

Oxford Radcliffe Hospitals **NHS**
NHS Trust

Oxford Children's Hospital
Paediatric Gastroenterology Department

Steroids

Information for patients and parents

Medicines Information

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 dampen 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 Tel: 01865 234002.

How long will my child need to take steroids for?

Generally a course of steroids will take about 3 months to complete.

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 s(he) 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 Ranitidine, 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. It is important that your child's blood pressure is checked when you come to the outpatient clinic (ask the nurse who is weighing and measuring your child). Between visits to the outpatient clinic, ask your GP to check your child's blood pressure

weekly during the first 6 weeks of treatment. If it's abnormal, ask your GP to let us know.

- **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. It is important to have their urine checked weekly for the first 6 weeks at your local general practice, and if abnormal, to let us know.
- **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. However, most travel and flu vaccines are acceptable. Discuss this with your doctor or pharmacist first.

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.

How to contact us

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

Tel: 01865 234002 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.**

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@orh.nhs.uk**

Adapted for Paediatric use by Rhoda Welsh, Pharmacist
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