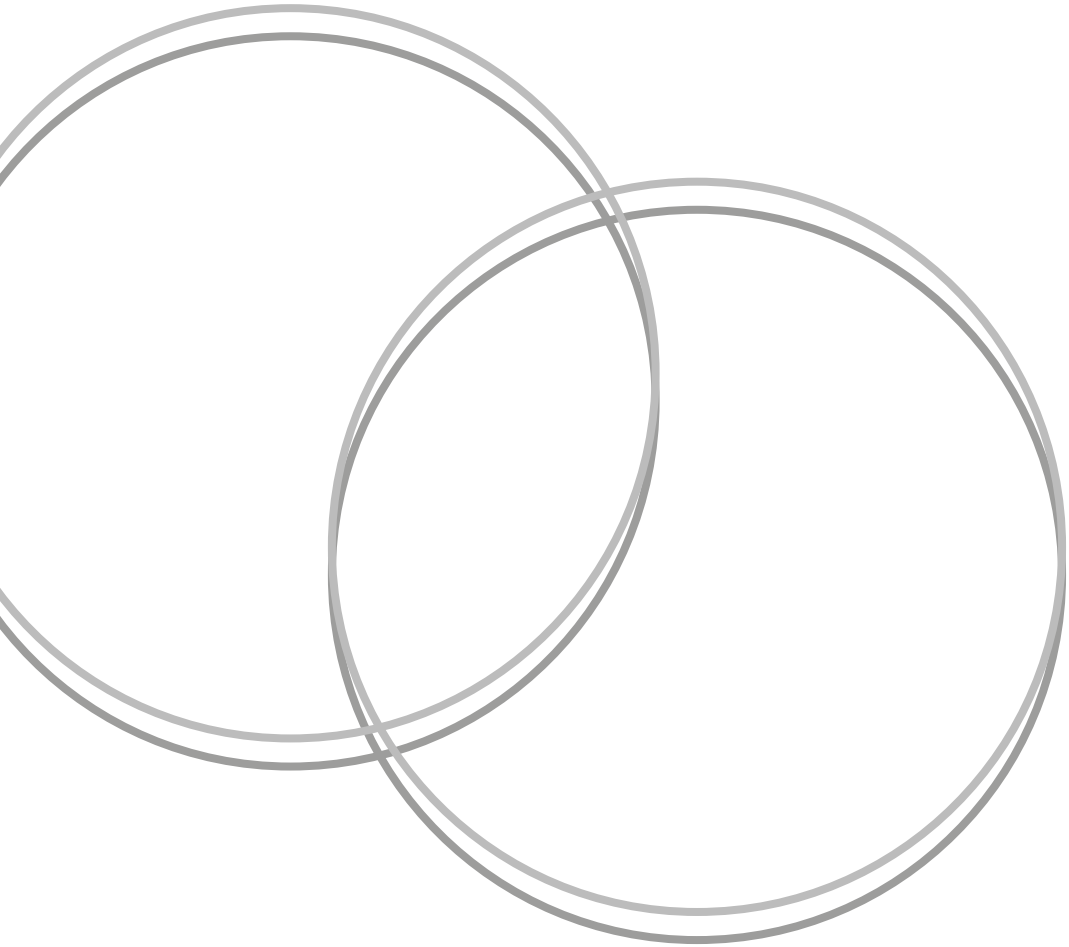
Oxford University Hospitals
NHS Foundation Trust

Medicines: Steroids

Information for parents and carers



Oxford Children's Hospital
Paediatric Gastroenterology Department

This information leaflet answers common questions parents and patients ask about their medicine. Further information can be found in the information leaflet supplied by the manufacturer, or ask your pharmacist or doctor.

What are steroids?

Steroids are natural substances produced by the body to fight inflammation. The ones mainly used in Inflammatory Bowel Disease (IBD) are: Prednisolone; Budesonide; Methylprednisolone and Hydrocortisone. These are known as corticosteroids and should not be confused with anabolic steroids.

What do steroids do?

Steroids weaken the immune system and suppress inflammation in the bowel that occurs in a flare-up of IBD.

What are the benefits of taking steroids?

Steroids are used to control acute attacks and are very effective when used in short courses. Once-daily steroids are generally best taken in the morning with or after breakfast.

How long will the steroids take to work?

Steroids usually cause a marked improvement within a few days. If you do not notice an improvement in your child within a week, please contact the paediatric gastroenterology nurse specialists on Telephone: **01865 234 002**.

How long will my child need to take steroids for?

Generally a course of steroids will take about 3 months to complete. It will be a higher dose initially and then weaned down. A dosing regimen and steroid card will be provided by the pharmacist.

What if I run out of supplies?

It is essential that your child takes steroids as prescribed. Do not make any changes to the regime without first discussing this with your doctor. When we take steroids our bodies stop making them. So it is important that your child does not miss any doses, as your child could become very ill. Make sure that you always have adequate supplies.

Are there any risks/side effects from taking steroids?

Steroids usually cause temporary side effects which stop when the course of steroids is finished:

- **Weight gain:** This can be due to steroids increasing your child's appetite, and also fluid retention. Your child's face may appear chubbier than normal and they may develop stretch marks if their weight gain is considerable. However, this is temporary and will gradually return towards normal as the dose is reduced.
- **Indigestion:** Steroids can cause stomach irritation and are best taken with food. Usually Omeprazole/Lansoprazole, which is protective to the stomach, is prescribed together with oral steroids.
- **Mood changes:** This is usually a feeling of well-being, but occasionally agitation, irritability or depression. This should improve in most children as the dose is decreased.
- **Acne:** Occasionally in adolescents and young people, acne (spots) may appear or worsen. This frequently improves when the steroids are stopped.
- **High blood pressure:** Your child may complain of headache or feeling dizzy. If your child experiences headaches or dizziness arrange for their blood pressure to be checked at your GP and any abnormalities reported to the gastroenterology nurse .

- **High blood sugars:** Your child could develop a temporary rise in blood sugar levels. This happens rarely. The signs are thirst and needing to pass urine more than usual. High blood sugar can be detected by testing your child's urine for glucose if your child develops these symptoms.
- **Increased risk of infections:** Your child may be at a slightly increased risk of serious infections. Steroids dampen the immune system, which can affect the body's ability to fight infections. If your child becomes unwell (e.g. high fever, sore throat, etc.) contact your doctor. Illnesses like chicken pox could become more serious than usual. If your child has been in contact with anybody who develops chicken pox you should tell us as soon as possible.

Other side effects experienced are easy bruising and muscle weakness. Frequent steroid courses or long term use can cause your child's growth to be affected and osteoporosis (thinning of the bones).

Will my child need regular blood monitoring whilst taking steroids?

No, although they will need to be followed up in outpatients.

How can steroids be given?

Orally: Prednisolone, Budesonide

Rectally: Prednisolone suppositories or enemas

Intravenously: Methylprednisolone or Hydrocortisone.

Can my child have immunisations whilst taking steroids?

Live vaccinations should not be administered whilst taking steroids, and for at least 3 months after completing a course of steroids.

If you need to travel seek advice from your doctor to see if vaccines are safe.

Do these drugs interfere with other medicines?

Most drugs can be taken safely, but always check with your doctor or pharmacist first. Make sure that the pharmacy gives you a blue 'Steroid Card', which your child should carry at all times. Read the back page carefully and show this card to anyone treating you.

Where can we get further supplies of steroids?

Your GP will continue to prescribe it and your local chemist will be able to supply you with any future supplies.

If admitted to the hospital take your medication and steroid card so no doses are omitted and drug regimen is available.

How to contact us

If you have any questions you may contact the Paediatric Gastroenterology Specialist Nurses:

Telephone: **01865 234 002** for queries.

Keep all medicines out of the reach of children. Never give any medication prescribed for you to anyone else. It may harm them even if their symptoms are the same as yours.

How to give feedback about your experience?

We would like to hear about your experience with our Childrens' Services. There are different ways to feedback to us:

Online: www.ouh.nhs.uk/patient-guide/feedback

Email: childrens.patientexperience@ouh.nhs.uk

Or ask for a paper survey to fill in.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Bilyana Doncheva
Verified by: Dr Lucy Howarth
November 2026
Review: November 2029
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

Oxford Hospitals Charity

Leaflet reference number: OMI 124743