

The Myton Hospices

Steroid Medication



This information is about steroids. It describes how and why they are given and some of the side effects that may occur.

You have been given this leaflet because you have been prescribed steroids to help your symptoms.

Steroids can be given by mouth, by injection or in creams or inhalers. This leaflet is intended for patients receiving steroids by mouth or injection.

What are steroids?

Steroids (sometimes called corticosteroids) are medications that mimic the hormones produced in the small glands above the kidneys (adrenal glands). These hormones have many natural functions in the body including the response to any stresses placed on our body and the balance of salt and water in our bodies.

The common types of steroids that are used in medical treatment are Dexamethasone, Hydrocortisone and Prednisolone.

Steroids are used as part of treatment in many different illnesses, either as part of the treatment for the condition or to help manage symptoms associated with it.

Some of the symptoms that may be helped by steroids include:

- Pain
- Breathlessness
- Poor appetite
- Fatigue
- Nausea and vomiting
- Swelling or inflammation

Important things to remember about steroid medication

- Take your steroid tablets with food or a glass of milk to prevent them irritating your stomach lining.
- If you are on high dose or long-term steroids (more than 3 weeks) you will be given a steroid treatment card by the team looking after you. You need to carry this with you as it contains important information, if an emergency was to arise.
- If you are on steroids you should not stop taking them without consulting your Doctor/nurse specialist. They may want to reduce the dose slowly before stopping to minimize any harm.
- If you are unable to take your steroid tablets or vomit shortly after taking them, you should contact your doctor or nurse for advice.
- If you become more unwell (e.g. with an infection) when you are on steroids, speak to your doctor/nurse specialist as they may need to adjust your steroid dose.

Possible side effects

It is important to remember that everyone responds to medication differently and not everyone will experience side effects. The effects will also vary according to the dose of the steroid and the duration of treatment. Most of the side effects occur with long term use. The team looking after you will always balance the benefits of you being on steroids against the potential risk of these side effects.

Often you may be started on a higher dose of steroids which is then reduced as your symptoms come under control. This is done to help maximise the benefits whilst minimising the risk of potential side effects.

Outlined below are some common and less common side effects. If you notice any of the side effects listed, or you have

any other concerns related to taking steroids, please discuss them with your doctor, nurse or pharmacist.

Irritation of the stomach lining: Steroids can irritate the lining of the stomach and may cause a stomach ulcer, or make one worse. The tablets should be taken with food or a drink of milk to help reduce this side effect. Tell your doctor if you have indigestions, stomach pains, or abdominal discomfort. You may be prescribed additional medication to help protect your stomach.

Temporary changes in blood sugar levels: Whilst you are having your steroid therapy, your sugar levels may need to be checked by blood or urine tests. If you notice you are drinking more than normal, feeling very thirsty or passing more urine than usual please speak to your doctor/nurse specialist.

If you have diabetes, you may need to check your blood sugar levels more frequently. Speak to your doctor if there is any problem with controlling your diabetes.

Fluid retention due to a change in salt and water balance: You may notice that your ankles and / or fingers swell. Some people have a bloated feeling in the abdomen.

Increased appetite: You may notice that you want to eat more than usual while taking steroids. Some people put on weight when on steroid medication.

Increased chance of infection: Prolonged use of steroids can increase the susceptibility and severity of infections. Tell your doctor/nurse specialist urgently if you notice signs that may indicate an infection such as a temperature or new symptoms. These may need treating with antibiotics and your steroid dose may need reviewing.

Skin changes: When you have been on steroids for a longer period of time, they can cause changes to your skin. You may notice this as superficial bruising and skin becoming thinner or more fragile. These changes can also mean that wounds heal more slowly.

Menstrual changes: Women may find that their periods become irregular or stop.

Behavioural changes: You may notice mood swings, anxiety or irritability. These effects happen mainly with high-dose or longer-term treatment and should stop when the steroid therapy ends. If you have any concerns about thoughts or behaviours please contact your doctor/nurse specialist or ring 111 urgently.

Insomnia: You may notice sleeping difficulties, these should improve if you take your steroids before midday.

Cushing's syndrome: This is usually caused only by long-term use of steroids. It can cause changes in your appearance. If you are worried about this please speak to your doctor/nurse specialist.

Eye changes: Cataracts or glaucoma may develop with long-term use of steroids. There is also an increased risk of eye infections.

Muscle wasting: With long-term use of steroids (more than a few months) your legs may feel weaker. When the steroid use is stopped some people have muscle cramps for a short time.

Bone thinning (osteoporosis): This may happen with long-term use of steroids (more than a few months). Let your doctor know if you have any pain in your bones, especially in the lower back.

If you have any concerns about taking steroids , please speak to a doctor, nurse or pharmacist.

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