

# Steroid tablets

This leaflet provides information on steroid tablets and will answer any questions you have about the treatment.

# What are steroids?



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 in tablet form.

Prednisolone is the most commonly prescribed steroid tablet for people with rheumatic conditions. It's available as plain or enteric-coated tablets, which are specially coated so that they don't dissolve quickly in your stomach.

# At a glance

## What are steroids?

Steroids are a type of medicine, which are available as tablets or injections. Prednisolone is the most commonly prescribed steroid tablet.

## What do steroid tablets do?

They reduce inflammation, and can therefore ease pain and stiffness caused by a number of conditions.

## What are they used for?

They're used for rheumatoid arthritis, lupus (SLE), polymyalgia rheumatica (PMR) and other type of inflammatory arthritis.

## How are they taken?

Once a day in the morning or sometimes every other day, with or after food.

## Are there any side-effects?

Side-effects can include weight gain, osteoporosis, stomach pains and thinning of the skin. The risk of side-effects is related to the dose and the duration of treatment, so your doctor will review your treatment from time to time to keep the risks to a minimum.

## ! Remember:

- Always carry your steroid card.
- Never stop steroids abruptly or alter your dose without discussing with your doctor first.

## Why are steroid tablets prescribed?

Steroids can help with rheumatoid arthritis, lupus (SLE), polymyalgia rheumatica (PMR) and other types of inflammatory arthritis. They're very effective against inflammation. They won't cure your condition but will suppress your symptoms.

Your doctor may prescribe enteric-coated prednisolone if you have indigestion or are taking a high dose.

## When and how do I take steroid tablets?

Prednisolone is usually taken once a day, preferably in the morning, with or after food. It's sometimes prescribed to be taken every other day. Enteric-coated tablets should be swallowed whole, not crushed or chewed.

Your doctor will advise you on the correct dose, which will depend on your

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

Your doctor may decide that you should continue on a small dose (a maintenance dose) for a long time.

**!** You shouldn't stop taking your steroid tablets or alter the dose unless advised by your doctor. It's dangerous to stop steroids suddenly if you've been taking them for more than two weeks.

## How long do steroid tablets take to work?

Depending on the dose you take and the reason you're taking it, prednisolone can work very quickly. You may notice an improvement within a few days.

**Record your dosage here to help you manage your treatment:**

**How many?** .....

**What dosage/strength?** .....

**How often?** .....

**When?** .....

## What are the possible side-effects?

The longer you're taking prednisolone and the higher the dose, the more likely you are to have side-effects. Your doctor will take this into account and make sure you're on the lowest possible dose that keeps your condition under control. Steroids are often necessary for treating your condition, so it's important to carefully weigh up the risks and benefits of continuing to take them. If you're on a very low dose you may never experience any problems.

The most common side-effects are:

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

Prednisolone can also cause muscle weakness and cataracts, and it can make glaucoma worse. It may occasionally interfere with the menstrual cycle.

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

Your blood sugar may rise, causing diabetes. If you already have diabetes you may need to discuss with your doctor whether you need to change your diabetes treatment.



**Steroid tablets are used to reduce inflammation caused by different types of inflammatory arthritis.**

High doses of prednisolone can cause your blood pressure to rise. If you suffer from epilepsy, it's possible that prednisolone could make it worse.

If your child is taking steroids, their growth may be suppressed. However, some of the conditions for which steroids are prescribed can also affect growth.

Taking prednisolone can make you more likely to develop infections. You should tell your doctor if you have a fever. Signs of infection can be disguised by prednisolone, so if you feel unwell or develop any new symptoms after starting prednisolone it's important to tell your doctor or rheumatology nurse.

### What should I look out for?

You should see your doctor immediately if:

- you've not had chickenpox and you come into contact with someone who has chickenpox or shingles
- you develop chickenpox or shingles.

Chickenpox and shingles can be severe if you're on steroid treatment. You may need antiviral treatment, which your doctor will be able to prescribe.

## What are the risks?

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. Keeping your steroid dose as low as possible can also help, so you should speak to your doctor if you're concerned about putting on weight.

## How can I reduce the risk of osteoporosis?

Steroids can cause your bones to weaken, making fractures more likely. Your doctor may advise you to take drugs called bisphosphonates or calcium and vitamin D supplements along with the steroids to help prevent this. In general it's also a good idea to exercise regularly, make sure you get enough calcium in your diet and avoid smoking and drinking too much alcohol.

## Will it affect vaccinations?

If you're taking steroid tablets it's recommended that you avoid live vaccines such as yellow fever. However, in certain situations 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 in your 70s and are 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.

Pneumovax (which gives protection against the most common cause of pneumonia) and yearly flu vaccines don't interact with steroid tablets.

## Can I drink alcohol while on steroid tablets?

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.

## Do steroid tablets affect fertility or pregnancy?

Although prednisolone isn't generally recommended during pregnancy, it's thought to be safer than some other drugs. 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 it with your doctor. **Never stop steroids abruptly.**

## Do they affect breastfeeding?

Small amounts of steroid could pass into the breast milk. While it's unlikely to be harmful to your baby, you should discuss the risks with your doctor if you have any concerns.

## What else should I know about steroid tablets?

When taking steroid tablets **you must carry a steroid card**, which records how much prednisolone you're on and how long you've been taking it. 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 also the dose might need to be increased. This is 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.

### Are there any alternatives?

A number of other drugs are used in the treatment of inflammatory arthritis and other rheumatic conditions. Your doctor or rheumatology nurse will discuss these other options with you.

### Will I need any special checks while on steroid tablets?

Your doctor should check your weight, blood pressure and blood sugar level from time to time.

### Can I take other medicines alongside steroid tablets?

Steroids may be prescribed along with other drugs. Some drugs interact with prednisolone, so you should discuss any new medications with your doctor before starting them, and you should always tell any other doctor treating you that you're taking prednisolone.

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

### Where can I get more information?

Arthritis Research UK is the charity leading the fight against arthritis. We do this by funding high-quality research, providing information and campaigning. We publish over 60 information booklets which help people to understand more about their condition, its treatment, therapies and how to help themselves.

If you would like any further information about steroid tablets, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse or pharmacist.

## Notes

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## Get involved!

**You can help to take the pain away from millions of people in the UK by:**

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying products from our online and high-street shops.

To get more **actively involved**, please call us on **0300 790 0400** or email us at **[enquiries@arthritisresearchuk.org](mailto:enquiries@arthritisresearchuk.org)**

or go to  
**[www.arthritisresearchuk.org](http://www.arthritisresearchuk.org)**

A team of people contributed to this booklet. It was written by Dr Ariane Herrick, who has expertise in the subject. It was assessed at draft stage by consultant rheumatologist Dr Laura Connell. An **Arthritis Research UK** editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An **Arthritis Research UK** medical advisor, Sue Brown, 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.** For full details please see the drug information leaflet that comes with your medicine. Your doctor will assess your medical circumstances and draw your attention to any information or side-effects that may be relevant in your particular case.

This leaflet has been produced, funded and independently verified by **Arthritis Research UK**.

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Registered Charity England and Wales No 207711,  
Scotland No SC041156

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Published February 2014 2251/D-STER/14-1

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