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Corticosteroids: out of fashion?

Corticosteroids are used in a variety of clinical situations, mainly as symptomatic treatment. After decades of use, detailed information has accumulated about their use and has rightly led to more sparing use of corticosteroids.

Replacements for corticosteroids now constitute a growth niche, which is being filled by other immunosuppressants: anti-interleukin antibodies in gout, TNF alpha antagonists in various inflammatory bowel diseases and rheumatologic disorders, topical *tacrolimus* in eczema, and *omalizumab* in asthma.

Omalizumab is also proposed as a replacement for corticosteroids in chronic urticaria, a condition that is not serious but can be very troublesome (see p. 152). Systemic corticosteroids have long been used in this situation, when symptoms fail to resolve over time or with antihistamine treatment. They have not been subjected to robust evaluation in chronic urticaria, and their efficacy is only modest. But is it advisable to replace corticosteroid therapy with a different immunosuppressant?

Omalizumab is more effective than placebo, but it is not particularly effective. It has not been compared with oral corticosteroid therapy in chronic urticaria, nor in asthma for that matter. However, its adverse effect profile is worrisome, including many unknowns about its long-term harms.

Omalizumab's anti-IgE action certainly makes it "sexier" than corticosteroids, which date from the last century. But what have patients to gain by trading the known dangers of an old drug for the other serious dangers and more unknowns of a newer drug, without any evidence of greater efficacy?

Prescrire