



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?

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

Corticosteroids (also known as steroids) are chemicals (hormones) that occur naturally in the body. They have numerous roles in the body which include decreasing inflammation and suppressing the body's immune system. Corticosteroid medicines are man-made but are similar to these natural hormones. Corticosteroids are produced in the cortex (outer layer) of the adrenal glands (hence the 'cortico-' part of the name).

The corticosteroids used most often in medical treatment, prednisolone and dexamethasone, are not exactly the same as the ones produced in the body. 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 (anabolic steroids) used for body building.

What is oral treatment with corticosteroids used for?

Corticosteroids treat many skin disorders. They reduce inflammation and can help to clear a rash, or at least help to control it. They are commonly used for various blistering skin conditions, 'autoimmune' conditions such as lupus, inflammatory conditions of skin blood vessels (vasculitis), other skin problems such as sarcoidosis, or as short-term treatment for severe eczema or lichen planus.

What are the effects of oral treatment with corticosteroids?

Before starting oral corticosteroids, your doctor will balance the potential benefits of treatment to your skin condition against the risk of side effects.

The dose of corticosteroid will be adjusted to reduce the risk of side effects. At first a high dose may be needed to bring your skin condition under control; the dose will then be reduced slowly and when appropriate, stopped.

If you have been taking the tablets for more than 3 weeks it is important NOT to stop the medication suddenly. Your body may have stopped making its own corticosteroids, becoming dependent on the tablets for its daily requirement. They must be phased out gradually under the instructions of your doctor.

If you develop a new illness (e.g. a chest infection) within a week of finishing a short course of corticosteroid tablets (3 weeks or less), you may need to re-start treatment temporarily. This is to help your body cope with the extra physical stress caused by the illness and should be guided by your doctor.

What are the side effects of oral treatment with corticosteroids?

When taken for long periods (more than 2-3 months), corticosteroids can cause a range of side effects; the higher the dose and the longer the course, the greater the chances of side effects. They will be discussed with you and you will be monitored for them while receiving treatment.

Possible side effects include the following:

- Fluid retention e.g. swollen ankles.
- Increased appetite and weight gain.
- High blood pressure (hypertension).
- Raised blood sugar or worsening of pre-existing diabetes.
- Indigestion, or worsening of a peptic ulcer - inform your doctor if you develop abdominal pain.
- Changes in mood, sleep disturbance and insomnia - inform your doctor if this occurs, or if you have had previous problems with your mental health.
- Increased risk of infection. You should inform your doctor if you have had tuberculosis in the past. If you have **not** had chickenpox in the past then you should seek medical advice if you come into close contact with someone who has an active chickenpox infection whilst you are taking corticosteroids.
- Thinning or softening of the bones (osteoporosis).

- Skin - impaired healing of cuts, risk of stretch marks, skin thinning, bruising, increased growth of facial hair, acne.
- Muscle and tendon weakness.
- Joint pain, particularly in the hip, may be due to damage to an area of bone. This is a very rare side-effect known as 'avascular necrosis'.
- Cataracts, glaucoma and other eye conditions. You should inform your doctor if you develop any change in your vision.

The risks of these side effects must be balanced against the benefits of treatment for your skin condition. Bear these points in mind:

- These side effects 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 to reduce the chance of side-effects such as osteoporosis. A healthy diet and regular exercise help to protect the bones. In addition, tablets known as bisphosphonates, together with calcium and vitamin D, may be recommended by your doctor if the corticosteroid treatment is going to last for more than 3 weeks.
- The main way to avoid side effects is by using the lowest effective dose. In some of the conditions that are treated with corticosteroids, a 'steroid sparing effect' can be achieved by the addition of other tablets that affect the immune system such as azathioprine, methotrexate, dapsone, mycophenolate mofetil, cyclophosphamide, or ciclosporin. The potential benefits and drawbacks of adding an immune-suppressive steroid-sparing medication to long-term corticosteroid treatment will be discussed with you by your doctor.

Oral corticosteroids and vaccinations

'Live' vaccines are not recommended whilst taking oral corticosteroids. These include:

- polio (oral drops only, the injections are safe)
- mumps
- measles
- German measles (rubella)
- oral typhoid
- BCG
- varicella zoster (chickenpox)
- yellow fever

- Other members of your household should be given inactive (rather than live) polio vaccine.
- If you have never had chickenpox your doctor may recommend vaccination against this before starting oral corticosteroids. If this is not possible and you come into contact with a person with chickenpox or shingles whilst you are taking oral corticosteroids, then you should go to your doctor straight away as you may need special preventative treatment.
- Yearly injected 'flu' (influenza) and 5 yearly pneumococcal vaccines are safe and should ideally be given to everybody on oral corticosteroids; however, the new nasal flu vaccination is a live vaccine and should not be given with oral corticosteroids (see Patient Information Leaflet on Immunisations).

Is treatment with oral corticosteroids safe in pregnancy and during breastfeeding?

Oral corticosteroids are only recommended in pregnancy if the potential benefits outweigh the risks. High doses or long-term use may affect the unborn baby's growth.

You can usually take oral corticosteroids while you are breastfeeding. However, small amounts can pass into breast milk. If you are taking a high dose of corticosteroid the baby may need to be monitored for side effects.

What should I do?

- If you are on long-term corticosteroid treatment, you should carry a steroid card and/or wear a medical alert bracelet or necklace. If you were to become unconscious (for example, after a road traffic accident) and needed to go to hospital, the emergency team would be made aware that your treatment would need to continue, and the dose might even have to be increased temporarily.
- Remember that for courses longer than 3 weeks it is dangerous to stop the corticosteroid tablets suddenly (see above) and you should never do this without discussion with your doctor or pharmacist.
- If you have diabetes you may need to check your blood sugar (glucose) more frequently, as corticosteroid tablets may affect the levels of sugar in your blood. Your doctor will be able to advise you about this.
- If you buy any medicines or herbal remedies, check with your pharmacist that they are suitable for you to take with corticosteroids.

Some anti-inflammatory painkillers (such as ibuprofen) can increase the risk of side-effects and may not be suitable.

- If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking corticosteroids.
- Have an annual preventive vaccination against influenza ('flu') at your GPs surgery.
- If you have any worries or concerns, please do not hesitate to ask your doctor.

Is treatment with oral corticosteroids safe during the coronavirus pandemic?

Up to date advice on Covid-19 and how it affects your treatment is available from the websites below. If you have any worries or concerns, please do not hesitate to ask your doctor.

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

<https://www.skinhealthinfo.org.uk/>

Where can I get more information?

Other useful websites:

<https://www.nhs.uk/medicines/prednisolone/>

<https://patient.info/treatment-medication/steroids/oral-steroids>

About the Medic Alert bracelets:

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For details of source materials use please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

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: individual patient circumstances may

differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

PATIENT INFORMATION LEAFLET

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