



Steroid tablets

Drug information

**Steroid tablets
are used to treat
rheumatoid arthritis,
lupus and other
conditions.**

Steroid tablets are used to rapidly control inflammation for patients with many different kinds of rheumatological conditions. However, as with all drugs some people will have side-effects. This leaflet sets out what you need to know.

What are steroids and how are steroid tablets used?

Some steroids occur naturally in the human body. Man-made steroids act like natural steroids to reduce inflammation. They can be given as injections or taken in tablet form. Although steroids won't cure your condition, they're very effective against inflammation and will ease symptoms, such as swelling, pain and stiffness.

Prednisolone is the most commonly prescribed steroid tablet for people with rheumatic conditions. Your doctor may prescribe enteric-coated prednisolone if you have indigestion or are taking a high dose. These are specially coated so they don't dissolve quickly in your stomach.

Steroid tablets may be prescribed for people with:

- rheumatoid arthritis
- systemic lupus erythematosus (SLE)
- polymyalgia rheumatica (PMR)
- vasculitis
- other types of inflammatory arthritis

Depending on which condition you have and what dose you're prescribed,

you may notice an improvement in your symptoms within a few days.

When and how do I take steroid tablets?

Steroids tablets are usually taken once a day, preferably in the morning, with or after food. They are sometimes prescribed to be taken every other day.

Enteric-coated tablets should be swallowed whole, not crushed or chewed.

The correct dose will depend on your condition and your weight. Your dose is likely to be gradually reduced as your symptoms improve. If you've been on steroids for a long time, your doctor will make any reductions very slowly.

You may be prescribed a small dose (a maintenance dose) for a long time.



**Steroid tablets
can bring
inflammation
rapidly under
control.**

Possible risks and side-effects

As with all medicines, some people will have side-effects. These are more likely if you're on a high dose or if you need treatment over a long period. Your doctor will make sure you're on the lowest possible dose that keeps your condition under control.

The most common side-effects are:

- weight gain and/or increase in appetite
- stomach pains
- thinning of the bones (osteoporosis)
- bruising easily
- indigestion
- a round face
- stretch marks
- thinning of the skin.

If you have diabetes, high blood pressure or epilepsy, steroids can sometimes make these worse. Your doctor should check your blood pressure and blood sugar levels from time to time, and may adjust your medications if necessary.

Steroid tablets can also make glaucoma worse or cause cataracts. It may also cause muscle weakness or occasionally interfere with the menstrual cycle.

Any treatment with steroids may cause changes in mood – you may feel very high or very low. This change may be more common in people with a previous history of mood disturbance. If you're worried please discuss this matter with your doctor.



After taking this medication, you may notice an improvement in your condition in days.

Taking steroid tablets can make you more likely to develop infections. If you feel feverish or unwell, or develop any new symptoms after starting taking steroid tablets it's important to tell your doctor or rheumatology nurse.

You should also see your doctor if you develop chickenpox or shingles or come into contact with someone who has chickenpox or shingles. These can be severe in people on steroids, and you may need antiviral treatment.

It's important to keep an eye on your weight while you're on steroid treatment. If you find your appetite increases making sensible food choices and including some physical activity in your daily routine should help to avoid putting on weight.

Steroids can cause your bones to weaken, and make fractures more likely; this can lead to a condition known as osteoporosis. Your doctor may advise you to take drugs called bisphosphonates, or calcium and vitamin D supplements, along with the steroids to help prevent osteoporosis. Regular exercise (especially weight-bearing) can help to reduce the risk of getting osteoporosis, as can making sure you get enough calcium in your diet and avoiding smoking and drinking too much alcohol.



It's recommended you still take yearly flu and pneumonia vaccines.

Taking other medication

Steroids may be prescribed along with other drugs. However, some drugs interact with steroid tablets, so you should discuss any new medications with your doctor before starting them, and you should tell anyone else treating you that you're taking steroid tablets.

Don't take over-the-counter preparations or herbal remedies without discussing them first with your doctor, rheumatology nurse or pharmacist.

When taking steroid tablets **you must carry a steroid card**, which records your dosage and how long you've been taking them. If you become ill, or are involved in an accident in which you're injured or become unconscious,

it's important for the steroid to be continued, and sometimes increased, because the treatment may prevent your body from being able to produce enough natural steroids. Your doctor, rheumatology nurse or pharmacist can give you a steroid card. Make sure whoever is prescribing your tablets records any changes in dosage.

Vaccinations

If you're taking steroid tablets it's recommended you avoid live vaccines such as yellow fever. In certain situations however, a live vaccine may be necessary (for example rubella immunisation in women of childbearing age), in which case your doctor will discuss the possible risks and benefits of the vaccination with you.

If you're offered shingles vaccination (Zostavax) you should seek advice from your rheumatology team – you may be able to have the shingles vaccine if you're on a low dose of steroids.

Pneumococcal vaccine (which gives protection against the most common cause of pneumonia) and yearly flu vaccines don't interact with steroid tablets and it's important that you have these.

Alcohol

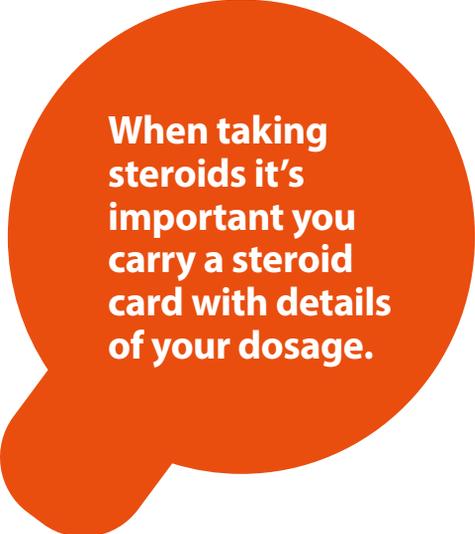
Both alcohol and steroids can potentially upset the stomach. If you have indigestion or other stomach problems after starting steroid treatment then alcohol is likely to add to the problem, so you may want to cut back on how much alcohol you drink.

Fertility, pregnancy and breastfeeding

Current guidelines state that steroid tablets can be taken during pregnancy and they are often used to treat disease flares at this time. If you're planning a family you should discuss this with your doctor beforehand, as it's important that the mother's health is maintained during pregnancy. If you become pregnant while you're

on steroids, don't stop them before discussing this with your doctor.

Although small amounts of steroid could pass into the breast milk, there is no evidence that it's harmful to your baby and current guidelines advise that people can breastfeed while taking steroid tablets. You should discuss the risks with your doctor if you have any concerns.



When taking steroids it's important you carry a steroid card with details of your dosage.

Arthritis Research UK

Arthritis Research UK works to improve the quality of life for people with arthritis so that they can say they are **in control, independent and recognised.**

We're dedicated to funding research into the cause, treatment and cure of arthritis so that people can live pain-free lives.

For more expert information visit our website or if you would like to tell us what you think about our booklets email bookletfeedback@arthritisresearchuk.org or write to the address below.

Arthritis Research UK

Copeman House
St Mary's Gate
Chesterfield
S41 7TD

0300 790 0400

www.arthritisresearchuk.org

 **@ArthritisRUK**

 **/arthritisresearchuk**

Date published: 2015.

Registered charity in England and Wales no. 207711, Scotland no. SC041156.
A Company registered in England and Wales. Limited by Guarantee no. 490500.

Thank you for supporting Arthritis Research UK. With your generosity we can keep doing our vital work.

To **donate** visit

www.arthritisresearchuk.org/donate

We would like to thank the team of people who contributed to the development of this booklet. It was written by Prof. Ariane Herrick and updated by Dr Ian Giles. An **Arthritis Research UK** medical advisor, Dr Luke Gompels, is responsible for the content overall.

Please note: we have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change. This information sheet is for general education only and does not list all the uses and side-effects associated with this drug.

©Arthritis Research UK 2015
2251/D-STER/15-1