1. WHY AM I TAKING THIS DRUG?
Your doctor has prescribed PREDNISOLONE treatment for your rheumatic condition. It is a steroid treatment, which may reduce the activity of your disease and may help to improve your symptoms. Steroids are very effective at controlling swelling and inflammation, but they only suppress the disease and do not cure it.

2. HOW DO I TAKE THE TABLETS?
- Take all the tablets with or just after food (usually breakfast) to minimise any stomach upset. It is also advisable to drink plenty of water with the tablets.
- Sugar-coated tablets (5mg tablets are red, 2.5mg tablets are brown) are preferred as they are less likely to cause stomach upset.
- You will be advised about the dose and when to start taking them. You will also be advised how to change the treatment before your next clinic visit. Your GP will also be informed of these changes via a clinical letter that will be copied to you.
- Anti-inflammatory tablets and painkillers may be continued if necessary but can increase the risk of infection. Improvement is usually noticed within a few days, but you will probably be on treatment for many months or even years with gradual reduction in the dose. Unless prescribed a short reducing course.
- It can be EXTREMELY DANGEROUS to suddenly stop your PREDNISOLONE after you have been taking it for some time. MAKE SURE YOU ALWAYS HAVE SUFFICIENT TABLETS IN STORE. You should carry an up to date STEROID CARD or a "WARNING ALERT" chain necklace or bracelet to inform doctors that you are on steroids, in case you are found unconscious or are not in a position to give this information.
- The dose of PREDNISOLONE may need to be temporarily increased in the event of severe illness or injury.

3. ARE THERE ANY SIDE EFFECTS?
As with all medicines, some patients may experience side-effects with Prednisolone, the most common of these include:
- Indigestion, insomnia and mood change, fluid retention, sugar diabetes and increased risk of infection.
- After prolonged use, patients may notice redness and swelling of the face, thinning of the hair and skin, and a tendency to easy bruising. A rise in your blood pressure and softening of the bones (osteoporosis) may also occur.
- If you are likely to remain on steroids for more than 3 months you may also be started on medication to protect against “thinning” of the bones.
- Marked weight gain can result from the increased appetite caused by PREDNISOLONE. Regularly weighing your self and taking great care to avoid excess eating, particularly between meals can PREVENT this. Many of these effects will disappear as the dose of steroids is reduced.

IF YOU HAVE NOT HAD CHICKEN POX AND ARE EXPOSED TO THIS OR SHINGLES, CONTACT YOUR GP OR THE RHEUMATOLOGY NURSE IMMEDIATELY FOR ADVICE.

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4. DO I NEED ANY REGULAR TESTS TO ENSURE IT'S SAFE TO CONTINUE THE TABLETS?

- No regular blood tests need to be performed, but your blood pressure and weight should be monitored by your GP, with occasional check of urine for glucose.
- A bone density (DEXA) scan may be arranged if long-term treatment is planned.

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PATIENT INFORMATION ON PREDNISOLONE / PREDNISOLONE-EC

**Consultants:**
- Dr Binder (Lister)
- Dr Ellis (Lister)
- Dr Axon (QEII)

**Rheumatology Nurse Practitioners:**
- Fidelma Gordon
- Sharon Lerpiniere

**Rheumatology Nurse:**
- Julie Smith
- Alex Greengrass

**Useful Numbers:**
- Rheumatology Helpline: 01438 285624
- Dr Binder’s secretary: 01438 284128
- Dr Ellis’ secretary: 01438 284473
- Dr Axon’s secretary: 01438 5399

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