



ORAL TREATMENT WITH CORTICOSTEROIDS

What are the aims of this leaflet?

This leaflet has been written to help you understand more about oral treatment with corticosteroids. It tells you what it is, what it is used for, what its effects are, and where you can find out more about it.

What is oral treatment with corticosteroids?

Your body produces corticosteroids naturally, on a daily basis. Without them it would not be possible to survive. They are made in the cortex of the adrenal glands (hence the 'cortico-' part of the name). The ones used most often in medical treatment (prednisolone and prednisone) are not exactly the same as the ones produced in the body (mainly hydrocortisone). It is convenient to refer to them just as 'corticosteroids' or 'steroids', but you should be aware that they are different from the type of steroids used for power building (which are correctly termed androgenic steroids).

The word 'oral' means that the steroids are taken in tablet form by mouth. Oral treatment with corticosteroids is also known as 'oral cortisone therapy' or 'systemic steroid therapy'.

What is oral treatment with corticosteroids used for?

Corticosteroid tablets are needed to treat many skin disorders. They reduce inflammation and help to clear the rash, or at least to control it. They are commonly used for various blistering skin conditions, 'autoimmune' conditions, inflammatory conditions of skin blood vessels (vasculitis) and some other skin problems.

What are the effects of oral treatment with corticosteroids?

Before starting you on this treatment, your doctor will weigh up the risk of side effects against the damage that your skin disorder might cause if it is not properly treated and will have discussed this with you.

The dose of steroid will be adjusted to reduce the risk of side effects. At first a high dose may be needed to bring your skin under control; the dose will then be reduced slowly, and phased out if possible.

If you have been taking the tablets for more than a few weeks it is important NOT to stop the medication suddenly, as your body may have stopped making its own corticosteroids and come to depend on the tablets you are taking for its daily requirement. They should be phased out gradually under the instructions of your doctor.

What are the side effects of oral treatment with corticosteroids?

When taken for long periods (more than 2-3 months), or in large doses, corticosteroids can cause a range of possible side effects; the higher the dose, the greater the chances of side effects. Your doctor will tell you about these, and will monitor them carefully whilst you are taking the steroids.

Possible side effects include the following:

- Fluid retention, increase in weight, and 'puffiness' around the face
- Thinning/softening of your bones (osteoporosis)
- High blood pressure (hypertension)
- Sugar diabetes
- Indigestion, or worsening of a peptic ulcer - inform your doctor if you develop abdominal pain.
- Changes in mood - please let your doctor know if this occurs, or if you have had previous problems with your nerves.
- Skin - impaired healing of cuts, risk of stretch marks, skin thinning, bruising, increased growth of facial hair, acne
- Increased risk of infection. In particular, you should tell your doctor if you have had tuberculosis in the past. If you have not had chicken pox or shingles before, you should seek advice if you come into contact with them when on steroids.
- Muscle weakness
- Joint pain, particularly in the hip, may be due to damage to an area of bone. This is known as 'avascular necrosis'.
- Cataract of the eye

The risks of these side effects must be balanced against what would happen if you did not have proper treatment for your skin condition. Bear these points in mind:

- These are only *possible* side effects and they are very unlikely to occur if you are taking the treatment for a short period only.
- If they do occur, most of these side effects, such as high blood pressure, can be treated. In some instances it is best to use preventative treatment, especially to avoid effects on the bones (osteoporosis). A good diet and regular exercise help to protect the bones. In addition, tablets known as bisphosphonates, together with the calcium and vitamin D in your diet (or taken as supplements), are recommended if your steroid treatment is going to last for more than 3 months. Some need be taken only once a week. In women after the menopause, hormone replacement therapy (HRT) also helps to keep the bones strong.
- The main way to avoid side effects is by keeping the dose to the lowest one needed. In some of the conditions that are treated with steroids, a 'steroid sparing effect' can be achieved by adding in other tablets that affect the immune system such as azathioprine (Imuran), dapsone, cyclophosphamide (Endoxana), and ciclosporin (Neoral). However, all of these have possible side effects of their own too. These must be thought about carefully to see if using the tablets is likely to do good rather than harm.

What should I do?

- If you are on long-term steroid treatment, you should carry a steroid card and/or wear a Medic Alert bracelet or necklace (see below). If you were to become unconscious (for example, after a road traffic accident) and had to go to hospital, the doctors there would be made aware that your steroid treatment would need to continue, and the dose might even have to be increased temporarily.
- Remember that it could be dangerous to stop the corticosteroid tablets suddenly (see above); never do this without discussing the matter with your doctor.
- If you have any worries or concerns, please do not hesitate to ask your doctor.

Where can I get more information?

About the Medic Alert bracelets:

Medic Alert Foundation
1 Bridge Wharf
156 Caledonian Road
London N1 9UU

Freephone: 0800 581420
Tel: 020 7833 3034
Fax: 020 7278 0647
Email: info@medicalert.org.uk
Website: www.medicalert.org.uk

Other useful websites:

<http://arthritis.about.com/cs/steroids/index.htm>
<http://www.patient.co.uk/health/steroid-tablets.htm>

Other relevant leaflets issued by the British Association of Dermatologists include those on azathioprine, dapsone, and ciclosporin.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

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PATIENT INFORMATION LEAFLET
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