Steroid phobia isn't reduced by improving patients' knowledge of topical corticosteroids

To the Editor: Topical steroids can be remarkably effective but often do not work. Poor adherence is a major barrier, and steroid phobia is a critical hurdle.[1]

Choi et al[2] report a randomized controlled trial of an educational intervention to reduce steroid phobia in adults treated with topical corticosteroids. Participants received standard medical care. The intervention was a 2.5-minute video of an elderly patient and her medical student grandson discussing steroid adverse effects, fears, and misconceptions in a relatable, nonconfrontational manner. The video demonstrated fingertip units to empower patients to use treatment safely and correctly. The carefully developed intervention also included a patient information leaflet written at a sixth grade level.

Steroid phobia was assessed at 1 and 3 months with the validated Topical Corticosteroid Phobia (TOPICOP) scale. The scale assesses knowledge, fear, and adherence related to steroid phobia. Baseline TOPICOP scores were similar in the intervention and control groups. Scores improved in the intervention group but not in the control group. The intervention improved patients' knowledge of steroids; however, the intervention was ineffective at reducing fear or improving reported adherence. This finding has major implications for how we address steroid phobia with patients. This study used an excellent intervention that improved patients' knowledge but that did not reduce patients' fears.[2] Efforts to increase knowledge do not seem particularly effective at reducing patients' fears. Perhaps there could be other more effective knowledge-based approaches, but given how carefully the intervention used in this study was designed, we suspect that other knowledge-based approaches are unlikely to be effective as well. Giving patients data appears not to be particularly effective for changing minds (something we should consider throughout other aspects of human endeavor).

A variety of other approaches to reduce patients' fears and improve adherence (and outcomes) could be considered. First is building a critical level of patient trust in the physician that overcomes patients' fears of the prescribed medication; it seems unlikely that building trust in the drug company or insurer would be effective or even feasible.[3] Second, reducing the time to the first return visit may help create a sense of accountability that could overcome fear; seeing patients back in a few days would also allow us to explain there are no significant adverse effects over that time period.[4] Third, humans respond to a story or an anecdote even more than they do to data; giving patients an anecdote about a similar patient who did well on the treatment may not provide much information and may not increase patients' knowledge of corticosteroids, but, at least potentially, it could have a large impact on patients' fears.[5] Finally, we could be careful not to use language that might conflate our treatments with other types of steroids, such as androgens, that carry greater risks. Developing interventions to address patients' fears remains an important need. More than knowledge, a patient's choice to use a treatment has to register on an emotional level.

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