

Steroids

(Brand names: predisone, prednisolone, methylprednisolone, aristospan, redipred, predmix, maxidex, prednefrin)

Information about your medicine, benefits, side effects and precautions.

What is it?

Steroids are hormones that occur naturally in the body. We use them as medicines to treat certain childhood rheumatic conditions (diseases which may affect joints, muscles, bones, skin or eyes). This can include juvenile arthritis (JIA), lupus (also known as SLE), uveitis, dermatomyositis and scleroderma.

Steroids work by affecting the immune system and reducing inflammation. They have been safely used for over 50 years. They are the most common medicines used by rheumatologists. Steroids are also used for other types of diseases, such as asthma and eczema.

How will it help?

Steroids work quickly to reduce inflammation. They suppress the immune system which is overactive in autoimmune conditions like JIA, lupus, uveitis and dermatomyositis.

How are steroids given?

Prednisolone (the most commonly used steroid) can be swallowed as a tablet or liquid. It is usually taken once or twice a day. It is usually taken in the mornings with food.

Other steroids can be given as creams, eye drops, or injections into the veins or joints. Your child's particular condition will help decide on the dosage method and your doctor will talk to you about this.

What is the dose?

This depends on the size and weight of your child. It also depends on how bad the disease is. A higher dose will be used initially. Your doctor will try to lower the steroid dose as the disease improves. Sometimes the dose may be increased if the disease gets worse or the body is under stress from infection.

How long will it be used for?

This will depend on your child's condition and how they respond. Sometimes steroids are used for just a few days and sometimes they are required for many months.

Are there any side effects?

Low dose prednisolone taken for a few weeks does not usually cause any side effects. If steroids are needed in high dose or for a long time, certain side effects are more likely. Most of these disappear once the steroid is stopped or reduced.

Most common side effects	Treatment
Weight gain (due to increased appetite) Rounded face Stretch marks, easy bruising	<ul style="list-style-type: none">• Eat healthy foods
Poor sleep	<ul style="list-style-type: none">• Take steroids in the morning
Mood changes	<ul style="list-style-type: none">• Notify your doctor
Headaches Facial flushing	<ul style="list-style-type: none">• Standard pain relief – paracetamol (Panadol)

Rare side effects	Treatment
Avascular necrosis of bone (a painful condition of the bones)	<ul style="list-style-type: none">• Your doctor will advise

Side effects after long term use	Treatment
Osteoporosis (thinning of the bones)	<ul style="list-style-type: none">• Take calcium and vitamin D
Poor growth	<ul style="list-style-type: none">• Give dose every second day if the disease allows
Increased hairiness	<ul style="list-style-type: none">• Notify your doctor
Cataracts	<ul style="list-style-type: none">• Notify your doctor

Things you need to know when taking this medicine

Your child will be carefully monitored while on steroids. This includes checking their growth, weight, blood sugar level, sodium levels, blood pressure, eye examinations and bone density (in long term steroid use).

If steroids have been taken for more than a few weeks, it is dangerous if they are stopped suddenly. Instead, steroids need to be reduced slowly over time.

What to do if your child is sick

Steroids should still be given if your child is unwell. If they have vomited after taking their dose, please talk to your doctor.

Interactions

Steroids are generally safe to take with other medications. There are some natural and herbal preparations that contain steroids, so check with your doctor before you use these medications.

Immunisations

Most immunisations are safe to give (flu vaccine, cervical cancer vaccine, killed polio vaccine (IPV) etc) when taking steroids.

Live virus vaccines (such as mumps, measles, rubella (MMR), polio (OPV)) varicella (chicken pox) and some travel vaccines should not be used if you are on high dose steroids. Check with your doctor or nurse.

Infections

There is an increased risk of some infections if you are on high dose steroids.

Myths and misconceptions

The steroids used for inflammation are not the same as those abused by some athletes.

You may hear a lot of different information about steroids from friends, pharmacists or people you know. If you are worried about anything, please talk to your doctor or nurse for more information.

If you are taking steroids you should see your paediatric rheumatologist regularly to make sure the treatment is working and to minimise any possible side effects.

CONTACT YOUR LOCAL ARTHRITIS OFFICE FOR MORE INFORMATION SHEETS ON ARTHRITIS.

This medicine should be kept in a safe place, as accidental overdose can be serious.

This sheet was produced in association with the Australian Paediatric Rheumatology Group

APRG
AUSTRALIAN PAEDIATRIC
RHEUMATOLOGY GROUP

© Copyright Arthritis Australia March 2015. The Australian Paediatric Rheumatology Group contributed to the development of this information sheet.

Your local Arthritis Office has information, education and support for people with arthritis
Helpline 1800 011 041 www.arthritisaustralia.com.au

Disclaimer: This sheet is published by Arthritis Australia for information purposes only and should not be used in place of medical advice.