Steroid therapy for Inflammatory Bowel Disease
An information guide
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Why has my consultant started me on steroids?

Steroids (such as prednisolone, prednisone or hydrocortisone) are an artificial version of a natural steroid that our body produces called cortisol. Steroids have a number of roles in the body including the regulation of metabolism and in regulating the body’s immune and inflammatory responses.

Steroids may be used to reduce inflammation in conditions such as inflammatory bowel disease (Crohn’s disease and ulcerative colitis) and are often effective in inducing clinical remission.

Steroids are usually administered by mouth as tablets, but may also be administered rectally into your back passage using liquid enemas or as suppositories. If your symptoms are severe, you may be admitted to hospital and given steroids by an intravenous infusion into your vein.

What do I need to tell the doctor or specialist nurse before I start taking steroids?

It is important to tell the doctor or nurse if you have any kind of infection, including bacterial infections, viruses, colds, cold sores or fungal infections, such as thrush or athlete's foot.

Please let them know if you have had tuberculosis (TB) in the past or have been in contact with someone with TB.

You should also inform your doctor immediately if you have received (or are receiving) treatment for a mental health disorder.
How and when do I need to take steroids?

Taking tablets may cause problems with sleeping; therefore we recommend that you take your all of your tablets in the morning as a single dose.

Prednisolone tablets should be taken with, or just after, food. Budesonide capsules should be taken half to one hour before food. Liquid/foam enemas and suppositories – you will be given instructions from your doctor or nurse and you will also be supplied with the manufacturer’s instructions.

If you need to take indigestion remedies at the same time as steroids please inform your doctor as this may reduce their absorption. We recommend leaving a few hours gap if possible.

What dose do I need to take?

Your consultant or nurse will provide you with a course of steroids that will last several weeks. It is important not to reduce steroids too quickly, as the body needs time to start producing cortisol again.

You will usually see a marked improvement in your symptoms in a week, however in some people it may take longer, and in very few people steroids may not be sufficient to control their disease (if it is steroid refractory). This will be monitored by your doctor and/or specialist nurse.

Some patients find that steroids control their disease so well, that they start to have flare-ups as the steroids are reduced (steroid dependant). If this happens, immunosuppressive therapy is advised to allow you to come off your steroids.

Steroids do not normally prevent flare ups and are not used as long term maintenance treatment. Long term use of steroids also has the potential for adverse side effects.
What are the side effects?
The side effect profile is listed below.

Temporary side effects
• an increase in appetite which may lead to weight gain
• development or worsening of acne
• retention of salt, which may lead to swelling of the legs or raised blood pressure
• difficulty in sleeping
• weakening of the body’s resistance to infection. Prolonged courses of corticosteroids can increase susceptibility to infection and serious infections can go unrecognised. Unless already immune, patients are at risk of severe chickenpox and should avoid close contact with people who have chickenpox or shingles. Similarly, precautions should also be taken against contracting measles
• growth of facial hair
• rounding of the face – sometimes called ‘moon face’
• mood and behavior changes especially with high doses, which are linked to psychiatric reactions including euphoria, nightmares, insomnia, irritability, mood lability, suicidal thoughts, psychotic reactions, and behavioral disturbances. A serious paranoid state or depression with risk of suicide can be induced, particularly in patients with a history of mental disorder. These reactions frequently subside on reducing the dose or discontinuing the corticosteroid but they may also require specific management. You are advised to seek medical advice if psychiatric symptoms occur.
Rarely
• upper abdominal pain or heartburn

Long term side effects (with repetitive or long term use)
• thinning of the bone, muscle and skin
• a tendency to bruise easily
• diabetes due to increased blood sugar
• the natural production of cortisone in the body by the adrenal glands failing to start again – often only after many months or years of treatment with steroids.

Rarely
• glaucoma or cataracts
• avascular necrosis – this is a problem with the hip and is caused when the blood supply to the top of the thighbone is reduced. This causes damage within the hip and cartilage, often requiring surgery to treat it. Tell your doctor or nurse if you develop pain in the hip or groin.

Is it safe in pregnancy?
Steroids do not affect fertility and may be taken in pregnancy if absolutely necessary. Use of steroid therapy in the first or last trimester of pregnancy may affect the foetus and this should be discussed with your doctor. If you are planning to become pregnant or are pregnant when steroid treatment is prescribed please inform your doctor before taking these tablets and s/he will discuss this with you.

If you are breastfeeding ask your doctor if you can continue to do so while taking steroids, as it may depend on the dose of steroid you are taking.
Will it interfere with my other medications?

You should continue to take any regular maintenance medication for your inflammatory bowel disease (IBD).

Steroids may interact with some tablets, therefore you should tell your doctor or nurse about any other medications you are taking, including over the counter medicines, complementary medicines and herbs or vitamins.

You should inform any doctor that prescribes you something new know that you are on a course of steroids.

You will need to take a calcium and vitamin D supplement to protect your bones throughout the duration of your steroid course. This will be prescribed at the same time as your steroids.

Can I drink alcohol?

There is no reason to avoid alcohol whilst on steroids; however we would recommend sticking to the national guidelines and ensuring you have 2-3 alcohol free days each week.

Can I have immunisations whilst on steroids?

Immunisations with live vaccines should be avoided whilst on higher doses of prednisolone; however vaccines with inactivated vaccines, such as the flu vaccine, are safe.

It is recommended that you attend your GP practice for your annual flu vaccine, and ensure that you are immunised against appropriate preventable diseases.
When to get medical help and advice

- fever or signs of infection
- blurred vision
- blood in vomit or black tarry stool (not on iron supplements)
- bruising or bleeding
- rash
- swollen ankles/feet
- severe stomach pain
- cramps or muscle weakness
- increased thirst/ urination

Please contact your IBD nurse to discuss this further.

IBD advice line:
Tel 0161 918 8579
Email IBD.nurses@pat.nhs.uk

Useful websites
www.crohnsandcolitis.org.uk
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service

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