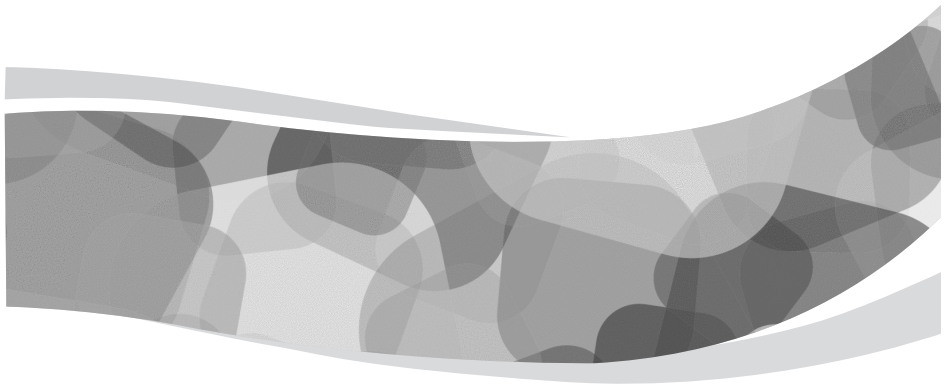


Information for patients about  
**Corticosteroids**



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## **Corticosteroids (other names prednisolone, methylprednisolone, dexamethasone)**

Corticosteroids, often more simply referred to as steroids, can be given in many different ways. For neurological problems they can be given by injection into a vein over a few days, or as a tablet. This leaflet only deals with steroid tablets.

Prednisolone is the most commonly prescribed steroid tablet. Some patients are prescribed dexamethasone or methylprednisolone tablets. Prednisolone is available either as a plain tablet or in a special form, called 'enteric-coated'. Your doctor may prescribe enteric-coated prednisolone if you suffer from indigestion or you are taking a high dose.

### **Why am I prescribed steroid tablets?**

Corticosteroids have entirely different effects from the 'body building' steroids, and cannot be interchanged. Some steroids, such as the hormone cortisol, occur naturally in the human body. Steroids prescribed by your doctor are very effective against swelling and inflammation, and can help with several different types of neurological disease. They are used for myasthenia gravis, chronic inflammatory demyelinating polyneuropathy (CIDP), inflammation of the lining of the blood vessels (vasculitis) and inflammation in muscles (myopathy). However, they only suppress the disease and do not cure it.

### **When do I take prednisolone?**

Prednisolone is usually taken once a day, with or after food. Sometimes it is prescribed on an 'alternate-day' basis, which means that you take prednisolone on every second day. Enteric-coated tablets should be swallowed whole (not crushed or chewed).

## **What dose do I take?**

Your doctor will advise you about the dose. This will depend on why prednisolone is being used, and on your body weight. Often your doctor will start you on a high dose and then reduce this as your symptoms improve. Sometimes you will be started on a low dose which is then gradually increased. If you have been on steroids for a long time, then your doctor will make any reductions very slowly.

**You should not stop taking your steroid tablets or alter the dose unless advised by your doctor. It can be dangerous to stop steroids suddenly.** Your doctor may decide that you should continue on a small dose (a maintenance dose) of prednisolone indefinitely.

When taking steroid tablets **you must carry a Steroid Card**, which records how much prednisolone you are on and how long you have been taking it. If you become unwell or are involved in an accident you will probably need extra steroids. Your doctor, nurse or pharmacist can give you a steroid card.

## **How long will prednisolone take to work?**

Prednisolone works very quickly. Usually you will notice a benefit within a few days.

## **What are the possible side-effects?**

In the case of prednisolone, the longer you are taking it, and the higher the dose, the more likely you are to have problems. Your doctor will take this into account and will keep you on the lowest possible dose that keeps your disease under control. However, very often steroids are necessary to control disease, so it is a question of carefully weighing up the risks and benefits of continuing on them. If you are on very low doses of steroids you may never experience any problems.

### **The most common side-effects are:**

- Weight gain and a round face.

- Thinning of the bones (osteoporosis).
- Easy bruising.
- Indigestion and stomach pains.
- Stretch marks and thinning of the skin.
- Muscle weakness.
- Changes in mood (for example feeling depressed).
- Cataracts can occur, and prednisolone can also make glaucoma worse.
- Steroids may occasionally interfere with the menstrual cycle.

The blood sugar may rise, causing diabetes, and if you have diabetes you may require a change in the treatment of your diabetes.

High doses of prednisolone can cause a rise in blood pressure.

If you suffer from epilepsy, then it is possible that prednisolone could make the epilepsy worse.

Taking prednisolone can make you more likely to develop infections. If this happens or if you have a fever you should report to your doctor. Signs of infection can be disguised by prednisolone, so if you feel unwell or develop any new symptoms after starting prednisolone, it is important to tell your doctor.

If you have not had chickenpox but come into contact with someone who has chickenpox or shingles, you should report to your doctor immediately as you may need special treatment. If you develop chickenpox or shingles you should report to your doctor immediately.

## **What should I know about osteoporosis and how can I reduce the risks?**

Osteoporosis means thinning of the bones, making fractures more likely. As mentioned above, long-term treatment with steroid tablets can cause osteoporosis. To reduce the risk it is a good idea to follow the general recommendations below.

However, you should also ask your family doctor or neurologist for advice on your particular case.

- Make sure your calcium intake is at least 1.5g (1500 mg) per day, equivalent to about two pints of milk. Vitamin D supplements may also help.
- If possible, do at least 30 minutes of weight-bearing exercise each day (that is, exercise which involves walking or running).
- Avoid smoking and reduce the amount of alcohol you drink.
- Hormone Replacement Therapy (HRT) may be useful for some women around the time of the menopause.
- In men, testosterone replacement can be useful if the levels of this hormone are low.
- Your doctor may advise the use of bisphosphonate drugs and/or calcium and vitamin D supplements.

To help them make decisions about whether you require any treatment to prevent osteoporosis, your doctor may order a test of your bone density (DEXA scan).

## **Do I need any other special checks while on steroid tablets?**

Your doctor may check your general condition from time to time, for example your weight, blood pressure and blood sugar level.

## **Can I take other medicines along with steroid tablets?**

Yes, many drugs can be safely taken with prednisolone.

However, some other drugs interact with prednisolone and you should always tell any doctor treating you that you are taking prednisolone. You should not take 'over-the-counter' preparations without discussing this first with your doctor, nurse or pharmacist.

## **Can I have vaccinations while on steroid tablets?**

It is recommended that you should not be immunised using any of the 'live' vaccines such as polio, rubella (German measles) and yellow fever.

An 'inactivated' polio vaccine can be given instead of the 'live' polio vaccine and the 'inactivated' version should also be given to people you are in close contact with, such as members of your household. If you are on steroid tablets you should avoid contact with children who have been given the 'live' polio vaccine, for 4-6 weeks after vaccination.

Yearly flu vaccines and pneumovax are safe and recommended. Tetanus vaccine is safe.

## **Do steroid tablets affect pregnancy?**

Although it is best not to take prednisolone during pregnancy, it is safer than some other drugs. If you are planning a family you should discuss this with your doctor beforehand. If you find you are pregnant and are on steroids, do not stop them, but discuss things with your doctor. Never stop steroids abruptly. If you wish to breastfeed you should seek advice about this from your doctor beforehand.

## **May I drink alcohol while taking steroid tablets?**

Yes, but with care. Since both alcohol and steroids can upset the stomach, drinking alcohol should generally be avoided. It is best to discuss this with your doctor.

## **Where can I obtain further information?**

If you would like any further information about steroid tablets, or if you have any concerns about your treatment, you should discuss this with your doctor, nurse or pharmacist.

**Remember to keep all medicines out of reach of children.**

