Important Warning: If you or anyone in your family or regular contacts catches CHICKENPOX while taking steroids it is important to contact your doctor IMMEDIATELY. DO NOT STOP YOUR TREATMENT. It is also IMPORTANT that you contact your doctor if you contract CHICKENPOX within a 3 month period after stopping treatment.

Please read UIG Factsheet “Overview on Drug Treatment” for Uveitis first as it contains information about steroids.

What are Steroids?

- Corticosteroids are natural substances produced by the adrenal glands located adjacent to the kidneys. Corticosteroid drugs have potent anti-inflammatory properties, and are used for treating a wide variety of inflammatory conditions such as uveitis, arthritis, colitis, asthma, bronchitis, certain skin rashes, and allergic reactions. They have been in use since the 1940's. There are a number of different types of corticosteroid drugs including Hydro-cortisone and Cortisone (Cortone), but the most commonly one in Prednisolone. This fact sheet describes Prednisolone.

Prednisolone

Prednisolone is a form of corticosteroids, or steroids, commonly used in tablet form for the treatment of posterior uveitis. It is also known as Deltacortril, Deltastab and Prednesol. It is available as a tablet or as an injection. It is a systemic drug (a drug that works on your whole body, not just your eyes). This fact sheet is specifically about the drug when taken in tablet form.

What are the risks involved in taking this drug?

Because steroids reduce your inflammation response, you may be more prone to infections and illnesses whilst taking this form of medication. This is especially so during periods of stress. Certain infections can be serious if not controlled. However, steroids also help to control the
inflammation in your eyes, preventing damage and loss of vision. You and your health professionals need to monitor closely your use of steroids and balance the benefits against the possible risks and side effects (listed in this factsheet).

Before using your medicine it is important to tell your doctor if any of the following apply to you:

- If you have not taken steroids previously, have you ever had an allergic reaction to any other form of medication?
- If you have taken the tablets previously, do you suspect that you have had an allergic reaction to, or been upset by any of the ingredients in the tablet (itching, reddening of the skin or difficulty in breathing) or had any other problems when taking the tablets previously?
- Have you ever had an allergic reaction to azo dyes (food colouring) in the past? This is the dye that is used on the tablet.
- Are you suffering from an untreated widespread (systemic) infection?
- Are you suffering from herpes infection of the eye?

For additional information please refer to a Fact Sheet from Patient Plus about Prednisolone. It has a comprehensive list of conditions that might affect whether you can or cannot take the drug. If the answer to any of these questions above or in the Patient Plus Fact Sheet is yes, you should tell your doctor before treatment starts. Your doctor may still want you to take the tablets.

What are the side-effects of steroids?

Long-term corticosteroid use is more likely to lead to hormonal changes within the body, which can cause a wide range of side effects.

**Side-effects, short term, may include:**
- an increase in appetite
- weight gain
- insomnia
- fluid retention
- mood changes, such as feeling irritable, anxious or ‘high’.

**Side-effects, long term, three months or more, may also include:**
- osteoporosis (fragile bones)
- hypertension (high blood pressure)
• diabetes
• increased vulnerability to infection
• cataracts and glaucoma (eye disorders)
• thinning of the skin
• dry skin
• bruising easily, and
• muscle weakness

Although there is a risk that you may experience one or more of the above side-effects, your doctor will have chosen this treatment bearing in mind the risks of the treatment with the risk of damage to your eyes from uveitis. If you suffer from any of these side-effects or have other undesirable effects please report them to your doctor or pharmacist as soon as possible.

What can I do to protect my stomach and stop the risk of ulcers developing?
Taking your steroids with food, will help, but your doctor may also want to prescribe you a gastric medicine to help protect your stomach.

What can I do to protect my bones?
If you are starting on a high dose of steroid and are likely to be on them more than three months, it is important to protect your bones from the start. Bone thinning can occur early on. Your Doctor should prescribe you with a Bisphosphonates such as Alendronic acid, and Calcium supplements with Vitamin D, like Calichew Vitamin D or Adcal-D3 Cl as this will help. The Patient Plus Fact sheets provide useful information about possible side-effects of Bisphosphonates and Calcium/D supplements.

What can I do to help myself?
This may seem fairly obvious, but a healthy diet with plenty of fruit and vegetable and calcium and taking plenty of exercise, particularly load bearing may well be beneficial. For example carrying a rucksack with a 7 – 10 lbs of weight in it for 30 minutes a day. It is also a good idea to cut down, or not smoke at all and to reduce your consumption of alcohol.

Can I take systemic steroids if I am pregnant?
If you are pregnant or trying to become pregnant, you must tell your doctor before you start the treatment. Small amounts of steroids are present in breast milk. If you are breast feeding your doctor will want to examine your baby during your time of treatment.

Produced by Uveitis Information Group, a Scottish Charity (registration number SC028439)
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What effects will systemic steroids have on a child?
The use of steroids can slow down normal growth of children and adolescents. In order to lessen this effect the tablets are often taken in a single dose every other day.

Are the side effects more serious if I am old?
When steroids are taken by elderly patients some of the unwanted effects can be worse, especially thinning of the bones, diabetes, high blood pressure, infections and thinning of the skin.

Are you taking any other medicines, either bought or prescribed?
If you are taking any other medicines it is important to tell your doctor before you start the treatment. Drugs include, all medicines, anticoagulants, vaccines, anti-diabetic drugs like insulin as well as vitamin and herbal supplements.

Steroid Treatment Card/Medicalert
You should ensure that you have been given a steroid treatment card by your doctor or pharmacist which you should always keep with you. It is also a good idea to wear some form of identification, letting people know that you are taking steroids. This is useful in the event of an accident when you may not be able to tell anyone about your medication. Medicalert is a good way to do this.

Taking Your medicine

You must follow the instructions given by your doctor. The tablets should only be taken by mouth and can be swallowed with water. They should not be chewed and they should be taken in the morning before or after breakfast.

Once your condition starts to get better, your doctor may change your dosage to a lower one. Your doctor may also reduce your dosage before stopping treatment completely. This may depend on your illness, your dosage and how long you have been taking this medicine. In all cases you should be careful to follow the instructions given. It is normal to reduce the dose quite slowly.

Please be aware that you can experience side effects when reducing your steroids, including mood changes and depression, nausea, general feelings of unwellness and tiredness.

Stopping your tablets and likely withdrawal symptoms

Never stop your tablets suddenly without discussing your treatment with your doctor as it could make you very ill.
Sudden stopping of treatment can cause the following symptoms: fever, painful muscles and joints, inflammation of the eyes and nasal passages, painful and itchy skin lumps, loss of weight.

**What if I miss a dose?**
Take that tablet as soon as you realise and take the next dose at the correct time. If you realise you have missed your medication very close to your next dose, do NOT take a double dose.

**What about an overdose?**
Too many tablets can make you unwell. Contact your doctor or nearest hospital accident and emergency department.

**First few weeks**
It is not uncommon to get indigestion in the form of heartburn or pain. This requires treatment from your doctor to prevent you getting an ulcer.

**Monitoring – if you have been put on steroids for some months**
It is important to make sure that your doctor arranges for you to have regular blood and urine tests to check for raised glucose levels as it is possible to get diabetes as a result of taking steroids.

You should also be offered a **Dexa Scan** by your GP. This is to check on your bone density to see whether your bones have thinned as a result of the steroids that you have been taking. A Fact Sheet “What is involved in a Dexa Scan?” is available on this site. You may have to ask your doctor to arrange this for you. In our experience it does not necessarily happen automatically.

There are excellent fact sheets available from NHS Direct and UK Patient Plus which describe many of the possible side effects and also list conditions that you need to tell your doctor about, if one of them applies to you. You may want to refer to them for fuller information.

**Fact Sheet from Patient plus on Prednisolone** and **NHS Direct information on steroids**

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Published by Uveitis Information Group (UIG), revised September 2009