Oral Steroids

Oral steroids (steroid medication taken by mouth) help in many diseases. However, some people who take oral steroids develop side-effects. This leaflet discusses the main possible side-effects, and gives other useful information if you take oral steroids. One vital point to remember is - if you have been taking a steroid medicine for more than three weeks then you should not stop taking it suddenly. If you think you are getting side-effects, don't just stop the your oral steroids: go and see your doctor.

What are steroids?

Steroids (also known as cortisone or corticosteroids) are hormones that occur naturally in the body. Steroids decrease inflammation, suppress the body's immune system, block DNA from being made, as well as block a chemical called histamine (released during an allergic reaction). Steroid medicines are man-made but are similar to these natural hormones.

The type of steroids used to treat disease are called corticosteroids. They are different to the anabolic steroids which some athletes and bodybuilders use. Anabolic steroids have very different effects. Steroids are available as tablets, soluble tablets, and solutions, creams, ointments, inhalers, and injections.

Oral steroids are steroids that you can take by mouth - tablets, soluble tablets and liquids (solutions). Oral steroids available in the UK include: betamethasone, cortisone, deflazacort, dexamethasone, hydrocortisone, methylprednisolone, prednisolone and fludrocortisone acetate. They come in various different brand names. Prednisolone is the most commonly used oral steroid. This leaflet discusses the main possible side-effects of oral steroids as well as other important information if you take oral steroids.

When are oral steroids usually prescribed?

Oral steroids are used to treat a large number of conditions. Some examples include: inflammatory bowel diseases (for example, Crohn's disease, ulcerative colitis), autoimmune diseases (for example, autoimmune hepatitis), joint and muscle diseases (for example, rheumatoid arthritis, polymyalgia rheumatica), allergies and asthma. They are also used to treat some cancers. In addition they can be prescribed as replacement treatment for people who have stopped making their own steroids - Addison's disease.

Some general points about oral steroids

- A short course of steroids usually causes no side-effects. For example, a 1-2 week course is often prescribed to ease a severe attack of asthma. This is usually taken without any problems.
- Side-effects are more likely to occur if you take a long course of steroids (more than 2-3 months), or if you take short courses repeatedly.
- The higher the dose, the greater the risk of side-effects. This is why the lowest possible dose which controls symptoms is aimed for if you need steroids long-term. Some diseases need a higher dose to control symptoms than others. Even for the same disease, the dose needed often varies from person to person.
- A common treatment plan is to start with a high dose to control symptoms. Often the dose is then slowly reduced to a lower daily dose that keeps symptoms away. The length of treatment can vary, depending on the disease. Sometimes the steroid treatment is gradually stopped if the condition improves. However, steroids are needed for life for some conditions, as symptoms return if the steroids are stopped.

What are the possible side-effects of oral steroids?
For many diseases, the benefits of taking steroids usually outweigh the side-effects. However, side-effects can sometimes be troublesome. You should read the information leaflet that comes with your medicine packet for a full list of possible side-effects. The main possible side-effects include the following:

- **Osteoporosis** (thinning of the bones). However, there are some medicines that can help to protect against this if the risk is high. For example, you can take a medicine called a bisphosphonate to help prevent bone loss.
- **Weight gain.** You may also develop a puffiness around the face.
- **Increased chance of infections,** as steroids may suppress the immune system. In particular, you are at risk of having a severe form of chickenpox if you have not had chickenpox in the past (and so are not immune). Most people have had chickenpox as a child and are immune to it. If you are taking corticosteroids and have not had chickenpox in the past:
  - Keep away from people with chickenpox or shingles.
  - Tell a doctor if you come into contact with people with these conditions.

  Also, tuberculosis (TB) may flare up again if you had it in the past, even many years ago.
- **Increase in blood pressure.** So, have your blood pressure checked regularly. It can be treated if it becomes high.
- **High blood sugar** which may mean extra treatment if you have diabetes. Steroids may occasionally cause diabetes to develop. If you take long-term steroids, your doctor may arrange a yearly blood sugar test to check for diabetes - in particular, if you have a family history of diabetes.
- **Skin problems** such as poor healing after injuries, thinning skin, and easy bruising. Stretch marks sometimes develop.
- **Muscle weakness.**
- **Mood and behavioural changes.** Some people actually feel better in themselves when they take steroids. However, steroids may aggravate depression and other mental health problems, and may occasionally cause mental health problems. If this side-effect occurs it tends to happen within a few weeks of starting treatment and is more likely with higher doses. Some people even become confused, irritable and develop delusion and suicidal thoughts. These mental health effects can also occur when steroid treatment is being withdrawn. Seek medical advice if worrying mood or behavioural changes occur.

  - **An increased risk of developing cataracts.**
  - **An increased risk of duodenal and stomach ulcers.** Tell your doctor if you develop indigestion or abdominal (stomach) pains.

The above are only the main possible side-effects which may affect some people who take steroids. There is often a balance between the risk of side-effects against the symptoms and damage that may result from some diseases if they are not treated. Some of the less common side-effects are not listed above but will be included on the leaflet that comes with your medicine.

**Stopping oral steroids**

**Do not stop taking oral steroids suddenly if you have been taking them for more than three weeks.**

It probably does no harm to forget the odd dose. However, you may get serious withdrawal effects once your body is used to the steroids. These may develop within a few days if you stop oral steroids suddenly. Any change in dose should be supervised by a doctor. Any reductions in dose are done slowly, over a number of weeks.

**Why is it necessary to reduce the dose gradually before stopping oral steroids?**

Your body normally makes steroid chemicals by itself which are necessary to be healthy. When you take oral steroids for a few weeks or more, your body may reduce or stop making its own steroid chemicals. If you then stop taking oral steroids suddenly, your body does not have any steroids. This can cause various withdrawal symptoms until your body resumes making natural steroids over a few weeks. The withdrawal symptoms can be serious, even life-threatening and include: weakness, tiredness, feeling sick, vomiting, diarrhoea, abdominal pain, low blood sugar, and low blood pressure which can cause dizziness, fainting or collapse.

If the dose is reduced gradually, the body gradually resumes its natural production of steroids and the withdrawal symptoms do not occur.
Some other important points about oral steroids

- Do not take anti-inflammatory painkillers (such as ibuprofen, etc) whilst taking steroids (unless advised by a doctor). The two together increase the risk of a stomach or duodenal ulcer developing.
- Most people who take regular steroids carry a steroid card and/or a MedicAlert® bracelet (see below), or similar. This gives details of your dose, your condition, etc, in case of emergencies. For example, if you were knocked unconscious in an accident, it is important that the doctors know that you take steroids and need to take them regularly.
- The dose of steroid may need to be increased for a short time if you are ill with other conditions. For example, if you have a serious infection, or have an operation. This is because you need more steroids during physical stress.
- See a doctor if you have any concerns about your steroid treatment.

Who cannot take oral corticosteroids?

There are very few people who cannot take oral corticosteroids. Only people who have serious infections (and are not taking treatment for the infection) should not take oral steroids. This is because steroids suppress your immune system.

Can I buy oral steroids?

You cannot buy oral steroids. They are only available from a pharmacy, with a prescription.

Further help and information

Steroid treatment cards
A steroid treatment card should be given to you by the person who prescribes or supplies your medicine.

How to use the Yellow Card scheme

If you think you have had a side-effect to one of your medicines you can report this on the Yellow Card Scheme. You can do this online at the following web address: http://yellowcard.mhra.gov.uk

The Yellow Card Scheme is used to make pharmacists, doctors and nurses aware of any new side-effects that your medicines may have caused. If you wish to report a side-effect you will need to provide basic information about:

- The side-effect.
- The name of the medicine which you think caused it.
- Information about the person who had the side-effect.
- Your contact details as the reporter of the side-effect.

It is helpful if you have your medication and/or the leaflet that came with it with you while you fill out the report.

Further reading & references

- Corticosteroids - oral, Prodigy (August 2010)

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