

Long term steroid use

Your healthcare provider has offered you a course of steroids expected to last more than two weeks.

Steroids are a group of medications used to treat many medical conditions. They help to reduce inflammation and suppress the immune system and can be very effective.

Short courses of steroids are unlikely to cause harm. Patients taking steroids for more than 2 weeks, especially at higher doses should be aware of some potential complications.

The main complications you should be aware about are

- Having a high blood sugar
- Adrenal crisis

High blood sugar (glucose)

Steroid treatment may make your blood sugar higher. This is more likely if you already have diabetes. Before you start a long course of steroids, your healthcare provider should do a blood test (HbA1c) to check for diabetes.

If you have diabetes or pre-diabetes, we recommend that you check your blood glucose level twice a day (before your breakfast and evening meal) for at least 3 days. Your healthcare provider should give you a blood glucose monitor and training to use it.

Please contact your healthcare provider if you have a glucose of over 12mmol/L, or you have symptoms of a high blood glucose. Very high glucose levels can be life threatening.

Symptoms of high blood glucose
Drinking more or feeling thirsty
Needing to pass more urine
Waking at night to pass urine more often
Losing weight unexpectedly
Thrush (Candida infection)

If your glucose levels are over 12mmol/L, your healthcare provider may need to start new medication to help.

Adrenal crisis

What causes an adrenal crisis?

Your body usually produces its own steroids to help keep you well. If you are unwell, you would usually make extra steroids to help to get you better. If you have taken prolonged, or high dose steroids you may not make enough of your own steroid. Not producing enough steroid may result in adrenal crisis.

How can I prevent an adrenal crisis?

Adrenal crisis is uncommon but can be life threatening. **You should not stop steroid treatment without discussing this with your healthcare provider.** If you are unwell or undergoing a medical or dental procedure, which would increase your need for steroid hormone, you should increase the dose.

<i>Your current steroid dose</i>	<i>Recommended 'sick day' dose</i>
	• fever • infection requiring antibiotics • surgical/dental procedure with local anaesthetic
Prednisolone 10mg or more per day Dexamethasone 2mg or more per day	Continue usual dose
Prednisolone less than 10mg per day Dexamethasone less than 2mg	Increase prednisolone to 10mg per day Increase dexamethasone to 2mg per day

If you are having a major medical procedure (e.g. with a general anaesthetic) please tell the anaesthetist as you will need extra steroid injections.

If you are unable to take your steroid medication due to vomiting, or you have lost or run out of your medication you are at risk of adrenal crisis

Symptoms of adrenal crisis
Pale, cold and clammy skin
Sweating
Rapid shallow breathing
Low blood pressure, feeling dizzy or fainting
Severe vomiting or diarrhoea
Pain in your tummy
Fatigue and feeling weak
Drowsiness or loss of consciousness

If you are worried you are having adrenal crisis you must seek urgent medical help. Tell the operator or healthcare provider 'I am having an adrenal crisis'. Take 10mg prednisolone or 2mg dexamethasone if you are able