



A GUIDE FOR PATIENTS AND CARERS

STEROID MEDICATION

You, or someone you're caring for, may have been prescribed steroids as they are used as part of treatment in many different illnesses, including cancer and diseases which cause breathlessness. This information describes how and why they are given and some of the side effects that may occur.

What you need to know about steroid medication

- If you have been on steroids for a longer period of time, you should not stop them suddenly, because your body might not make as much natural steroid as it did before you started on the treatment.
- If you are unable to take your steroid tablets or vomit shortly after taking a steroid tablet, you should contact your doctor or nurse for advice.
- If you become more poorly (especially with an infection) when you have been on long term steroid medications, your dose of steroids may need to be increased. Make sure that you tell your doctor that you are on long term steroids if you are more unwell.
- If you are worried about your medication, contact your doctor or nurse who will be able to advise you.

What are steroids?

Steroids, also called corticosteroids, are anti-inflammatory medicines used to treat a range of conditions. They're different from the anabolic steroids used by athletes and body builders to improve their performance.

dnisolone.

Steroids can be given by mouth, by injection or in creams. This information is intended for patients receiving steroids by mouth or injection.

Steroids come in many different forms. The main types are:

- tablets, syrups and liquids – such as prednisolone
- inhalers and nasal sprays – such as beclometasone and fluticasone injections
- injections (given into joints, muscles or blood vessels) – such as methylprednisolone creams,
- lotions and gels – such as hydrocortisone

Most steroids are only available on prescription, but a few (such as some creams or nasal sprays) can be bought from pharmacies and shops.

Possible side effects

It is important to remember that each person's reaction to a medicine is different and some people have very few side effects. The effects will also vary according to the dose of the steroid and the duration of treatment.

Outlined below are the most common side effects and some of the less common ones. We have not included those that are rare and therefore unlikely to affect you. If you notice any of the side effects listed, or if you notice effects that you think may be due to the medicines, but which are not listed here, please discuss them with your doctor, nurse or pharmacist.

Irritation of the stomach lining: Steroids can irritate the lining of the stomach and may cause a stomach ulcer, or make one worse. The tablets should be taken with meals or a drink of milk to help reduce this side effect. Tell your doctor if you have indigestions, stomach pains, or abdominal discomfort. You may be prescribed additional medication to reduce irritation of the stomach.

Temporary changes in blood sugar levels: Whilst you are having your steroid therapy, your blood-sugar levels may be checked by blood tests or you may be asked to test your urine for sugar. Tell your doctor if you get very thirsty or if you are passing more urine than usual. If you have diabetes, you should be more careful than usual about checking your blood sugar levels. Speak to your doctor if there is any problem with controlling your diabetes.

Fluid retention due to a change salt and water balance: You may notice that your ankles and / or fingers swell. Some people have a bloated feeling in the abdomen.

Increased appetite: You may notice that you want to eat more than usual while taking steroids. Some people put on weight when on steroid medication.

Increased chance of infection and delayed healing: Tell your doctor if you notice signs of infection (inflammation, redness, soreness or a temperature) or if cuts take longer than usual to heal.

Behavioural changes: You may notice mood swings, difficulty insleeping and perhaps anxiety or irritability. These effects happen mainly with high-dose or longer-term treatment and should stop when the steroid therapy ends. Difficulty in sleeping may be helped by taking the steroids in the early part of the day.

More unusual side effects

Eye changes: Cataracts or glaucoma may develop with long-term use of steroids. There is also an increased risk of eye infections. Cushing's syndrome: This is usually caused only by long-term use of steroids. It can cause acne, puffiness of the face, facial hair I women and dark marks on the skin.

Muscle wasting: Long-term use of steroids (more than a few months) may make your feel weaker. When the steroids are stopped you may have muscle cramps for a while.

Bone thinning (osteoporosis): This may happen with long-term use of steroids (more than a few months). Let your doctor know if you have any pain in your bones, especially in the lower back.

Source: www.nhs.uk

If you have any queries or concerns, please don't hesitate to call your doctor, or one of our nurses on the number below.

Nursing Services: 07920 480392 or 01608 664850
www.shipstonhomenursing.co.uk