

INFORMATION SHEET

Oral Steroids in Palliative Care



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.

What are steroids?

Steroids (also known as corticosteroids) are hormones that occur naturally in the body. Steroids decrease inflammation and suppress the body's immune system. Steroid medicines are man-made but are similar to these natural hormones. They are different to the anabolic steroids which some athletes and bodybuilders use. Steroids are available as tablets, soluble tablets, solutions, creams, ointments, inhalers and injections. Common steroids prescribed are dexamethasone, prednisone and fludrocortisone.

When are oral steroids usually prescribed?

Oral steroids are used to treat many conditions. In cancer they are used to help with poor appetite, nausea, bowel obstruction, nerve compression and other pain, shortness of breath and brain metastasis symptoms among other things.

Some general points about oral steroids

- A short course of steroids usually causes minimal side-effects. For example, a 1 – 2 week course 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.

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.

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:

Early side-effects – days:

- Raised sugar levels in your blood – the nurse will check this to make sure it is not a problem for you. If you are diabetic, sometimes it may make your sugar levels higher, sometimes requiring an increase in your diabetic medication to get things on 'an even keel' again.
- Thrush infection in mouth (fungal infection) – this is common and can be easily treated.
- Fluid retention and swelling ankles.
- A rise in blood pressure – this does not often cause any concern.
- Indigestion and/or heart burn – more often than not you will also be prescribed a medicine to protect against this.
- Hunger – that can be helpful if you have poor appetite.
- Insomnia (difficulty in sleeping at night).

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Late side-effects – weeks/months:

- Osteoporosis (thinning of the bones). However, there are some medicines that can help to protect against this if the risk is high (bisphosphonates).
- Weight gain. You may also develop a puffy round face.
- Increased chance of infections, as steroids may suppress the immune system. The most common infection with steroids is oral thrush.
- Increase in blood pressure. So, have your blood pressure checked regularly. It can be treated if it becomes high.
- Skin problems such as poor healing after injuries, thinning skin, occasionally stretch marks and easy bruising.
- Muscle weakness, especially thighs. (Getting out of a chair with more difficulty).
- Mood and behavioral changes. Some people feel better in themselves when they take steroids. However, steroids may occasionally cause mental health problems. Seek medical advice if worrying mood or behavioral changes occur.
- An increased risk of duodenal and stomach ulcers – often you will also be prescribed a medicine to protect against this. 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 several 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. If the dose is reduced gradually, the body will slowly resume 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, diclofenac etc) whilst taking steroids (unless advised by a doctor). The two together increase the risk of a stomach or duodenal ulcer developing.
- 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.