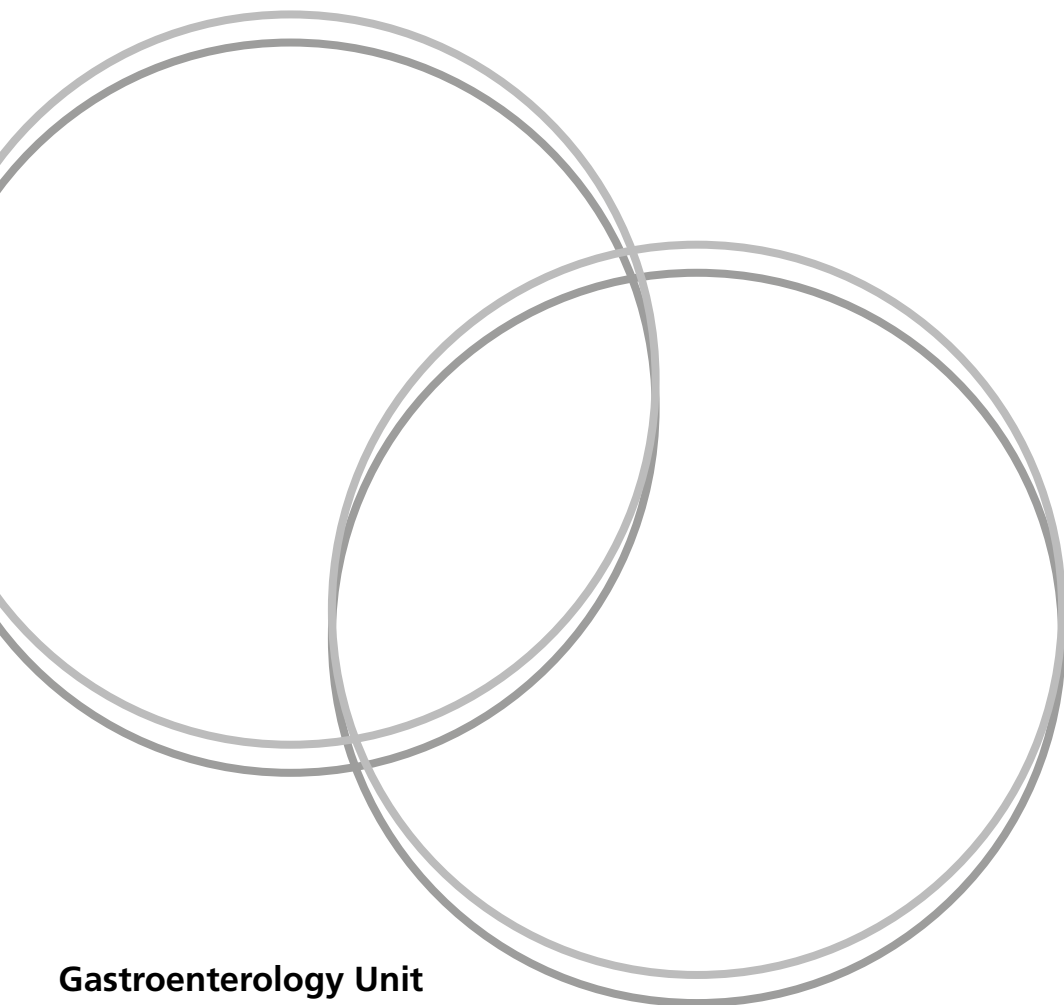


Prednisolone

Medicines Information for Patients



Gastroenterology Unit

The aim of this leaflet is to:

Answer some common questions patients ask. Further information can be found in the information leaflet supplied by the manufacturer or from your pharmacist, IBD nurse specialist or doctor.

Why have I been started on this medicine?

Prednisolone is a corticosteroid (steroid) used to treat acute attacks of ulcerative colitis and Crohn's disease and induce remission. In general, 80% of patients (8 in every 10) with such attacks will respond promptly to treatment with steroids. Prednisolone is not used long term to maintain remission of inflammatory bowel disease.

Prednisolone is also used in other groups of patients including those with organ transplants, rheumatoid arthritis and psoriasis.

How does it work?

Prednisolone is a manufactured steroid compound which suppresses inflammation in the gut, and also eyes, skin and joints if affected.

How long does it take to work?

Prednisolone works quickly and symptoms are usually controlled within a week. If your acute attack is severe and you are very unwell, you may be admitted into hospital for a course of intravenous steroids first.

What dose do I take?

Standard practice in Oxford is to use high doses initially once daily, to achieve rapid symptom control. The dose is then reduced over several weeks. This will clearly written on the box containing the prednisolone.

A typical regime is:

40mg each morning for 1 week then
30mg each morning for 1 week then

20mg each morning for 1 month then
reduce by 5 mg each week

It is important to follow the instructions on dose reduction given to you by your doctor.

Unfortunately as the dose of prednisolone is reduced, symptoms may return in a minority of cases. If this happens, other medicines such as azathioprine may be added to make sure that steroids can be withdrawn completely. Steroids must always be withdrawn slowly, especially when treatment has been longer than a few weeks, to avoid symptoms due to adrenal suppression (see section of side effects overleaf).

There is, however, no place for long term steroids in the management of ulcerative colitis or Crohn's disease, because it does not prevent relapse. If prednisolone cannot be stopped within 3 months of starting treatment, it is important to ask to discuss treatment options with the Consultant Gastroenterologist.

How do I take it?

Prednisolone comes in tablet form and is available in several different strengths. It is important that you take the correct combination if more than one strength of tablet is used to make up a dose. The dose should be taken once a day in the morning (as it can affect sleeping) and with, or soon after, food as it can cause stomach irritation if taken on an empty stomach. Enteric coated prednisolone tablets should be avoided in certain types of Crohn's disease.

How long will I be taking it?

Treatment will be needed for a period of weeks as it takes time for the inflamed lining of the gut to heal. The dose will be reduced gradually over a few weeks. Steroid treatment must not be stopped abruptly. Do not stop taking steroids unless you are told to do so by your doctor.

For one year after you stop treatment, you must mention to anyone who treats you that you have taken steroids.

What are the common side effects?

Corticosteroids are hormones that are naturally produced by all of us to control such things as blood pressure and preparing our body for stress. To control inflammation associated with a flare of inflammatory bowel disease doses higher than those naturally produced are required. When the body is supplied with 'artificial' steroids, natural production decreases or stops (known as adrenal suppression). Most patients will experience some side effects while taking steroids, but these usually disappear when the dose is reduced or stopped. Long term side effects tend to occur only in those patients on long term treatment (many months or even years).

Temporary side effects:

- An increase in appetite, which can lead to weight gain
- Some rounding ('mooning') of the face
- Stomach irritation (so always take food)
- Growth of facial hair
- Development or worsening of acne
- An increase in blood sugar
- Retention of salt – which can lead to swelling of legs or raised blood pressure
- Mood changes (both euphoria and depression)
- Difficulty in sleeping (so best to take dose in morning)
- Weakening of body's resistance to infection
- 'buffalo hump' of fat in middle of upper back

Rarely:

Upper abdominal pain or burning-type discomfort below the breast bone.

Long term side effects:

- Thinning of the bone, muscles and skin
- A tendency to bruise easily
- Diabetes due to the increased blood sugar
- The natural production of steroid by with the adrenal glands failing to start again when the external source is stopped. This may occur only after many months, or years, of treatment with corticosteroids

Rarely:

Glaucoma, cataracts.

What do I do if I experience side effects?

If you become unwell or feverish, or come into contact with anyone who has an infectious disease, consult your doctor promptly. If you have never had chickenpox you should avoid close personal contact with people who have chickenpox or shingles. If you come into personal contact with chickenpox or shingles, see your doctor urgently. If you are in an accident or need emergency treatment you may need a larger dose of steroids.

What happens if I forget to take a dose?

If you remember within 12 hours, take your dose as normal. If more than 12 hours has passed then forget that day's dose and take your next dose at the normal time. Do not double the dose.

Does prednisolone interfere with my other medicines?

Prednisolone can interact with other medicines. Always check with your doctor or pharmacist first. It is safe to drink alcohol in moderation whilst on prednisolone.

You should avoid having 'live' vaccines whilst taking prednisolone e.g, Mumps, measles and rubella (MMR), yellow fever, BCG, some Typhoid vaccines, Varicella vaccines. If you require travel vaccines or your doctor, nurse or pharmacist advise that you need a vaccine always tell the healthcare professional that you are taking prednisolone. Seasonal vaccination against influenza and Pneumococcal vaccines are also recommended for adults taking prednisolone

You will be given a blue steroid card with your medicine. It is important that you carry this with you at all times and show it to anyone treating you (e.g. doctor, nurse, dentist, midwife or pharmacist). Make sure the information on the card is kept up to date.

**Keep all medicines out of the reach of children.
Never give any medication prescribed for you to anyone else. It may harm them even if their symptoms are the same as yours.**

Useful contacts:

Gastroenterology pharmacist: 01865 221523

or email: ibd.homecare@nhs.net

IBD Advice Line: 01865 228772

or email: ibd.advice@nhs.net

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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