



## **Steroid Therapy** **Prednisolone or Budesonide** **Patient Information Sheet**

If your inflammatory bowel disease (Crohn's or Ulcerative colitis) is "flaring up" your doctor may decide to prescribe steroid therapy in the form of either prednisolone or budesonide.

### **What are steroids?**

Steroids are natural substances produced by the adrenal gland. They are used for many reasons including reducing inflammation.

### **How do steroids work?**

Large doses of steroids dampen the body's immune system and so reduce inflammation. They are very effective in treating flare ups of inflammatory bowel disease in short courses of 6-8 weeks. There is no evidence that they improve disease control if taken long term.

### **How and when do I take the tablets?**

Steroid tablets can be taken altogether, with food (e.g. at breakfast time).

### **What are the potential side effects?**

Short term: increased appetite, weight gain, acne, high blood sugars, high blood pressure, fluid retention, puffy face, facial hair growth, difficulty in sleeping, mood swings, and a reduced ability to fight infections.

Long term: osteoporosis (thinning of the bones), thinning of the skin, increased risk of bruising, muscle weakness, cataracts, diabetes, dependency on steroids.

### **How do I avoid side effects?**

Over 80% of Budesonide is removed on first pass through the liver, leaving less than 20% uptake into the systemic circulation. This means that the medication predominantly works locally on the bowel lining, with less systemic side-effects. In some patients it is possible to give steroids directly onto the lining of the bowel (as in suppositories, foam or liquid enemas).

### **Can I have immunisations whilst on steroids?**

Immunisation with "live" vaccines should be avoided but "inactive" vaccines are safe (such as the flu vaccine).

## **Can I drink alcohol whilst on steroids?**

Yes, in moderation as per national guidelines.

## **Do I continue to take my usual medication?**

Yes, if there is any doubt please ask your IBD nurse or Doctor.  
Prednisolone can affect your warfarin control.

## **Do steroids affect fertility or pregnancy?**

Steroids do not affect fertility and can be safely taken in pregnancy. We try to avoid them in the last trimester, but if they are needed it is important to inform your obstetrician and gastroenterologist.

## **Where can I obtain further information about steroids?**

If you have any questions about steroids please ask your doctor, IBD nurse specialist or pharmacist.

### **What dose of Prednisolone should I take?**

Week 1	40mg	8 x 5mg tablets a day
Week 2	35mg	7 x 5mg tablets a day
Week 3	30mg	6 x 5mg tablets a day
Week 4	25mg	5 x 5mg tablets a day
Week 5	20mg	4 x 5mg tablets a day
Week 6	15mg	3 x 5mg tablets a day
Week 7	10mg	2 x 5mg tablets a day
Week 8	5mg	1 x 5mg tablets a day
Week 9	Stop	None

### **What dose of Budesonide should I take?**

Month 1	9mg	3 x 3mg tablets a day
Month 2	6mg	2 x 3mg tablets a day
Month 3	3mg	1 x 3mg tablets a day

**Do not stop taking steroid tablets suddenly.**  
**They must be reduced slowly, otherwise you may suffer withdrawal problems.**

All patients taking steroids by mouth must carry the steroid card given to you by the pharmacy. If you have a flare up of your Crohn's or Ulcerative Colitis when you are reducing your steroid tablets then please phone the helpline on: 01582 718368

## **Additional Information**

**Budesonide Vs Prednisolone** – Budesonide is most commonly used for Microscopic Colitis and small bowel and right sided Crohn's disease. The data to support its use in UC is less convincing. As it predominantly works topically, with little (5-20%) systemic uptake, there are less side effects.

**Weight gain** – You may gain weight as a result of taking steroids, this is often most noticeable in the face and is known as a "Cushingoid" appearance. Even if this is quite evident, your appearance will return back to normal as the dose is reduced over a period of 2-3 months

**Blood Sugar** - Whilst you are taking steroids, the way in which your body normally manages sugar may be affected. It is important to get this checked by your GP during treatment as occasionally these levels need to be treated with medicines eg. Gliclazide

**Blood pressure** – Very occasionally people on steroids may get an increase in their blood pressure. It is important that your blood pressure should be checked when you come to the outpatient clinic (ask the nurse who is weighing and measuring you, as she may not know you are on treatment). Between visits to the outpatient clinic, it is a good idea if you have your local general practice check your blood pressure weekly.

**Vaccinations / Immunisations** - The new European Crohn's and Colitis Guidelines suggest all IBD patients should undergo an immunity screen and if necessary, appropriate vaccinations. Vaccinations given during and up to 3 months after a steroid course may not prove effective. Live vaccinations should be avoided.

**Infection** – Whilst taking steroids the body suffers a mild suppression of its immune system increasing the risks of developing opportunistic infections. . is mildly immune suppressed. Some people taking steroids are at slightly increased risk of infection. This is not usually a major concern, however, if there has been any contact with chicken pox you need to let us know

**Other illnesses** – If you become unwell and have been on steroids in the previous nine months it is important that you inform the doctors involved in your care, as they may need to restart low dose steroid treatment for the duration of that illness.

**Stopping treatment** – Make absolutely sure that you do not run out of your steroid tablets. It is dangerous to stop suddenly, and you might become seriously ill. The slow reduction that we plan is safe.

***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.***