



Systemic (Oral) Steroids

Medrol or Prednisone

Introduction

Systemic steroids (Prednisone or methylprednisolone- Medrol®) are sometimes necessary for the treatment of nasal polyps or swelling of the nasal lining. Steroids are normally produced by our bodies and are an essential part of our daily functioning. When systemic steroids are taken our body's natural production of steroids decreases. If oral steroids are discontinued suddenly, the body may not have sufficient time to respond and increase its natural steroid production back up to the normal amount. Therefore, your steroid prescription is written so that you will slowly decrease your daily steroid dose (i.e. tapering) prior to stopping completely.

Common side effects

It is not infrequent to have some increased appetite or to retain some fluid when you are on oral steroid therapy. You should therefore watch your diet. The initial dose may also make you feel hyperactive, and you may feel somewhat weepy or "blue" as the dose is decreased. However, with appropriate management of the steroid dosage, these effects can usually be minimized. If you experience indigestion or heartburn, it may be necessary to take special precautions to protect your stomach. If you have had a history of a duodenal ulcer, you should inform your doctor and he will prescribe some medication to protect your stomach.

Adverse Effects

Steroids can reveal your body's tendency:

- to form cataracts
- to develop glaucoma
- to develop high-blood pressure
- to develop high blood sugar (as with diabetes)
- to have mood swings
- to develop stomach irritation or ulcer disease
- to develop bone-thinning (osteoporosis)
- to have menstrual irregularities

A serious but very rare adverse reaction to oral steroids called avascular necrosis can occur. This condition is very rare and can result in permanent damage to a joint where it disintegrates. However, you should inform your physician if you develop significant joint pains while taking oral steroids.

Except in unusual circumstances we typically avoid systemic steroids if you:

- Are pregnant or plan to become pregnant soon
- Have a history of:
 - bleeding abnormality
 - tuberculosis (TB)
 - glaucoma
 - significant clinical depression
 - immune deficiency
 - avascular necrosis of a joint
 - poorly controlled blood pressure
 - glaucoma or cataract disease
 - severe osteoporosis

When you take steroids:

- Take your steroids on a **full stomach** after breakfast in the morning. This will help minimize

This advisory includes selected information only and may not include all side effects of this medicine or interactions with other medicines. Consult your healthcare provider, or pharmacist for more information if you have further questions.



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the side effects of stomach irritation and insomnia.

- Do not keep this medicine in the bathroom because of the heat and moisture.
- Eat a banana a day while on steroids to help replace potassium.
- Monitor your B/P or glucose levels carefully if you have high blood pressure or diabetes
- Supplement your diet with (calcium 800-1000 mg/d and vitamin D 250-500 IU/D).
- If you have been simultaneously prescribed a quinolone antibiotics (egs **Cipro**, **Tequin**, **Levaquin**) avoid strenuous activity as there is a small increased risk of tendonitis and Achilles tendon rupture.

If you require frequent or continuous steroids and you are at risk for glaucoma or cataract formation or osteoporosis, you should:

- Engage in weight-bearing exercises daily.
- Bone density exams
- Annual eye examinations

As with other medications:

- DO NOT drink alcohol or smoke.
- DO NOT take more than one dose at a time.
- DO NOT increase the amount of the dose unless directed by your healthcare provider.
- DO NOT start taking any new medicine (including birth control pills) without first telling your healthcare provider or pharmacist.