

## Patient information

# Hydrocortisone Replacement Instructions on Reducing or Discontinuing Therapy

Diabetes and Endocrinology

### What is Hydrocortisone Replacement?

Hydrocortisone replacement is tablets of synthetic (man-made) cortisol usually taken twice daily. You will have been taking this because your body was unable to produce enough cortisol to maintain well-being.

### What has happened to change my needs?

You may have needed Hydrocortisone for a short period between surgery and post-operative assessment of your cortisol production.

Alternatively, your cortisol production from your adrenal glands may have been suppressed by taking other steroids, such as Prednisolone.

In this case Hydrocortisone has been used to help maintain your health while the medical team assess if your adrenal function may return to normal.

It is likely that you will have undergone a series of blood tests before the doctors recommend any change in your Hydrocortisone. The results of these blood tests will indicate that you can either reduce or discontinue your Hydrocortisone.

### What if I wanted to stop taking the tablets?

You should not do this without medical advice.

### Why can I not just go ahead and reduce or stop taking Hydrocortisone?

Cortisol is vital to life and well-being. Without cortisol, the body cannot function properly. If deficient for an extended time, serious illness and death can follow.

When you take Hydrocortisone tablets your body adjusts to having this level of cortisol provided for it. If you were to remove this level of cortisol suddenly, your body would be unable to cope.

## **What would happen to me if this occurred?**

It is likely that you would feel extremely tired and lethargic, not wanting to get out of bed each day. You may feel dizzy or faint especially on getting out of bed or rising from a chair. It is also common to experience nausea, lack of appetite, vomiting.

If you were to develop an infection or undergo any other form of stress, it is possible that you would become very ill and need urgent hospital admission.

## **So how should I reduce or stop my treatment?**

Any reduction or discontinuation of treatment must be done slowly over a period of weeks.

General advice is to reduce the afternoon dose first by 5 mgs for three to four days. Downward adjustments are then made every three to four days, provided you remain well.

Should you experience any problems with dizziness, weakness or lack of appetite, then you should return to the dose level you last felt well with for a couple of days, then begin reducing slowly once again.

As always, if you have a raised temperature or extra stress of any kind you will need to double the dose you take. This helps your body cope with the stress and fight any infection.

Specific advice tailored to suit the dose of hydrocortisone you take, and your individual needs will be given in our nurse led clinic.

You will still be monitored by the Endocrine Specialist Nursing team during the period of adjusting or stopping your hydrocortisone so that we can be sure you remain well.

## **What else do I need to know?**

You should continue to carry with you some form of identification that states you have taken Hydrocortisone even when you have stopped the treatment i.e. Blue Steroid Card. This would need to be for at least 12 months following your last dose. The reason for this is that in times of sudden illness or accident, your body may still need extra cortisol to help it cope. Without this identification the emergency services would not know of your needs and so your recovery may be delayed.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further Information

Please feel free to contact the Endocrine Specialist Nurses with any questions you may have. There is an answer machine where you can leave your name and contact details. We will return all calls.

**The Endocrinology Specialist Nurses**

**Tel: 0151 706 2417**

**Text phone number: 18001 0151 706 2417**

**Related Patient information leaflets:**

**Hydrocortisone replacement therapy (PI 019)**

**Hydrocortisone replacement therapy-what to do during illness and/or stress (PIF 1021)**

**Author: Diabetes and Endocrinology**

**Review date: March 2028**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل ائتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكترونياً.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字體、音頻、盲文、穆恩體 ( Moon ) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیوه‌ندیدار بهو نه‌خوشانه‌ی له‌لایمن تراسته‌وه په‌سه‌ند کراون، نه‌گمر داوا بکریت له فورماته‌کانی تردا بریتی له زمانه‌کانی تر، نیزی رید (هاسان خویندنه‌وه)، چاپی گه‌وره، شریتی ده‌نگ، هیلی موون و نه‌لیکترونیکی هه‌یه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhadda kale, sida luqadda kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.