



Memorial Day 2007

PIC QUESTION OF THE WEEK: 5/28/07

Q: What is the recommended dosage of corticosteroids for the treatment of poison ivy?

A: “Leaves of three, let them be” is a common warning associated with the description of poison ivy. One of the most common causes of allergic contact dermatitis, the plant is now classified in the genus *Toxicodendron*. Approximately 50% - 70% of the population is sensitive to urushiol, a heterogenous group of compounds present in the oily resin that is responsible for the blisters, pruritus, edema, and “weeping” lesions that generally develop within 24-48 hours after exposure. Direct contact with urushiol is necessary for the condition to develop. The fluid within the vesicles and bullae does not contain uroshiol nor does it serve to spread the lesions. Poison ivy is self-limiting and generally lasts from 1-4 weeks. Avoiding the plant, washing skin and affected clothing shortly after exposure, and the application of barrier products such as bentoquatam (Ivy Block) may be of benefit in preventing poison ivy.

The treatment of poison ivy and related forms of allergic contact dermatitis consists of topical medications such as calamine and other “shake” lotions, cold compresses of aluminum acetate (Burow’s solution), and tepid baths containing oatmeal (e.g. Aveeno) or cornstarch. Topical corticosteroids also play a major role in managing poison ivy. *High potency* corticosteroids should not be used on the face. In addition, they may be ineffective in areas of extensive vesiculation or weeping lesions. Severe cases of poison ivy often do not respond to topical corticosteroids and systemic therapy is usually necessary. The most recognized errors in systemic treatment are the use of insufficient doses of corticosteroid and an inadequate duration of therapy. Treatment with drugs like prednisone should always include some type of tapering schedule. Most authors suggest a course of corticosteroids that extends from **2-3 weeks**. Short courses and abrupt withdrawal frequently result in exacerbation of poison ivy lesions. The routine use of *5-6 day* dose packs is discouraged by most experts. It should be noted that the first day’s dose (24 mg) in a methylprednisolone dose pack is only equivalent to 30 mg of prednisone, one-half of that suggested in most current guidelines. Various dosage regimens of prednisone have been recommended for the treatment of moderate – severe poison ivy:

- 60 mg daily for 4-7 days, 40 mg per day for 4-7 days, and 20 mg daily for 4-7 days without further taper
- 60 mg daily for 4 days followed by a reduction of 10 mg per day every two days
- 60 mg on day one, followed by a reduction of 5 mg per day for the remaining 11 days (total of 78 tablets of 5 mg)

Systemic corticosteroids are extremely useful in managing severe cases of poison ivy, but dosage and duration must be sufficient for optimal response.

References:

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- Gladman AC. Toxicodendron dermatitis: poison ivy, oak, and sumac. Wilderness Environ Med 2006;17:120-8.

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