

Steroids

Steroids, also called corticosteroids, are medicines which can help reduce inflammation and swelling. They are used to treat a range of diseases. Steroid medications are like the body's own steroid hormones but are usually given at a higher dose than produced by the body.

This leaflet contains important information about steroids which your doctor will discuss with you. Please also read the patient information leaflet provided by the manufacturer.

How and when to take steroid tablets

Your doctor will explain how to take steroid tablets. It is best to take them after breakfast to avoid stomach irritation.

If you miss a dose or take too much:

- If you forget a dose, take it as soon as you remember.
- If it's almost time for your next dose, skip the one you missed.
- Do not take a double dose to make up for a forgotten dose.
- If you take more than your prescribed dose of steroid tablets, contact NHS 111 for advice.

Side effects of steroids

Steroids usually do not cause serious side effects if taken for a short time. However, everyone is different, so some people may react differently to others. If you experience significant side effects, seek advice from a doctor. Do not stop taking steroids before completing the course, as it may make you unwell.

Side effects of steroids to be aware of:

- **Weight** - Weight gain and increased appetite. Try to eat a healthy diet and do regular exercise to avoid weight gain.
- **Skin** - Skin thinning and easy bruising. There might be stretch marks and increased hair loss. Steroids sometimes cause fluid build-up in the body, especially around the ankles.
- **Heartburn** - Avoid eating late at night and avoid spicy, fatty or oily foods. Sleep with the head end of bed propped up to avoid reflux. You may be prescribed medications to help with heartburn and prevent stomach ulcers.
- **Sleep problems** - It can be difficult to fall asleep. Steroids should be taken in the morning to help avoid this.
- **Muscle weakness** - Steroids can cause muscle weakness if taken for a long time. Thigh muscles are most affected, so it may be difficult to get up from the chair or get out of the car. The best way to prevent it is regular exercise.

Side effects of steroids that might require medical help:

- **Mood changes** - Steroids can make you feel very happy or very sad. Rarely, they can cause thoughts about ending your life. Let someone close to you know to look out for these side effects in case you don't notice them yourself.
- **High blood pressure** - If you need to take steroids long-term, it is advisable to get a blood pressure monitor at home. If your readings are persistently above 150 (systolic blood pressure, which is the top number) over 90 (diastolic blood pressure, the bottom number), please inform your GP in case you need medications.
- **Stomach ulcers and bleeding** - If you notice dark or black offensive smelling stools, please seek urgent medical attention.
- **Raised blood sugars** - If you notice increased thirst or frequently passing urine, your blood sugars may be abnormal. If you have not been diagnosed with diabetes before, please ask your GP to investigate this. If you already have diabetes, seek advice from your GP as your medications may need to be adjusted.
- **Osteoporosis** - Steroids can make your bones more brittle, which can cause fractures if you have a fall. Depending on your age and other factors, you may be offered medications to reduce risk of fractures. If you notice sudden onset back pain, seek medical attention as you may have a fracture. Fractures in brittle bones can occur even without a fall or trauma.
- **Avascular necrosis of the bone** - Very rarely, steroids can affect blood supply to the top of the hip bone or the knee. Seek medical advice should you develop new pain in the hip, groin, or knee.
- **Changes in vision** - Steroids increase the risk of eye diseases, such as glaucoma and cataracts. Seek advice from an optician if you notice any vision changes.
- **Steroid dependency and adrenal insufficiency** - If taken for a long time, steroids can reduce the levels of the body's own steroids produced by adrenal glands. Steroid hormones are very important for many organs. This is why it is important to reduce the dose of steroids gradually to give the adrenal glands time to recover. If steroids are stopped too quickly, this can cause you to feel very unwell with symptoms such as fatigue, muscle weakness, loss of appetite and increased thirst. If you stopped taking steroids quickly for whatever reason, seek medical help urgently.

Please ask your doctor or pharmacist to discuss the following, if they have not already done so:

- Steroid emergency card.
- Steroid treatment (blue) card.
- Sick day rules (what to do if you are unable to take your usual dose of steroids).

Pregnancy and breastfeeding

Steroids are usually safe in pregnancy. Sometimes, repeat courses may slow baby's growth. Babies will require close monitoring if the mother is taking high dose steroids during pregnancy or when breastfeeding. Prednisolone is safe in breastfeeding women as very little is passed to the baby through breast milk.

Vaccinations

Taking steroids increases the risk of infection. Steroids also make vaccinations less effective. Most vaccines are safe whilst taking steroids. Covid, flu, shingles (Shingrix) and pertussis vaccines are all inactivated vaccines, and are safe to use whilst taking steroids.

Live vaccines should not be used in people who receive higher doses of steroids (if you take more than 20 mg prednisolone daily for at least 2 weeks). You should also avoid contact with people who have had live vaccine for 4-6 weeks.

The following vaccines are live vaccines and should be avoided:

- Live attenuated intranasal influenza vaccine – Fluenz. This vaccine is mainly used in children.
- MMR vaccine (Measles, mumps and rubella (German measles) vaccine (Priorix, MMRVaxPro)
- Rotavirus vaccine (Rotarix)
- Shingles vaccine (Zostavax)
- BCG vaccine
- Oral typhoid vaccine (Ty21a)
- Varicella vaccine (Varilrix, Varilvax)
- Yellow fever vaccine

If you have not had chicken pox in the past, you should avoid close contact with people who have chickenpox or shingles. You need to seek urgent medical advice if you were in contact with people with chickenpox or shingles.

Taking steroid tablets with other medicines, food or alcohol

- Some medicines affect the way steroid tablets work. Tell your doctor about any other medicines that you take. This includes herbal remedies and supplements.
- After starting taking steroid tablets, inform your doctor or pharmacist before taking any other medicines, remedies or supplements.
- Avoid drinking too much alcohol whilst taking steroid tablets as it can irritate the stomach.
- Do not eat liquorice while taking steroid tablets, this can increase the amount of the medicine in your body.

Storage

Store steroid medications out of reach and sight of children and pets. They can be kept at room temperature, away from direct sunlight.

Further information

- **NHS website** <https://www.nhs.uk/conditions/steroids/>
- **trend UK** - Type 2 diabetes and steroid tablets https://trenddiabetes.online/wp-content/uploads/2019/01/A5_Steroids_GRX_TREND.pdf
- **Versus arthritis** - Steroids
Website <https://www.versusarthritis.org/about-arthritis/treatments/drugs/steroids/>
Helpline 0800 5200 520
- **Patient** - Oral steroids <https://patient.info/treatment-medication/steroids/oral-steroids>

Useful contact details

East and North Hertfordshire Teaching NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Rheumatology Department Secretaries:

- Email - rheumsecretariesenh-tr@nhs.net

References

- NHS website. Available at: <https://www.nhs.uk/conditions/steroid-tablets/> (Accessed: 06 April 2025).
- Agency, U.H.S. (2017) *Contraindications and special considerations: The green book, Chapter 6*, GOV.UK. Available at: <https://www.gov.uk/government/publications/contraindications-and-special-considerations-the-green-book-chapter-6> (Accessed: 06 April 2025).
- BNF. NICE. Available at: <https://bnf.nice.org.uk/drugs/prednisolone/> (Accessed: 06 April 2025).

Leaflet information

**You can request this information in a different format or another language;
please speak to your doctor or nurse.**

Date of publication: June 2025

Version number: 01

Author: Drs M Joy, B Artman, V Saulite

Reference: Rheumatology

Review Date: June 2028

© East and North Hertfordshire Teaching NHS Trust
www.enherts-tr.nhs.uk