

Taking high dose steroids for a Multiple Sclerosis (MS) relapse

Information for patients



You have recently been diagnosed as experiencing an MS relapse. Your doctors have advised that you should be prescribed high dose steroids to help you to recover.

What will the steroids do?

We expect them to:

- reduce the inflammation
- speed up the start of your recovery from the relapse
- shorten the duration of the relapse.

The final outcome of your relapse will not be changed by taking steroids. They are used to help you to get to this point more quickly and with less discomfort.

Are there any side effects from taking the steroids?

Steroids can make urinary infections worse, which is why we recommend testing for urinary tract infections before starting high dose steroids. This may mean that we carry out a dip test or send off a sample of your urine for lab testing. You will be given specific instructions by your Doctor or Nurse.

YOU SHOULD NOT START TAKING STEROIDS UNTIL TOLD BY YOUR DOCTOR OR NURSE TO DO SO.

How do I take the steroids?

The usual method of giving steroids is to prescribe a course of high-dose methylprednisolone. This comes as tablets containing 100mg of the medicine. You will need to take five tablets a day for five days in a row or until the course is completed. The dose should **not** be divided over the day. You need to take all five tablets at one time.

Trials have shown that steroids are equally effective whether given in tablet form or in a drip, at home or in hospital.

Steroids can cause some side effects but most patients find they can cope with these for the short time they are taking the steroids to treat their MS relapse. Any side effects which do happen are normally short-lived. The following is a list of more common side effects you may experience.

- A change in your sleep pattern (often difficulty in falling asleep). Taking your tablets in the morning should help with this.
- Upset stomach or gut including feeling nauseous (sick). Your GP may prescribe medication to help with this.
- Palpitations (a faster than normal heart rate).
- A change in your mood (feeling more up or down).
- A metallic taste in your mouth.
- An increased appetite.
- Weight gain (this is usually short-term).
- Flushing/reddening of your face.
- Ankle swelling.
- Acne (this is also temporary).
- If you are diabetic you might find your blood sugars will be raised and need to be monitored more frequently.

Very rarely, some people can experience severe damage to their hip (known as avascular necrosis of the hip).

If you are concerned about any of these side effects, please contact your GP.

Long-term steroid use

NICE (National Institute for Health and Care Excellence) recommends that steroids should not be given more than three times in any year.

With regular or long term use of steroids, side effects can include:

- thinning of the skin
- thinning of bones (osteoporosis)
- raised blood pressure
- diabetes.

If you have any urgent queries please contact your GP in the first instance.

Your MS Nurse can be contacted using the **MS Advice Line**:

Tel: **01865 234 461**

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@ouh.nhs.uk**

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