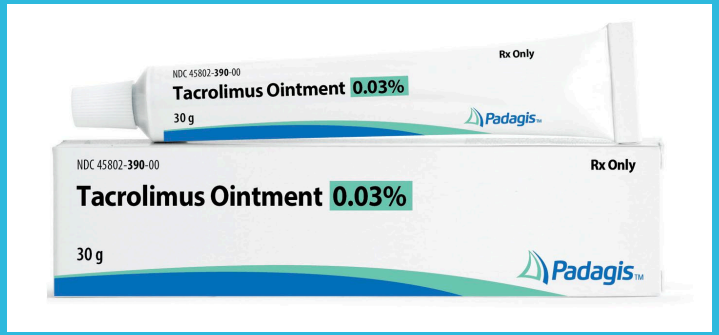
- Ages 2+ (AD)

Tacrolimus ointment 0.03%, 0.1%

- 0.03% ages 2+ (AD)
- 0.1% ages 16+ (AD)

- Can burn/sting





PDE4 Inhibitors

Eucrisa (crisaborole) 2% ointment

- Age 3 mos+ (AD)

Zoryve (roflumilast)

- **0.05% cream: Age 2-5 (AD) (new 2026)**
- 0.15% cream: Age 6+ (AD)
- 0.3% cream: Age **2**+ (PsO)
- 0.3% foam: Age 9+ (Seb Derm), Age 12+ (PsO)

Adquey (difamilast) 1% ointment (new 2026)

- Ages 2+ (AD)







Aryl Hydrocarbon Receptor Agonist

VTAMA (tapinarof) cream

- Age 2+ (AD)
- Age 18+ (PsO)



JAK Inhibitors

Opzelura (ruxolitinib) 1.5% cream

- Age 2+ (AD), age 12+ (vitiligo)



Anzupgo (delgocitinib) 2% cream

- Age 18+ (chronic hand eczema)



Other Non-TCS Topical Psoriasis Medications

Calcipotriene 0.005% ointment/cream

- Vitamin D analog
- Good combo with TCS



Tazarotene cream/gel 0.05% & 0.1%

- Retinoid
- Good combo with TCS



Topical calcineurin inhibitors (off label)

- Face/intertriginous/genital areas

Oral Steroids

Avoid shorter courses: less effective, risk of rebound

For chronic condition, use as bridge to next treatment

Common tapers:

- 20 days: Prednisone 10 mg: 4 x 5d, 3 x 5d, 2 x 5d, 1 x 5d (longer is better for poison ivy)
- 12 days: Prednisone 10 mg: 4 x 3d, 3 x 3d, 2 x 3d, 1 x 3d

Alternative: IM Kenalog 40-60 mg (lasts 3-4 weeks)

Topical Antifungals

Main uses: Tinea (Dermatophyte), Candida, Tinea versicolor

- What works best for each?







Classes of Topical Antifungals

CLASS	DRUGS	Dermatophyte	Candida	Tinea Versicolor
Imid**AZOLES**	**Ketoconazole** Miconazole Clotrimazole **Econazole**	X	X	X
Allyl/Benzylamines	Terbinafine Naftifine Butenafine	X	(+/-)	X
Hydroxypyridone	**Ciclopirox**	X	X	X
Polyene	**Nystatin**		X	

Common Fungal Infections

Fungus	Clinical	First Line Topical	Second Line Topical	Oral Options
Dermatophyte	Tinea pedis Tinea cruris Tinea corporis	Terbinafine x 2+ weeks	Azole Ciclopirox	Terbinafine Fluconazole Itraconazole
Candida (yeast)	Intertrigo	Azole x 2+ weeks	Nystatin	Fluconazole
Malassezia (yeast)	Tinea versicolor	Selenium sulfide lotion/sham x 7 d Ketoconazole Rx shampoo x 3 d Azole cream x 14 d Terbinafine cream x 7 days	Zinc pyrithione x 14 d Ciclopirox x 14 d	Fluconazole Itraconazole

Note: Tinea capitis and onychomycosis respond best to oral antifungal treatment

The Case Against TCS/Antifungal Combo

(clotrimazole/betamethasone dipropionate or triamcinolone/nystatin)

- Steroid is too potent
- Risk of adverse effects (atrophy)
- If it's fungal, steroid may decrease inflammation but worsen infection
- If it's dermatitis, the antifungal is unnecessary

Antifungals for Onychomycosis

Topical antifungals: long treatment (48+ wks), low efficacy

- Ciclopirox solution: apply qday, remove qwk with rubbing alcohol
- Also: efinaconazole, amorolfine, tavaborole

Oral antifungals: First line = Terbinafine

- Fingernails: 250 mg qday x 6 wks
- Toenails: 250 mg qday x 12 wks
- Labs: LFTs at baseline, 6 wks
- Nails won't look normal at end of tx



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Antifungals for Tinea Capitis





Most common: *Trichophyton tonsurans & Microsporum canis*

Culture & start treatment ASAP

Oral antifungals: First line = Griseofulvin or Terbinafine

Griseofulvin 20-25 mg/kg/day (max 1 g) x 8-12 wks

- Liquid/tablet forms, take with fatty food

Terbinafine dose weight-based x 4-6 wks

- < 20 kg 62.5 mg, 20-40 kg 125 mg, >40 kg 250 mg

Adjunctive: antifungal shampoo (ketoconazole)

- Reduce asymptomatic shed/spread, household contacts

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Common Acne Treatments







Treatments for Acne: Categories

*most take 2-3 months to see full effect

- Topical retinoids
- Topical Antibacterials
- Comedolytics
- Topical Antiandrogens
- Oral agents

Topical Retinoids

- Prevent microcomedo formation, anti-inflammatory, can help reduce hyperpigmentation

ADAPALENE (OTC & Rx)
- OTC: Gel 0.1%
- Rx: Gel 0.1% or 0.3%, Cream 0.1%

TRETINOIN (Rx)
- 0.025%, 0.05%, 0.1%
- Cream or gel

ALSO: Tazarotene & Trifarotene (Rx)

Topical Antibacterials for Acne

- Antibacterial and anti-inflammatory activity

BENZOYL PEROXIDE: also comedolytic

- Mostly OTC, 2.5-10%
- Gel, cream, lotion, foam, wash, bar, pads, etc
- Rx: combinations with topical antibacterials & retinoids

CLINDAMYCIN (Rx)

- 1% solution, lotion, gel
- Rx: combinations with benzoyl peroxide & retinoids
- Best in combination therapy to avoid resistance

Topical Antibacterials for Acne

DAPSONE (Rx)

- 5% bid or 7.5% qday
- Gel

SULFACETAMIDE/SULFUR (Rx)

- Lotion, cream, wash 10%/5%
- Avoid if sulfa allergic

Other Topicals for Acne

SALICYLIC ACID (OTC): Comedolytic

- Washes, patches, gels

CLASCOTERONE (Rx): Antiandrogen

- 1% cream BID

AZELAIC ACID (Rx): Antimicrobial, comedolytic, anti-inflammatory

- 20% cream BID

Oral Medications for Acne

Inflammatory, hormonal, moderate/severe acne

Antibiotics

- Doxycycline, minocycline, tetracycline

Antiandrogens

- Spironolactone

Oral contraceptives

Isotretinoin

Common First-Line Topical Tx for Acne

Mild

Medicated wash: salicylic acid or benzoyl peroxide

Topicals: Retinoid + benzoyl peroxide

Moderate

Topicals: Benzoyl peroxide/clindamycin gel + retinoid

Sunscreens


New!
BANANA BOAT
SPORT
Performance
30
Long Lasting
UVA/UVB Protection
Neutrogena
Ultra Sheer
DRY-TOUCH SUNBLOCK
45
FEELS CLEAN AND WEIGHTLESS
Aveeno
ACTIVE NATURALS
Continuous Protection
Sunblock Lotion
FACE
SPF 70
specially formulated for face • oil-free waterproof
active photobarrier complex

Sunscreens: Why Bother?

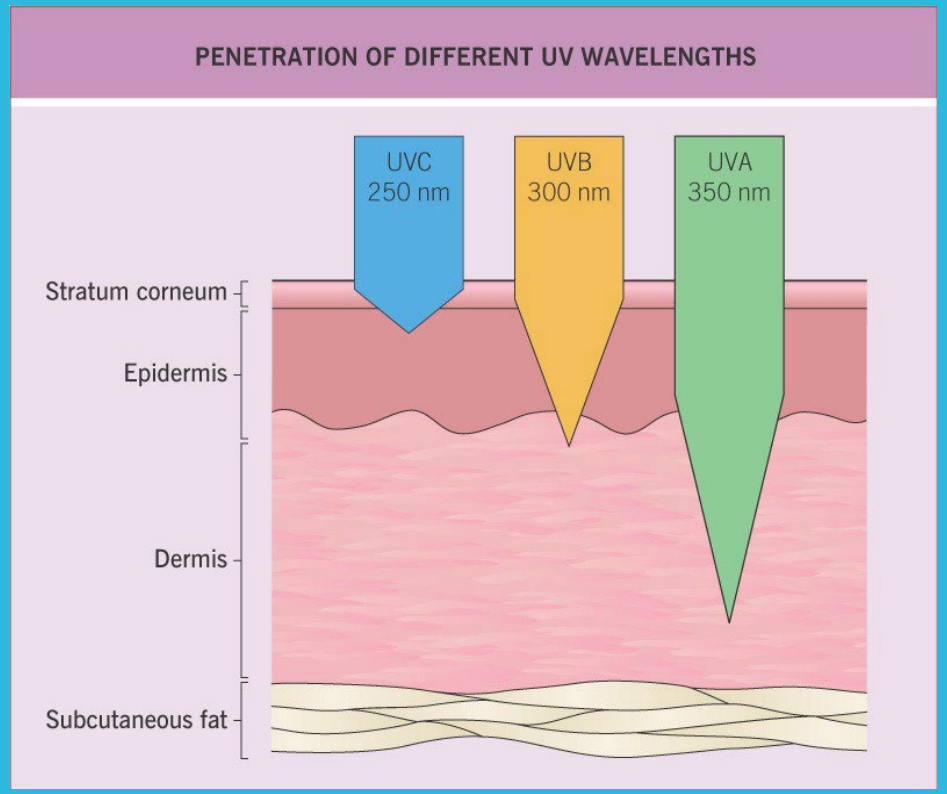
UV radiation causes skin cancer and photoaging

UVA = Aging

- Penetrates glass
- Skin thickening, wrinkles

UVB = Burning

- Penetrates water
- DNA damage, skin cancer



Sunscreen Terminology

Broad Spectrum = UVA + UVB protection

SPF (Sun Protection Factor) = ability to block UVB (amount of solar exposure NOT time)

- Very little difference above SPF 30
- SPF 15 blocks 93%, SPF 30 blocks 97%, SPF 50 blocks 98%

Water Resistance = maintains SPF after 40 or 80 minutes of water or sweat

- Cannot claim to be waterproof

Sunscreen Active Ingredients

PHYSICAL/MINERAL

Zinc Oxide
Titanium Dioxide

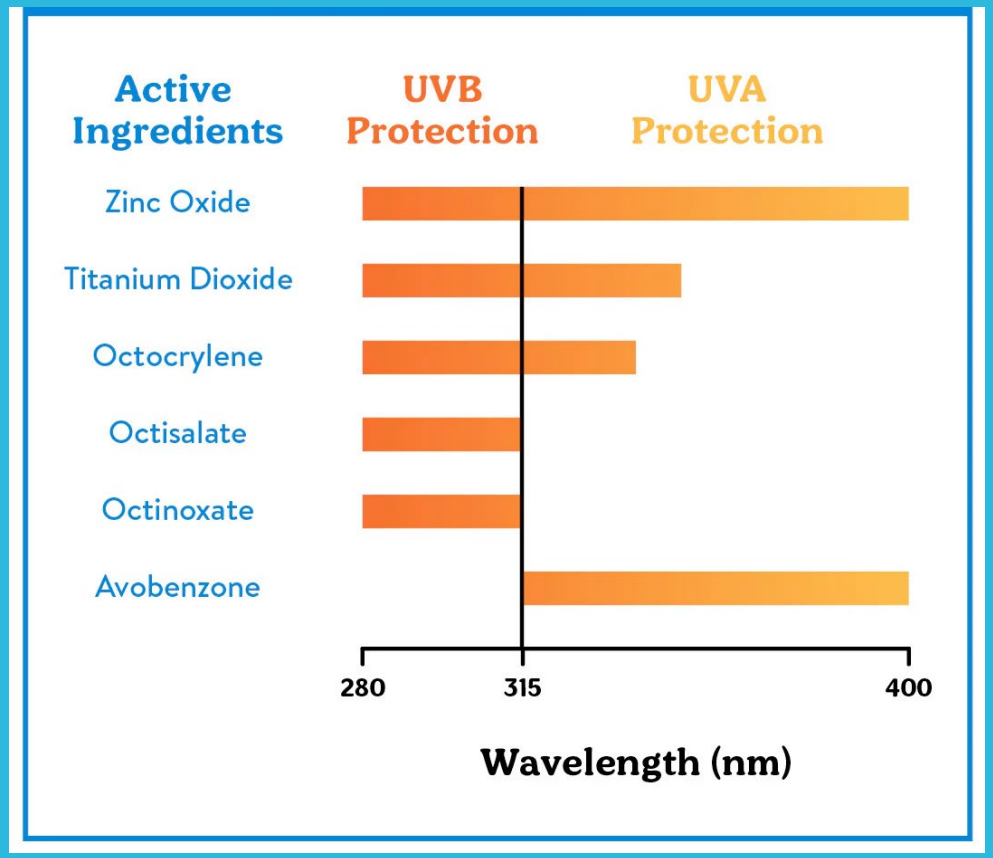
*white color, acne

CHEMICAL

Avobenzone
Oxybenzone
Octocrylene
Homosalate
Octinoxate
Octisalate
(pending: Bemotrizinol)

*irritation, photoallergic contact dermatitis, acne

UVA/UVB Protection



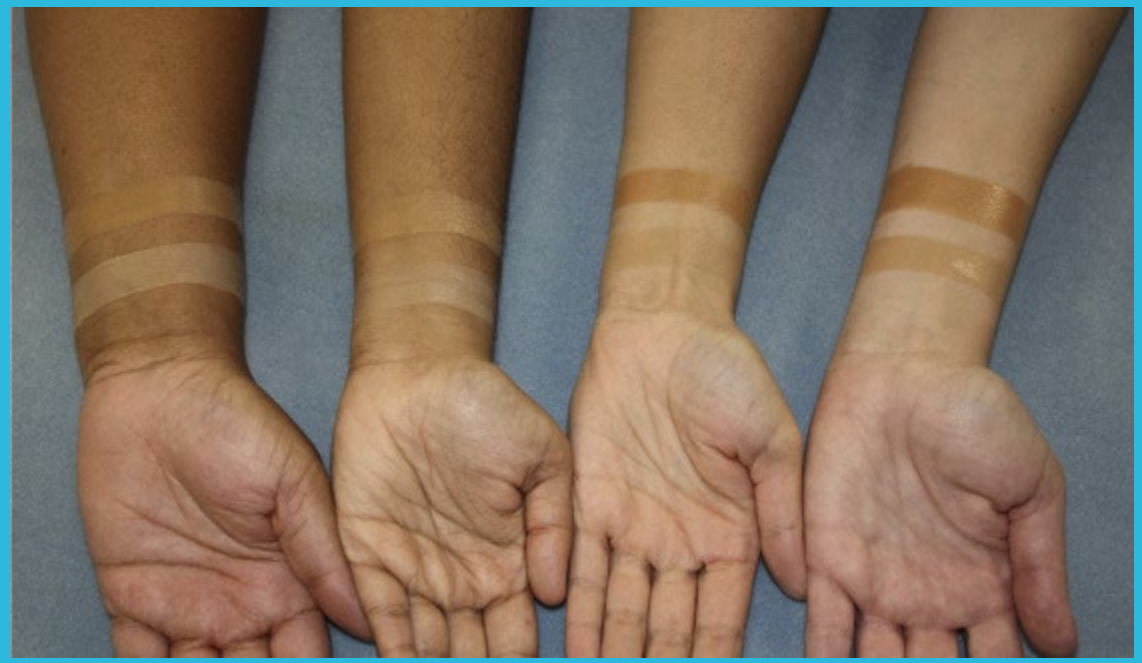
Badgerbalm.com

Tinted Sunscreens

Contain IRON OXIDES & pigmentary TITANIUM DIOXIDE







Tinted Sunscreens

Protect against VISIBLE LIGHT

- Melasma
- Post-inflammatory hyperpigmentation
- Certain photosensitive disorders



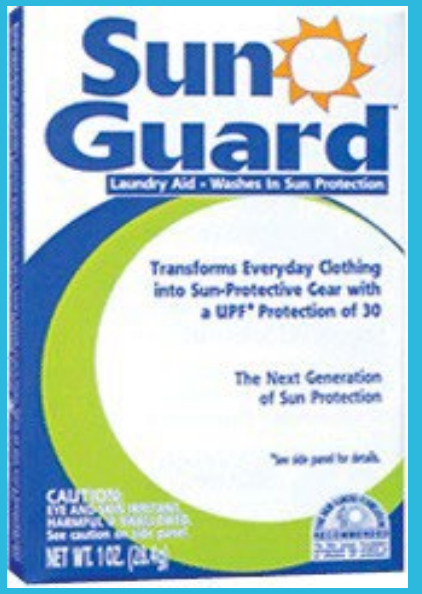
Sun-protective clothing

- Broad-brimmed hat
- Long sleeves
- Rash guard
- UV-protective clothing
- Sun Guard – adds UV protection to own clothing (wash in)



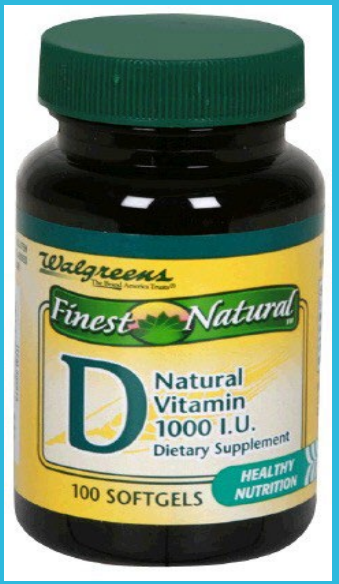






Sunscreens: What About Vitamin D?

- Needed to absorb calcium and for bone strength
- UVB required to synthesize Vitamin D
- Study: No Vitamin D deficiency with sunscreen use/hat
- BUT not tested with high SPF sunscreens or very strict photoprotection (photosensitive)



Sunscreen Tips/Recommendations

- Broad spectrum SPF 30+ (50+ may be better)
- Water resistant
- Apply evenly to all exposed areas, rub in
- Reapply every 2 hours, after swim/sweat
- Avoid sprays: uneven application, harder to achieve SPF
- BEST = THE ONE THAT GETS USED
- Combine with protective hats, clothing, shade structures

Case Studies

- Clinical Findings?
- Best topical steroid options?
- What else could you use?



- Clinical Findings?
- Best topical steroid options?
- What else could you use?



- Clinical Findings?
- Best topical steroid options?



- Psoriasis flare
- Ran out of topicals

- Best topical to Rx today while you work on Plan B?



- Clinical Findings?
- Likely diagnosis?
- Best topical treatment options?



- Patient wants to discuss treatment options
- What do you recommend?



- Clinical Findings?
- Likely diagnosis?
- Best topical treatment options?



https://www.pcds.org.uk/clinical-guidance/intertrigo

Thank You!
Questions?