

University College London Hospitals   
NHS Foundation Trust

# National Hospital of Neurology and Neurosurgery

## Queen Square Centre for Neuromuscular Diseases

Patient information leaflet:  
**Corticosteroids**



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## Introduction

This booklet discusses corticosteroid medications: what they are, why they are used, how they are taken, the aims and possible side effects related to their use.

The Queen Square Centre for Neuromuscular diseases have produced this leaflet as part of a guideline for patients and healthcare staff on the safe and appropriate use of medication which suppresses the immune system in inflammatory neuromuscular diseases. Content is reviewed and updated every 2 years by Dr Aisling Carr, consultant neurologist.

## What are steroids?

'Steroids' is the name given to a group of chemicals which exist in nature including in the human body (e.g. cortisol which is made in the adrenal gland). Steroids can also be man-made, or synthetic, and some types of steroids can be effective as medicines at treating inflammation (e.g. glucocorticoid steroids).

## Which is the most commonly used glucocorticoid?

In the UK, Prednisolone is the name of the most commonly prescribed anti-inflammatory glucocorticoid (steroid) and it is taken as tablets. However glucocorticoids can also be given as an injection (e.g. methylprednisolone injection - directly into a joint or intravenously for severe conditions or as an injection given into a big muscle to spread though the body).

## Why are steroids prescribed?

Prednisolone helps to control symptoms due to inflammation in various neuromuscular conditions, such as:

- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Inflammatory muscle diseases or myositis (dermatomyositis, polymyositis, overlap myositis)
- Myasthenia Gravis
- Vasculitis
- Other rheumatological and medical conditions like rheumatoid arthritis, lupus (SLE), asthma, allergy, Crohn's Disease, eczema
- To dampen down side effects of immune checkpoint inhibitor chemotherapies

## What are the possible side effects?

When treatment is used for just a few weeks side effects are few, if any. However in the longer term the most common side effects are:

- Weight gain or increase of appetite
- Skin bruising and thinning
- Osteoporosis (thinning of bones making them fragile and easily broken)
- Worsening diabetes (or triggering it in the first place)
- Stretch marks
- Some fat accumulation in certain places round face or upper back
- Indigestion
- Changes in mood, insomnia
- Risk of infections

A very rare complication called avascular necrosis of the femoral head occurs unpredictably in less than 1 in 100 cases. It causes hip pain on walking and typically leads to hip replacement surgery

### **Is infection a side-effect of Prednisolone (and other steroid) treatment?**

Yes. If you get an infection while taking Prednisolone then please consult your GP. Basically, you will need to continue to take your prednisolone (it should not be stopped suddenly!) but the infection may need prompt treatment. In some cases the dose of prednisolone needs to be increased temporarily by a small amount:10-20%. Alternatively, discuss what to do with your consultant neurologist directly or the clinical specialist nurse (see contact details).

### **Do I need winter vaccinations?**

It is advisable for patients taking glucocorticoids long-term to have the winter flu vaccination each year the pneumovax vaccination every 3 years. Please discuss this with your GP surgery staff. Your Neurologist can advise further.

## Is there an alternative?

There are other medications which can do a similar job to steroids in suppressing the immune-system but steroids act most quickly. It is typical to start a period of immune suppression with steroids and as the dose is gradually reduced, an alternative, "steroid-sparing agent" is introduced. The need for this type of prolonged therapy depends on your response to steroids, the condition being treated and other factors specific to you. The features of these medications are discussed in our other leaflets.

## What will happen if I choose not to take them?

The medical team will explain the alternatives and the typical outcome in people with your specific condition if treated or left untreated. If they are happy that you fully understand the implications of your decision your choice will be respected.

## How do I take them?

### **For how long do I need to take Prednisolone?**

This will depend on the condition and the severity of the condition. Many doctors sensibly minimize the duration of prednisolone treatment.

### **What dose would I need to take?**

The dose will depend on the severity of the condition and your weight. Many doctors sensibly minimize the dose of prednisolone treatment.

### **How do I take Prednisolone?**

Prednisolone should be taken first thing in the morning with or without food.

### **Are there any other precautions when taking Prednisolone?**

You should carry a 'steroid card' that lists the name and dose of the steroid you take. You should not stop steroids abruptly if you have been on them for a while. Your doctor will advise you on how to gradually reduce the dose. Sometimes medications are needed to counteract the side effects of Prednisolone. We commonly prescribe a tablet to protect from bone thinning and another to protect the stomach from irritation or ulceration. Sometimes we need to prescribe a preventative antibiotic but we don't always need to do this.

## Is Prednisolone safe in pregnancy and breastfeeding?

Most steroids are usually safe during pregnancy and breastfeeding but should only be taken on doctors' advice.

## 12 References

J N Hoes, J W G Jacobs, M Boers, D Boumpas, F Buttgereit, N Caeyers, E H Choy, M Cutolo, J A P. **EULAR evidence-based recommendations on the management of systemic glucocorticoid therapy in rheumatic diseases.** Ann Rheum Dis 2007;66:1560–1567. doi: 10.1136/ard.2007.072157

Chan and Mok, **Glucocorticoid-Induced Avascular Bone Necrosis: Diagnosis and Management.** Open Orthop J. 2012; 6: 449–457.

## Contact details

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**Website:** <http://www.cnmd.ac.uk/>

## Where can I get more information?

[www.wikipedia.org/wiki/Steroid](http://www.wikipedia.org/wiki/Steroid)

[www.wikipedia.org/wiki/Prednisolone](http://www.wikipedia.org/wiki/Prednisolone)

[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)

For further detail please also see the relevant Summaries of Product Characteristics (SPC) document at [www.medicines.org.uk](http://www.medicines.org.uk)

Guillain-Barré & Associated Inflammatory Neuropathies Charity

Tel: 01529469910

<http://www.gaincharity.org.uk/>

British Rheumatological society: Patient information

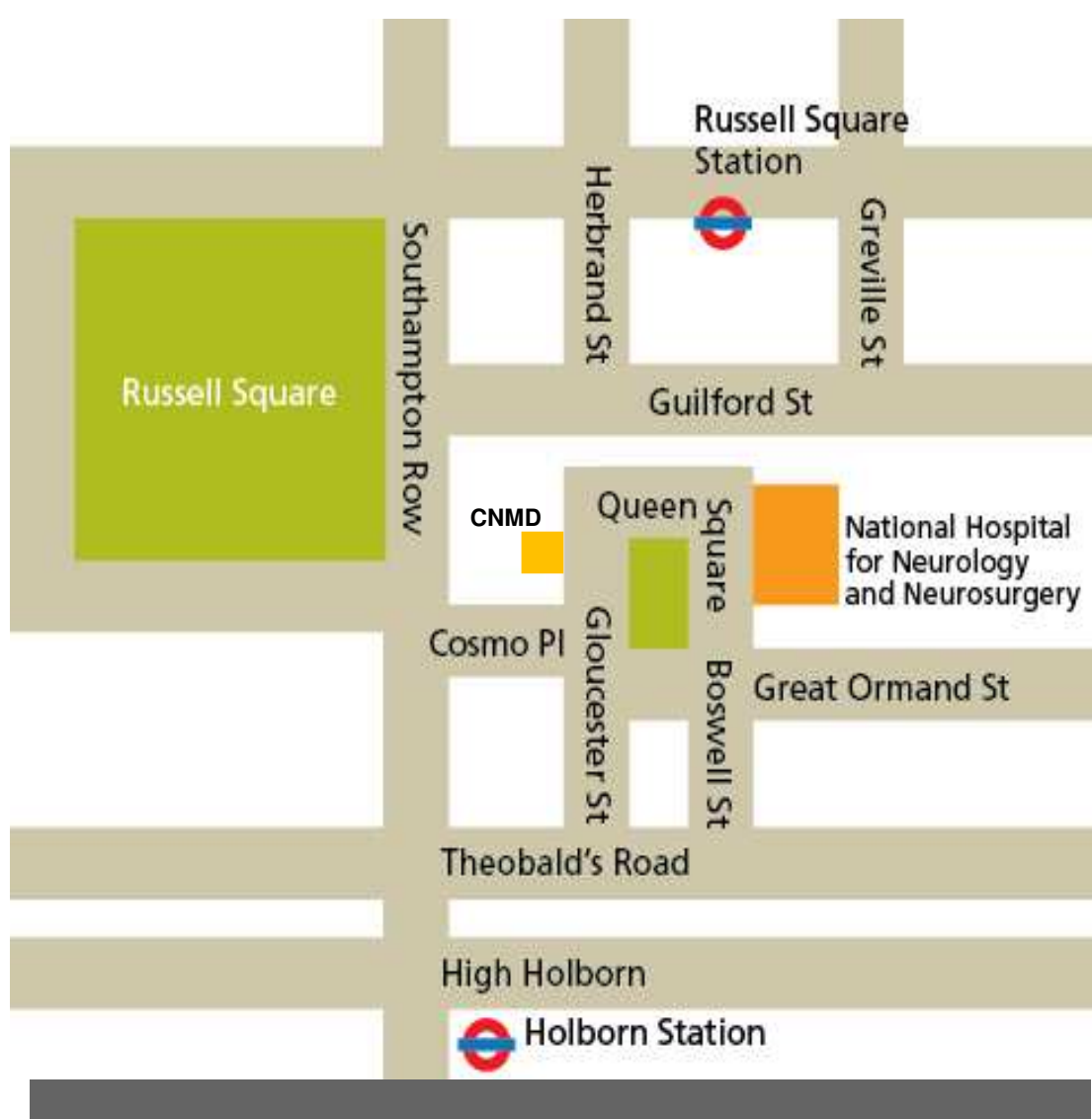
Tel: +44 (0) 20 7842 0900

<http://www.rheumatology.org.uk>

UCLH cannot accept responsibility for information provided by external organisations.

### How to find us

Neuromuscular outpatient clinics run across the hospital outpatient departments, please see your appointment letter for further information. The Centre for neuromuscular diseases (CNMD) is based on the ground floor of 8-11 Queen Square, directly across from the main hospital entrance.



## Space for notes and questions

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