

Patient information

Drugs for Inflammatory Bowel Disease - Steroids

Digestive Diseases Care Group

If your Inflammatory Bowel Disease (Crohn's disease or Ulcerative Colitis) is 'flaring up' your doctors may decide to give you drugs called corticosteroids (usually called 'steroids').

What are steroids?

Steroids are drugs that suppress (hold back) inflammation.

What are the benefits of taking steroids?

Steroids may be used to improve acute attacks and are very effective when used in short courses, but there is no evidence that they improve the disease control if taken long-term.

What will happen if I decide not to have treatment with steroids?

If you decide not to have treatment with steroids there is a risk that your disease will remain active, or become more severe. If you have severe ulcerative colitis or Crohn's disease, this can result in needing surgery.

How are steroids given?

Steroids are given in tablet form (usually either prednisolone or budesonide), or injected into a vein (hydrocortisone).

Do I need to be admitted to hospital for steroids?

If your flare up is severe you may need steroids injected into a vein, in which case admission to hospital is required. For milder flares, steroids can be taken as tablets or by enema at home.

Are steroids used in both Crohn's disease and ulcerative colitis?

Yes. Steroids are used in both Crohn's disease and ulcerative colitis, although they are more commonly used in ulcerative colitis.

What dose of steroids do I take?

If you have a severe flare up and are admitted to hospital, the steroids may be injected into one of your veins. You will usually receive four infusions of hydrocortisone (100mgs each dose) per day.

If you are started on steroid tablets called prednisolone the doctors will usually start you on 40mgs (eight tablets) a day, taken as a single dose in the morning, and then reduce the dose slowly over the next few weeks.

How long do steroids take to work?

Steroids will usually cause a marked improvement in your symptoms within two to four weeks. If you do not notice this expected improvement please contact a member of your medical team (see contact number listed at the end of the leaflet).

Steroids are given in short courses (usually two to three months), as their long-term use does not help to prevent further relapse of the disease (other medications such as mesalazine or azathioprine are used for this purpose).

Do steroids tablets have any side effects?

Yes. However it must be remembered that these are only possible side effects that occur in some people. As with all medicines there is a balance between the risks of side effects against the risk of your disease continuing to be active. Risks of these complications are usually very small with the relatively short courses of treatment used in inflammatory bowel disease.

Possible side effects include the following: high blood sugars, eye problems (glaucoma) and skin changes (bruising), high blood pressure, salt and water retention, muscle weakness, stomach ulcers, and mood swings (in some people improving their mood, in others worsening or causing depression).

If you suffer from glaucoma, steroids can still be taken, but you may wish to book an eye test during treatment. If you have diabetes, you should monitor your blood sugars more frequently while you are taking steroids and during the period after they have been withdrawn.

Weight gain and increased appetite are common with steroid tablets but your weight usually returns to normal when the dose is reduced. Sometimes your face can look 'puffy' again this goes when the steroids are reduced and stopped.

Steroid tablets increase the chance of developing infections. In particular, you are at risk of having a severe form of chickenpox if you have not had chickenpox in the past (and so are not immune). If you have not had chickenpox in the past, keep away from people with chickenpox or shingles. Tell a doctor if you come in contact with a person with these conditions as well as anyone who has measles.

Another infection that can be worsened by steroid tablets is tuberculosis. This can flare up even if you had the infection many years ago. Tell your doctor if you have had TB or come into contact with someone with TB.

Long-term or frequent use of steroids can cause osteoporosis (thinning of bones). To protect your bones you will probably be advised to take calcium and vitamin D tablets while you are taking steroids. If you have had a few courses of steroids you might have a bone scan (DEXA scan), which measures the strength of your bones.

In addition, a number of lifestyle changes can also help to maintain healthy bones, including: stopping smoking, weight bearing exercise (e.g. jogging, brisk walking) and limiting alcohol intake.

In rare cases, high doses or prolonged treatment with steroids can cause a problem of the hip called avascular necrosis. This occurs when the blood supply to the top of the thighbone is reduced. It can cause the bone to break down and damage to the cartilage in the hip joint. It usually requires surgery to treat it. Tell your doctor if you develop pain in the hip or the groin.

Are there any alternatives to steroids?

In Crohn's disease other medications such as antibiotics or dietary therapy are often used as an alternative to steroids.

Can I stop my steroid tablets if I feel better?

Do not stop steroid tablets suddenly if you have been on them for more than a few weeks. You can get serious withdrawal effects once your body is used to the steroids. These can develop within a few days if you stop steroid tablets suddenly. The dose of steroid tablets will be reduced slowly over a number of weeks, to allow your body to start making its own natural steroids.

Because you need more steroids in your body when you have physical stress, the dose of steroid tablets may need to be increased for a short time if you are ill with other conditions (e.g. for surgery or if you have a serious infection). You will be given a steroid card with your dispensed steroid medication. It is vital that you carry this around with you at all times and show to anyone who treats you (e.g. doctor, nurse, dentist).

Do I continue to take my usual medication for my bowel disease?

Usual medication should be continued, if in doubt ask your doctor or inflammatory bowel specialist nurse.

Can I have immunisations whilst on steroids?

Immunisations with live vaccines should be avoided whilst on higher doses of prednisolone. However vaccination with inactivated vaccines (which includes 'flu virus vaccine) are safe.

Can I drink alcohol while on steroids?

There is no reason to avoid alcohol (in moderation as per national guidelines) while on steroids.

Do steroids affect fertility and pregnancy?

Steroids do not affect fertility and can be safely taken in pregnancy but if taken towards the end of pregnancy it is important that your obstetrician is informed, as your baby might need to receive steroids for a short period after birth.

If you are breast-feeding ask your doctor or inflammatory bowel specialist nurse if you can continue to breastfeed while taking steroids as it may depend on the dose of steroid you are taking.

Where can I obtain further information about steroids?

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

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:

Inflammatory Bowel Disease Specialist Nurses

Tel: 0151 706 2659

Text phone number: 1801 0151 706 2659

Email: IBDNurses@rlbuht.nhs.uk

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