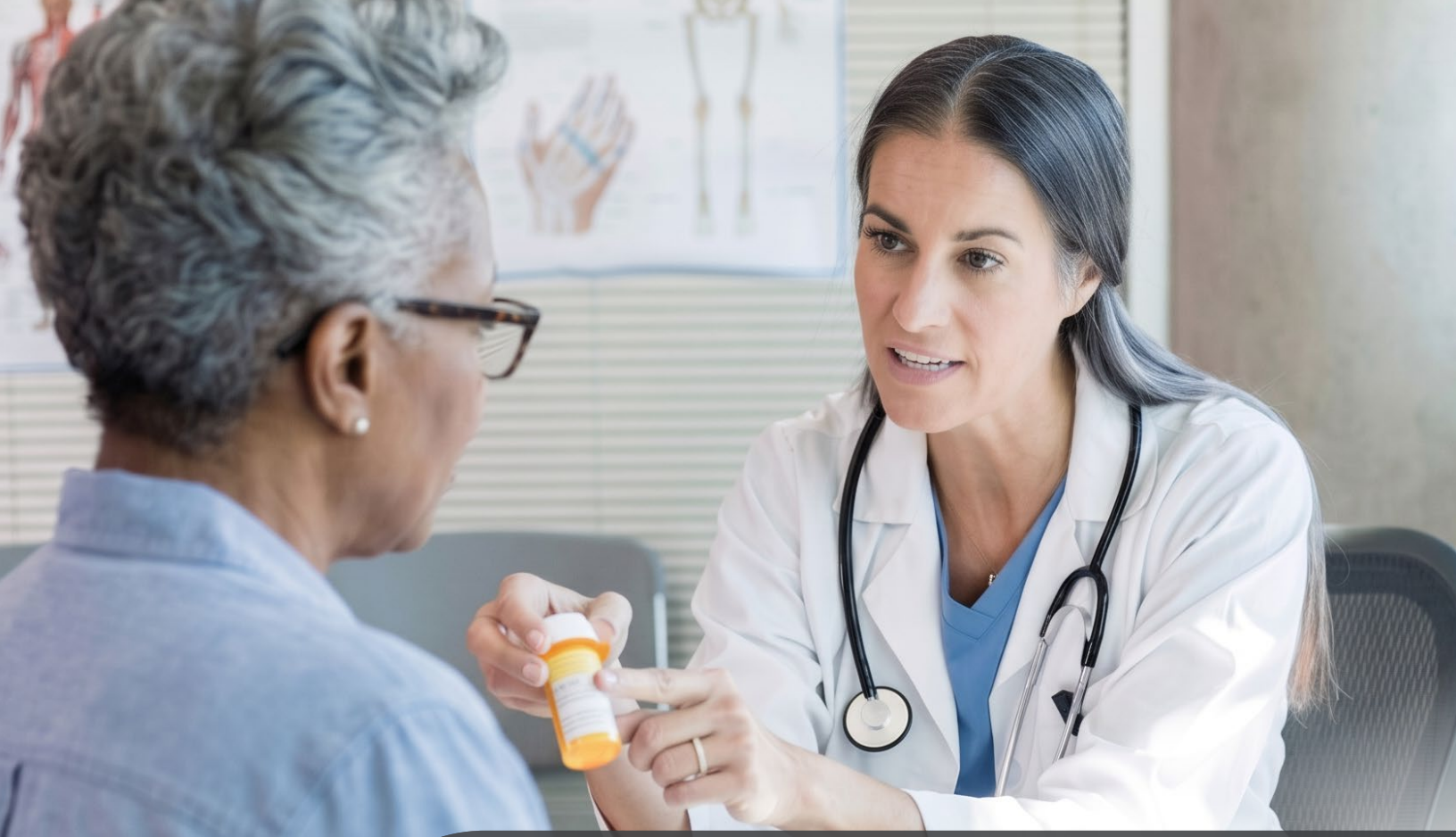
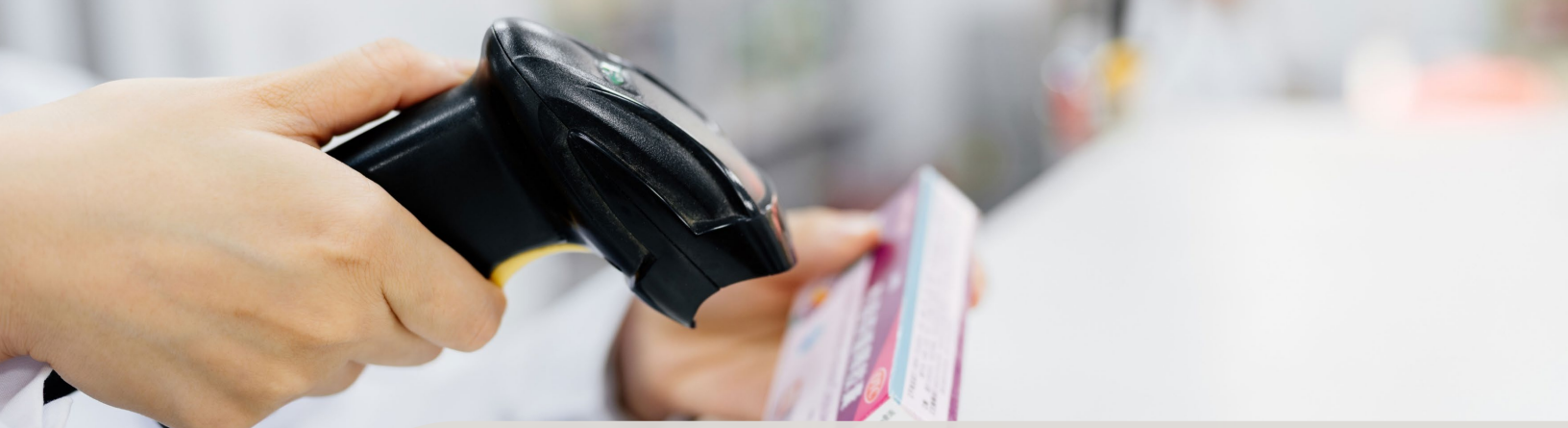


Advancing Safer, More Accountable Use of Corticosteroids

August 2026

Corticosteroid Stewardship Alliance



Executive Summary

> Corticosteroids* are among the most widely used medications.[1] Every day, clinicians prescribe corticosteroids to manage inflammatory, autoimmune, allergic, respiratory, dermatologic, neurologic and musculoskeletal diseases. For many patients, these medications provide rapid symptom relief.

However, research increasingly links repeated and cumulative corticosteroid exposure to adverse events affecting patients' health.

Additionally, growing evidence suggests that health care systems are underestimating the risks associated with exposure. While individual prescriptions can be clinically appropriate, patients frequently receive corticosteroids from multiple clinicians, through multiple routes of administration and across multiple episodes of lifelong care without a clear understanding of their total exposure over time.

This paper identifies the key pillars for a future corticosteroid stewardship framework in the United States. First, there needs to be a focused effort to raise patient awareness and strengthen clinician education. Second, health care systems should establish harm thresholds, tools and processes that better identify, measure and monitor cumulative corticosteroid exposure. Finally, policy reforms need to focus on updating labeling, incorporating cumulative exposure considerations into step therapy guardrails and improving public health by tracking corticosteroid-related injury.

*Unless otherwise noted, the term "corticosteroid" is used herein to refer to glucocorticoids rather than mineralocorticoids.

Expert Working Group

> To address the need for concerted efforts to address corticosteroid use, the Corticosteroid Stewardship Alliance, or CSA, convened a multidisciplinary expert working group of clinical specialists, patient advocates and health care policy professionals.

This expert group was tasked with:

- Identifying key issues surrounding corticosteroid-related toxicity and defining excessive exposure
- Building consensus on which practice and policy reforms are needed to protect patient health
- Developing stewardship framework pillars for patients, clinicians and policymakers

The group discussed multiple barriers to the appropriate use of corticosteroids. These include fragmented prescribing across specialties and care settings; lack of standardized approaches for measuring exposure, monitoring risk or identifying patients who may be approaching harmful levels of corticosteroid use; limited awareness among patients; and insurance practices that require use of corticosteroids before patients gain access to alternative treatment options.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Insights from this working group, held on May 14, 2026, at the George Washington University, in Washington DC, informed and shaped the content of this report.

Risk and Harm of Corticosteroid Overuse

Corticosteroids are often viewed as routine medications because of their quick relief and low costs leading to widespread use. In many clinical situations, they may be an appropriate treatment option. However, since being introduced in the 1950s, a growing body of evidence suggests that repeated or prolonged exposure can injure patients, and not all patients are affected equally, as responses vary based on how the medication is metabolized.

Although tracking mechanisms are limited, real-world evidence associates corticosteroid toxicity with complications involving:[2-8]

Metabolic health, including weight gain and diabetes progression

Cardiovascular health

Musculoskeletal health, including osteoporosis and increased fracture risk

Dermatologic complications, including striae, telangiectasias, bruising, dyspigmentation, acne and impaired wound healing

Neuropsychiatric complications

Ophthalmic complications

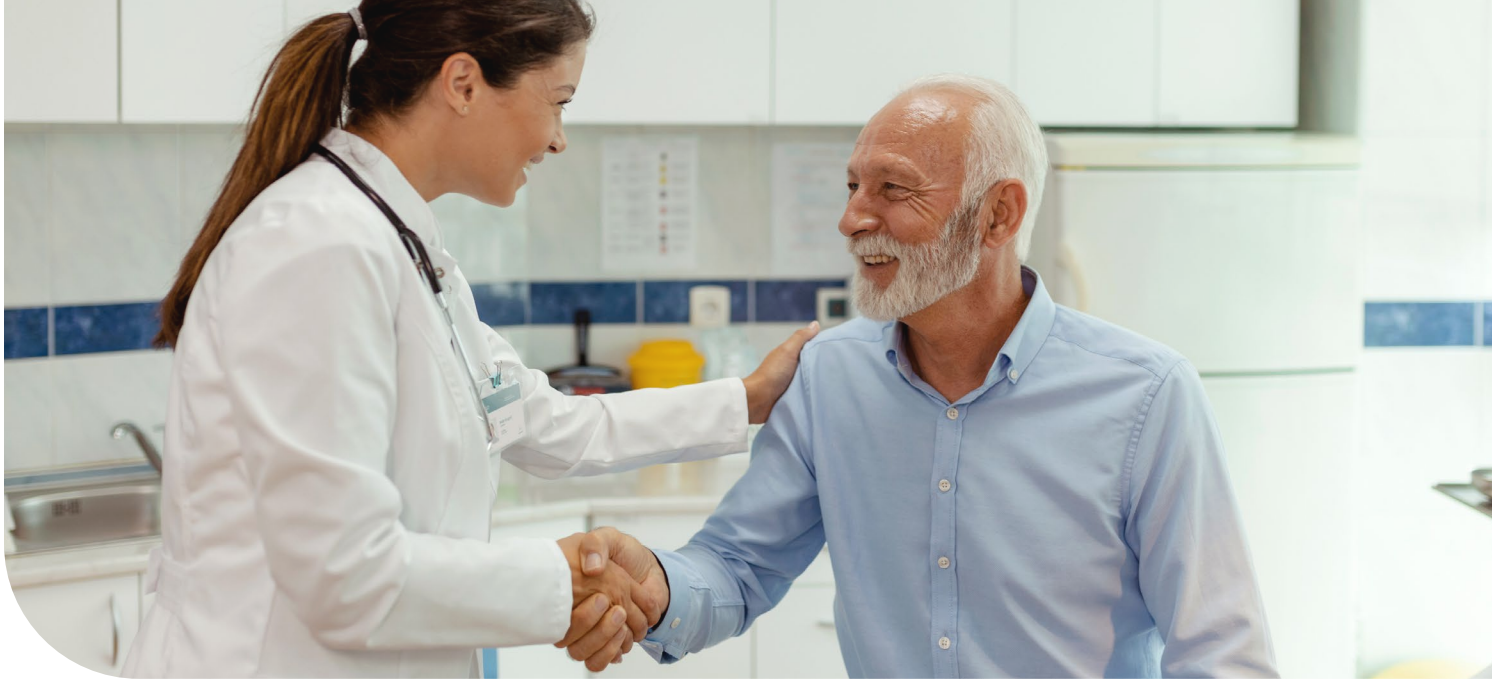
Importantly, many steroid-related adverse events develop gradually and may not be immediately linked to corticosteroid use.[2, 3]

This can make the true burden of corticosteroid-related injury difficult to recognize. This is compounded by fragmented prescribing across multiple providers, at different times, and for more than one health condition.

> "Taking steroids is like a deal with the devil. You feel great at the outset, until you discontinue them, and the disease comes right back often worse than before."
>
> Adam Friedman, MD

A patient with asthma may receive multiple courses of oral steroids throughout the year. A patient with a dermatologic condition may use topical corticosteroids while also receiving injectable treatments from another specialist. A patient with chronic inflammatory disease may receive repeated steroid bursts while awaiting access to alternative therapies. Individually, each prescription may be reasonable. Collectively, however, these exposures may contribute to a significant cumulative burden and patient harm.

Experts from this working group suggest that health care systems should begin viewing cumulative exposure as a patient safety issue in the same way they monitor exposure to radiation, opioids or antibiotics. Recognizing the risk is the first step toward creating a safer system of care.



Introducing Corticosteroid Stewardship

Corticosteroid stewardship is a coordinated approach to promoting the safe, appropriate and accountable use of corticosteroids across the health care system.

At its core, stewardship seeks to answer a simple question:

> How can we ensure patients receive the benefits of corticosteroids while minimizing unnecessary exposure and avoidable injury?

The concept is modeled after successful initiatives in areas such as opioid stewardship, where health care systems have implemented tools, education and monitoring frameworks to promote responsible use.

Similarly, corticosteroid stewardship focuses on:

- Improving awareness of cumulative exposure
- Recognizing patients who may be at risk for corticosteroid-related toxicity
- Supporting informed prescribing decisions
- Encouraging appropriate monitoring and follow-up
- Improving coordination across specialties and care settings

Most importantly, stewardship is not an effort to reduce access to corticosteroids. These medications remain essential therapeutics. Rather, stewardship seeks to ensure that corticosteroids are used intentionally, transparently and with a full understanding of the risks and benefits.

As evidence regarding cumulative exposure continues to evolve, stewardship provides a framework for bringing clinicians, patients and policymakers together around a shared goal of improving patient safety.

Barriers to Corticosteroid Stewardship

While the concept of stewardship is straightforward, implementing it within today's health care system presents several challenges.

Fragmented Prescribing and Limited Visibility

Perhaps the greatest challenge is that corticosteroid prescribing is fragmented across the health care system. Patients frequently receive varying potencies of corticosteroids from multiple specialists, urgent care centers, emergency departments and over the counter.[9-12]

> **"There is nothing built into electronic health record systems that integrate cross-specialty prescribing or translate cumulative exposure into guidance."**
>
> Larry Eichenfield, MD

Most electronic health record systems were not designed to track cumulative corticosteroid burden across specialists, routes of administration and different health systems. As a result, clinicians often rely on incomplete records and patient recollection.

Lack of Standardized Measurement

Another major barrier is the absence of broadly accepted standards for measuring cumulative corticosteroid exposure. Clinicians currently lack consensus regarding the following questions:[13,14,16,17]

- What constitutes excessive exposure and harm to a patient?
- When should intervention occur?
- How should risk be measured?
- What monitoring should be the standard of care?

> **"There is no standardized risk stratification and no good way to measure cumulative steroid burden."**
>
> Alexandra Golant, MD

> **"Any guideline recommendations will need to be highly specific because steroid use varies widely across diseases, formulations and routes of administration."**
>
> Sumayya Ahmad, MD

Limited Awareness Among Patients

Many patients are unaware that medications they receive contain corticosteroids and contribute to their cumulative exposure.

> **"Many dermatology patients don't realize they are using a topical steroid. Product labels should clearly identify the medication as a steroid while also stating its potency."**
>
> Kelly Barta, International Topical Steroid Awareness Network

> **"Patients need more education and guidance about corticosteroid use to have meaningful conversations with their health care provider about their care."**
>
> Wendy Smith Begolka, MBS, National Eczema Association

Across the EU, regulators have already taken steps to improve patient understanding of topical corticosteroids by requiring over-the-counter products to clearly display simplified potency categories such as mild, moderate and strong.[15]

Insurance and Access Challenges

Insurance policies can also contribute to repeated corticosteroid exposure. Step therapy requirements often require patients to try and fail corticosteroids before alternative treatments become available. In some cases, repeated corticosteroid use may occur because it remains the fastest and least expensive treatment option.

> **"Sometimes, I am forced to prescribe a formulary-preferred treatment (corticosteroid) against my expertise and training."**
>
> Douglas DiRuggiero, PA-C

> **"Insurance policies often drive a wedge between the clinician-patient relationship."**
>
> David Charles, MD

While these policies are designed to manage costs, they do not account for cumulative exposure and can cause injury to patients.

Priority Solutions for Corticosteroid Stewardship

Defining, monitoring and addressing corticosteroid overexposure will require action across our health care systems. While no single intervention will solve the problem, meaningful progress can begin through coordinated efforts focused on raising awareness, advancing clinical practice and implementing policy reforms.

Raising Awareness

Improving awareness is a critical first step toward reducing corticosteroid-related injuries. Clinicians need greater visibility into cumulative corticosteroid exposure and its potential consequences, while patients should be empowered to understand when they are receiving corticosteroids and the risks associated with repeated use.

Priority initiatives include expanding patient and clinician education, strengthening clinician training, improving public awareness of corticosteroid-related injury and promoting clearer product labeling and patient communications.

Changes in Medical Practice

Health care systems should establish thresholds, tools and processes that better define, measure and monitor cumulative corticosteroid exposure. As evidence continues to evolve, consensus on meaningful exposure thresholds will help clinicians recognize when patients move towards increased risk.

Key practice reforms include implementing electronic health record-based exposure tracking, integrating clinical decision-support tools, improving coding and documentation of corticosteroid-related adverse events and strengthening cross-specialty coordination.

Policy Measures

Policy plays an important role in promoting safer and more accountable corticosteroid use. While corticosteroids remain essential for many patients, current policies do not always account for the risk associated with cumulative exposure.

Priority policy reforms include strengthening corticosteroid labeling standards, incorporating cumulative exposure considerations into step therapy guardrails and improving public health surveillance and data collection related to corticosteroid-related injury.

CONCLUSION

Safer Care, Not Restricted Care

> **Corticosteroids remain an essential therapeutic in medical care. Their value in the management of acute diseases is well recognized and widely accepted.**

However, growing evidence suggests that cumulative exposure represents an underrecognized patient safety challenge. Patients frequently receive corticosteroids across multiple care settings without a clear understanding of their total exposure or associated risks.

Our health care system currently lacks standardized approaches for measuring cumulative burden, identifying at-risk patients and coordinating prescribing efforts across clinicians.

Corticosteroid stewardship offers a practical framework for addressing these challenges. Through greater awareness, improvement in clinical practice and thoughtful policy reform, stakeholders can work together to ensure corticosteroids are used effectively while minimizing unnecessary exposure and avoidable patient injury.

This paper is intended to serve as the basis of that framework. Additional research, collaboration and policymaking will be necessary to develop the tools and standards needed to support widespread implementation of corticosteroid stewardship nationwide.

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