

## Using Steroids in Oncology Care

There are several reasons for using steroids in oncology care and your doctor should explain to you clearly why they think the medication is needed. We usually prescribe them to reduce cancer swelling. This swelling may be associated with inflammation, which can cause pain. The swelling may also cause cancer deposits to push against other structures, such as the bowel, veins or spine.

Steroids (glucocorticoids) used in hospital include:

- Dexamethasone
- Prednisolone
- Hydrocortisone

They can be given through different routes, whether orally as a tablet, underneath the skin (subcutaneously), or through a cannula in a vein (intravenously).

### Steroid safety checks

Steroids have several important side effects that we need to monitor whilst you are taking steroids. There are three side effects that doctors and nurses will monitor for you, and one that we need you to be aware of as you are the best person to prevent it - this is muscle weakness!

The three that the nurses and doctors will monitor with you:

- Oral thrush
- Raised blood sugars
- Stomach ulcers

#### Oral thrush

This is a fungal infection on the tongue. It often appears like a yellow or white film or spots on the tongue. It can also cause the sensation of a dry mouth and flavour changes (often described as metallic tasting). It may also cause pain on swallowing, a cough or the feeling of heartburn. Oral thrush is treated with a mouthwash called **Nystatin**, which you will swill around your mouth and swallow four times a day.

#### Raised blood sugars

The medical word for raised blood sugars is **hyperglycaemia**. Glucocorticoids cause your body to metabolise (process) sugars differently. Their overall effect is to increase the amount of glucose in your bloodstream.

Raised blood sugars can cause damage to many organs, including your kidneys, eyes and nerves. We will regularly monitor your sugars with a fingerpick blood test when you attend for treatment so that we can start treatments if the levels become too high. While in hospital, a range between 6 to 10 mmol/L is usually fine. However, your doctor may recommend 6 to 15 mmol/L.

The management of steroid associated hyperglycaemia depends on whether you already have high blood sugars or a pre-existing diagnosis of diabetes:

- If you are already on **insulin**, we may increase the amount you take while you are on steroids.
- If you are on **tablets** to control your blood sugar, we may alter the dose or start another tablet. This should all be managed by the health professional who manages your diabetes with you.

If your blood sugars are normal but the steroids cause them to become too high, we will usually start you on a tablet called **gliclazide** while you are on steroids to keep the sugar levels under control. Once the steroids are stopped, we should also be able to stop the gliclazide too.

### Stomach ulcers

Your stomach produces acid to help break down food so you can absorb nutrients. It also produces a protective layer so that the stomach cells are protected from the acid.

Glucocorticoids can stop the stomach producing this protective layer which can cause ulcers to form. These tend to cause pain in your upper abdomen, and in extreme circumstances, can cause significant bleeding or a hole to form in the stomach which can be serious.

To protect the stomach from this, we will always prescribe an additional medication. This is usually a medication called **omeprazole** (as a capsule) or **lansoprazole** (given as a dispersible tablet). However, if you are allergic to this, or there are other reasons that you cannot have it, we will prescribe a different medication that works in a similar way to protect the stomach, such as **famotidine**. This additional medication should be taken for the entire time you are taking steroids. It can be stopped once steroids are stopped.

### Muscle weakness

When in hospital, people often reduce their activity levels because they are experiencing unpleasant symptoms, whether that be pain, nausea, fatigue or something else. Glucocorticoids can increase the rate of muscle loss, especially if you are not keeping active.

Every day, we recommend that you keep a strict exercise regimen to prevent this. Your biggest muscle group is called your quadriceps, which are at the front of your leg. They are important for standing and walking. These muscles are at particular risk of losing muscle bulk and becoming weaker. The muscles around your shoulder (important in moving your arms) are also especially vulnerable to becoming weak.

We would therefore recommend the following daily exercise regimen. In addition to any exercise you are already doing; walking is a great way to maintain muscle strength.

#### Leg exercise - Straight leg raise:

1. Lay straight on your back, on your bed.
2. Lift one leg up off the bed and hold it for at least 3 seconds. Then lower your leg down, relax and lift the other leg up off the bed. Hold for at least 3 seconds, then lower your leg.
3. Do 3 sets of this exercise, three times a day.

#### Arm exercise - Overhead arm raises:

Lift both arms up together over your head, and then relax them back by your side. Repeat this ten times, twice a day.

## Useful contact details

### East and North Hertfordshire Teaching NHS Trust:

- Website [www.enherts-tr.nhs.uk](http://www.enherts-tr.nhs.uk)
- Telephone 01438 314333

### Acute Oncology 24-hour Advice Line:

- Telephone 07827 823509
- Email – [aoscomms.enh-tr@nhs.net](mailto:aoscomms.enh-tr@nhs.net)

## Leaflet information

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

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