

Systemic Corticosteroids

(Prednisolone, Hydrocortisone)



What are systemic corticosteroids?

Corticosteroids are hormones produced naturally in your body's adrenal glands. These hormones regulate the body's metabolism and immune functions and are essential for survival.

Corticosteroids are used for its beneficial effects on the immune system to control inflammatory skin conditions. They can be given topically (e.g., applied directly onto the skin) or systemically (taken orally or given through injections).

What is it used for?

Systemic corticosteroids are used for the treatment of many skin diseases, including eczema, blistering skin disease (pemphigus, pemphigoid), autoimmune skin disease, vasculitis and other skin conditions.

How is the treatment given?

Before starting you on systemic corticosteroids, your dermatologist will discuss with you, the benefits and risks of steroid therapy and decide on the appropriate dose for your skin condition, to maximise the treatment benefits and minimise risks.

Initially, a higher dose of corticosteroids will be given to gain control of the skin disease. Once improvement is seen, the dose will be reduced gradually. For some skin conditions, a low dose of systemic corticosteroids may be needed for a long duration of time (months to years) to control the skin disease. Your dermatologist may also discuss with you, the need to start on steroid-sparing immune suppressants to reduce the side effects of long term corticosteroid use.

What are the side effects of systemic corticosteroids?

Possible side effects of systemic corticosteroids include:

- 1. Weight gain
- 2. Osteoporosis and osteoporotic bone fractures
- 3. Increased risk of hypertension, worsening of hypertension control
- 4. Increased risk of diabetes, worsening of diabetes control
- 5. Increased risk of gastritis and peptic ulcer disease
- 6. Change in mood
- 7. Poor wound healing, skin stretch marks, skin thinning, easy bruising of the skin

- Increased risk of infection and worsening of pre-existing infection: 8. please inform your dermatologist if you had tuberculosis or hepatitis B or C in the past, or if you have recently come into contact with someone with chickenpox or shingles.
- 9. Muscle weakness
- 10. Joint pains, especially of the hip bone if it is affected by avascular necrosis
- 11. Cataracts and glaucoma

The risk of side effects increases with an increase in the dose and duration of treatment.

Even if they occur, most of these side effects (hypertension, diabetes, osteoporosis, gastritis) are manageable with medication. Your doctor will provide preventive medication (calcium tablets, gastric protection tablets), if necessary, to reduce the side effects of the systemic corticosteroids. A healthy diet and regular exercise while you are on medication will also help to reduce the side effects of therapy.

What happens during my skin clinic consultation?

Blood tests, bone mineral density assessment (BMD) and a physical examination will be performed prior to the start of systemic corticosteroids. This is to identify patients who are at an increased risk of side effects from treatment with systemic corticosteroids.

During the regular clinic follow-up, your dermatologist will assess the control of your skin condition and change the dose of the systemic corticosteroids if necessary. He/ she may also take your blood pressure and monitor the blood sugar level during the clinic visit.

A bone mineral density assessment (BMD) and eye assessment will also be scheduled at regular intervals to assess the risk of osteoporosis and eye complications.

What should I do?

You should always let your doctor know that you are on long term corticosteroids. If you are suffering from illness, the dose of the corticosteroids may need to be increased or decreased temporarily.

You should not stop the corticosteroids suddenly without discussing with your dermatologist as this will endanger your health.







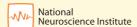


















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