

Long Term Steroid Use

Information for patients

Steroids (also known as corticosteroids) are a group of medications that are given to treat a range of conditions. Their main role is to reduce inflammation or suppress the body's immune system.

Short courses of steroids are very unlikely to cause any harm. However, longer periods of treatment and higher doses of steroids can result in potentially serious complications. These can be prevented by being aware and reporting any symptoms promptly.

This information sheet covers the two most serious, and potentially life-threatening, conditions - **high blood glucose (sugar) levels** and **adrenal crisis** - and provides advice for taking steroids at home.

1. High blood glucose

One of the side effects of steroids is to raise your blood sugar level. This is more likely if you already have diabetes or if you are at risk of developing diabetes (obesity, family history of diabetes, previous pregnancy related diabetes, polycystic ovary syndrome, increasing age, and some ethnic minorities).

Before you start long term steroid treatment you should have a blood test taken to check your HbA1c. This is an average measure of your blood sugar. A raised result means that you may have diabetes **or** be at increased risk of developing diabetes. If this is the case you will be asked to start monitoring your blood glucose at home. You will be given a blood glucose monitor and training for this.

It is important that you are aware of the symptoms that are associated with high blood sugars and that you seek urgent medical advice if you develop any of these after starting steroid treatment.

Symptoms of high blood glucose:

- Severe thirst
- Passing unusually large volumes of urine
- A new need to pass urine overnight
- Unexpected weight loss
- Tiredness in conjunction with these other symptoms
- Thrush (candida infection)
- If you do have a blood glucose monitor, three consecutive readings of 12mmol/L or more just before your evening meal should be reported.

It is very important to act on these symptoms as extremely high blood sugars can result in severe illness that may be life-threatening. However, the good news is that blood sugars can usually be controlled with medication.

2. Adrenal Crisis (also known as **adrenal insufficiency** or **Addisonian crisis**)

You can be at risk of this if you are taking steroids for **3 weeks or more**. The body naturally makes steroids in your adrenal glands. The most famous of these is cortisol the “stress” hormone. These hormones are essential for your body to function, particularly if you become unwell. When you are taking steroid medications, the natural production of steroids is reduced and your body becomes dependant on the steroids it gets from the medication you are taking. **You should never stop taking steroid medication suddenly**. If you are unwell (such as fever, diarrhoea or on antibiotics) you should **increase** your steroid dose as follows:

Your current steroid dose	Recommended dose when unwell with fever, infection needing antibiotics or surgery with local anaesthetic
Prednisolone 10mgs or more or Dexamethasone 2mg or more	Continue on your usual dose
Prednisolone dose less than 10mgs or Dexamethasone less than 2mg	Increase to Prednisolone 10mgs per day or Increase to Dexamethasone 2mg per day

If you are unable to take your steroid medication, for example due to vomiting or you have lost your medications, you can become very seriously unwell with Adrenal Crisis. This is where your body goes into “shock” due to a lack of steroids. You may need a steroid injection.

Symptoms of adrenal crisis include:

- pale, cold, clammy skin
- sweating
- rapid, shallow breathing
- dizziness
- low blood pressure
- severe vomiting and diarrhoea
- abdominal pain or pain in the side
- fatigue and severe muscle weakness
- headache
- severe drowsiness or loss of consciousness.

Urgent treatment is needed and you should call 111 and say ‘I am having an adrenal crisis’ if you think this is happening to you or that you are at risk of it happening due to illness or lack of steroid treatment.

You should carry a steroid card while you are taking steroids. It is important that you inform any health care professional that you are taking long term steroid treatment.



Further information about steroids and their wider effects can be obtained from www.nhs.uk and searching for “Steroid Tablets”




Your Steroid Emergency Card

This contains essential information for medical professionals about your steroid medication.

Please carry this with you while you are on steroids and for 3 months after your steroids have been stopped. Online copies can be found from www.endocrinology.org/ by searching for "Steroid Card"

Steroid Emergency Card (Adult)



IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF
THIS PATIENT IS PHYSICALLY **DEPENDENT** ON DAILY STEROID THERAPY as a critical medicine, to be given/taken as prescribed and never omitted or discontinued; missed doses, illness or surgery can result in adrenal crisis which requires emergency treatment.

Patients not on daily steroid therapy may also require emergency treatment, see reverse of card for links to further information.

Name

Date of Birth NHS Number


Why steroid prescribed

Emergency Contact

If calling **999/111** describe symptoms (vomiting, diarrhoea etc) **AND** emphasise this is a likely Addison's/adrenal emergency or crisis

Emergency treatment of adrenal crisis

- 1) **EITHER** 100mg Hydrocortisone per i.v. or i.m. injection **followed** by 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5%
OR 50mg Hydrocortisone i.v. or i.m. qds (100mg if severely obese)
- 2) Rapid rehydration with Sodium Chloride 0.9%
- 3) Liaise with endocrinology team



Scan here for further information or search
<https://www.endocrinology.org/adrenal-crisis>