

# Treating kidney diseases with steroids

Information for patients



This leaflet will provide you with information about steroids. The risks and potential benefits of steroid treatment are different for each person. Please speak to your kidney doctor about how steroids may affect you.

Many diseases that affect the kidneys are due to inflammation. Steroids reduce inflammation and are used in lots of conditions, such as asthma and arthritis. Your doctor from the Oxford Kidney Unit has recommended them for your kidney condition.

For some kidney conditions you may need to take a high dose of steroids for many weeks, months or even years. It is important to remember that your doctor will only recommend steroid treatment if the benefits outweigh the side effects.

## What are steroids?

Steroids are naturally occurring chemicals (hormones) that are found in your body. They are sometimes known as cortisone and corticosteroids. Steroids decrease inflammation and dampen the body's immune system. Steroid medicines are man-made, but are similar to the natural hormones.

In kidney diseases there are two types of steroids that are usually given:

1. **Methylprednisolone**: this is given as an injection into a vein
2. **Prednisolone**: usually taken in the morning as a tablet

## How will steroids affect me?

**If long-term steroid use is suddenly stopped, serious withdrawal effects can occur. For this reason, it's important to take the prescribed dose at the times recommended by your doctor. Do not stop taking the steroids unless advised by your GP or kidney doctor.**

When the steroid treatment is over, the dose will be reduced gradually. Your kidney doctor will advise you on this.

We will give you a blue 'steroid card' whilst you are taking steroids. The card should be carried with you at all times, so that in an emergency a doctor will know you are having steroid treatment.

If you take steroids for more than 3 weeks you are likely to notice some changes. Steroids can cause side effects, but most people find they can cope with these for the short time they are taking the treatment. The higher the dose the more likely you are of developing a side effect. These side effects are normally short-lived. The following is a list of side effects you may experience:

### **Common side effects (1 in 10 to 1 in 100 people, depending on the dose of steroids)**

- An increased risk of infection. If you are taking higher doses of steroids (e.g. 20mg or more of prednisolone), it is important that you avoid contact with anyone who has chicken pox, shingles or measles. If you or anyone in your family or close family friends catches any of these illnesses, you must contact your GP immediately.
- Increased appetite, which may lead to weight gain. You may also notice a metallic taste in your mouth.
- Heartburn, indigestion or nausea (feeling sick). If you are on higher doses of steroids (e.g. 20mg or more of prednisolone) you will be given a medication to reduce your stomach acid.
- An increase in your blood cholesterol level.

- Skin changes: Your face may develop a round appearance or look more red than usual. You could develop acne, increased facial hair or increased skin sensitivity to the sun. These side effects usually go away after the steroids have been stopped.
- You may bruise easily and your skin is likely to become thin and may tear easily if you knock it. You may also find it takes longer for any injuries to heal.
- Muscle weakness, especially the shoulders and thigh muscles. Shakiness or a tremor.
- Changes in your mood (feeling up or down) or a change in your sleep pattern (often difficulty in falling asleep). Taking your tablets in the morning should help with this.
- Fluid retention, ankle swelling and high blood pressure. If this happens, your kidney doctor may need to adjust or start you on some water tablets.
- If you are diabetic you may find that your blood glucose control is more difficult. Your GP may need to change your diabetic medication.

**Rare side effects (less than 1 in 100 people, depending on the dose of steroid)**

- Diabetes (raised blood glucose level). Your kidney doctor will measure your blood glucose level with each blood test when you come to clinic. Symptoms of raised blood glucose include feeling thirsty, needing to pass urine more often and feeling tired. Tell your GP or practice nurse if you develop these symptoms.
- Thinning of your bones (osteoporosis), if you smoke, are elderly, underweight, inactive, have diabetes or lung problems or are a post-menopausal woman, your risk will be higher. You may be given medications to reduce the risk of this if you need to be on steroids for several months.
- Changes in your eyesight, increased pressure in your eyes (glaucoma) and an increased risk of cataracts (if you take steroids for longer than 1 year).

- An increased risk of developing stomach ulcers.
- Weakening of one or both of the hip joints, known as avascular necrosis of the hip. This is very rare. If you develop hip or groin pain it is important to let your GP know immediately.

If you are a woman you may find that your menstrual cycle becomes irregular. It is still possible to get pregnant when taking steroids. If you are planning a baby or find you are pregnant whilst taking steroids, seek advice from your GP. **Do not stop taking the steroids.**

## What can I do to reduce the side effects?

- If you smoke, give up.
- If you can, take up some regular exercise. This will help to reduce weight gain and is good for muscle and bone strength.
- Use sun screen with a protective factor of 30 or above.

Your kidney doctor may also prescribe some other medication to reduce the side effects.

## How will I know if the steroids are helping my kidney condition?

Your kidney doctor will organise for you to have a blood test when you come to clinic. This will tell us about your kidney function and the level of inflammation in your blood.

## What else do I need to know?

Do not take anti-inflammatory painkillers (such as ibuprofen) whilst taking steroids (unless advised by your GP), as this can increase the risk of developing a stomach ulcer.

Some other medications should not be taken with steroids, so it is important that you let your GP and other healthcare professionals know that you are taking steroids. This includes medications you can buy from your local pharmacist or chemist (known as over the counter medications) and herbal remedies.

Live vaccinations are not recommended if you are taking moderate or high doses of steroids.

If you need to have any dental work, tell your dentist you are having steroid treatment.

If you become unwell or start vomiting, see your GP immediately. You may require a larger dose of steroids or need to have it by a different route.

It is safe to drink alcohol when you are taking steroids, but within the Department of Health's recommended limits.

## How can I contact the pre-dialysis nurses?

Oxford: 01865 226 158  
Or 01865 225 359  
(9.00am to 5.00pm, Monday to Friday)

There is an answerphone available, so please leave a message outside these hours and we will call you back.

Wycombe: 01494 426 347

Milton Keynes: 01908 996 989

Swindon: 01793 605 291  
(9.00am to 5.00pm, Monday to Friday)

Renal ward: 01865 225 780  
Use this number at the weekend, on bank holidays and in the evenings.

## Other sources of useful information

### **NHS Choices**

Website: [www.nhs.uk/conditions/Corticosteroid-\(drugs\)/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Corticosteroid-(drugs)/Pages/Introduction.aspx)

### **Oxford Kidney Unit**

Useful information about the Oxford Kidney Unit for patients and relatives.

Website: [www.ouh.nhs.uk/oku](http://www.ouh.nhs.uk/oku)

If you have a specific requirement, need an interpreter,  
a document in Easy Read, another language, large print,  
Braille or audio version, please call **01865 221 473**  
or email **PALS@ouh.nhs.uk**

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