

## Patient information

# Steroids for Haematology Disorders

Haematology Liverpool

### What are steroids and how are they used?

Steroids (also known as corticosteroids) are hormones that occur naturally in the body, they have numerous roles which include reducing inflammation and suppressing unwanted immune reactions. As a medicine, they are man-made but act like these natural hormones and are used for a wide range of haematology conditions.

### How and when to take your steroid tablets

Take your medication as directed by the medical team, they will explain how much and how often to take them. It's normally best to take steroids with or after a meal (usually breakfast) to help reduce stomach irritation. Taking steroids in the morning reduces the chance of sleep disturbances.

### Possible risks and side effects

As with all medicines steroids can cause side effects, although not everyone gets them. The risk of getting these side effects increases if you're on a high dose of steroids or if you're taking them for a long time.

### Stomach pain or indigestion

Your nurse/doctor/pharmacist will make sure you're on the lowest dose for the shortest duration possible to keep your condition under control. As steroids may increase your risk of stomach irritation and possibly bleeding, a proton-pump inhibitor (PPI) or other medication may be prescribed alongside your course of steroids for gastro-protection.

### Bone protection

High doses of steroids used for a long time can affect your bone health. We will always keep you on the lowest possible dose for the shortest period, but you may also be given calcium tablets to take alongside steroids to reduce the risk of problems.

## **Raised blood sugar levels**

Steroids can increase your blood sugar levels and the nurses looking after you will test them often, but it is important to be aware of the symptoms what may indicate you have raised blood sugars, this includes:

- Feeling thirsty
- Need to pass urine more often.
- Feeling tired

Tell the clinician/medical team if you experience any of these symptoms, it is also important to note if you have diabetes your blood sugars may be higher than usual and therefore, your usual anti-diabetic medication may need to be altered whilst on steroids.

## **Other side effects include:**

- Fluid build-up
- Increased appetite
- Increased risk of infection
- Changes to your period
- Mood/behavioural changes
- Difficulty sleeping
- Weakening of bones (osteoporosis)
- High blood pressure
- Cushing's syndrome
- Eye conditions such as glaucoma and cataracts

For further information or if you have any questions, please discuss this with your pharmacist or medical team.

## **Sick day rules**

Taking corticosteroids for a long time can stop your adrenal glands from naturally making the hormone cortisol. When this occurs, it's known as adrenal insufficiency. When you're unwell the body adapts to this, and the adrenal glands increase the production of cortisol. It is therefore important to increase your dose of steroids appropriately when you're unwell or having a procedure as you could be at further risk of adrenal crisis.

**Minor medical "stress" e.g., typical cold or dental filling:** no change in dose.

**Severe illness e.g., fever, bed-ridden or requiring antibiotics:** Your steroid dose may need to be increased for the duration of the illness. This means doubling usual daily glucocorticoid dose or give hydrocortisone 20mg 2 to 3 times daily. However, if you're taking 10-19mg of prednisolone, increase to 20mg and if you are already on prednisolone 20mg or more, there is no need to take additional steroid medication. Inform your clinician if still feeling unwell after 48 hours.

**Extremely unwell e.g., have severe diarrhoea or vomiting lasting more than One day, having or had major surgery:** You will need to inform your clinician as soon as possible as you may need a steroid injection if you have been on steroids for a very long time.

### **Carrying a steroid card**

You should be given a steroid emergency card if you are taking:

- high doses of steroids.
- steroids for longer than 4 weeks.
- repeated courses of steroids.

You should always carry this card. In an emergency, it shows any doctor treating you that you are having steroid treatment. The doctor needs to know this because:

- stopping your steroid treatment or missing a dose may make you unwell.
- your body may not naturally make extra steroids that are needed during a serious illness or after an injury.

### **Taking other medications**

You should inform your clinician of any new medications prior to starting them and it is important to tell anyone else treating you what you're taking, this includes any over the counter medication and herbal remedies.

Some of the following drugs may interact with steroids, as mentioned previously, inform your clinician as soon as possible if you're taking any of these medications:

- Blood thinners such as anticoagulants or warfarin.
- Drugs for epilepsy, such as phenytoin or carbamazepine.
- Non-steroidal anti-inflammatories such as ibuprofen or aspirin.
- Drugs for diabetes
- Live vaccines

### **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

For further information please contact

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