

# Information Sheet



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## Steroids

### What are steroids?

Also known as corticosteroids and glucocorticoids, steroids are hormones that are normally produced by the adrenal glands. They are mainly used in multiple sclerosis (MS) because of their ability to decrease inflammation at the site of new demyelisation. That ability means they can aid return to normal function more rapidly. These steroids should not be confused with anabolic steroids, which are sometimes used by athletes and body builders to boost their performance.

Steroids are frequently among the first treatments used to treat acute relapses in MS. They may also be used to help reverse inflammation and restore vision in optic neuritis, and also to speed up recovery.

### What do steroids do?

In most cases it can be expected that steroids: reduce inflammation; shorten the duration of the relapse, and speed up recovery from a relapse. Steroids do not reverse the outcome of a relapse. This means that whatever disability results from a relapse, that disability will still occur irrespective of whether treatment has been taken.

### What are the side effects?

As with all drug treatments there are a number of side effects, which must be weighed up against the positive outcomes, although, most often steroids are well tolerated. Possible side effects may include:

- Mood changes, swings both high and low;
  - Difficulty sleeping/ altered sleeping pattern;
  - Faster than normal heartbeat (palpitations);
  - Weight gain (usually temporary);
  - Ankle swelling;
  - Acne (usually temporary);
  - Nauseousness (nausea);
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- Flushing and reddening of face;
  - Indigestion/increased risk of stomach ulcers;
  - Raised blood sugars.

Long-term use is not indicated.

There is no evidence to suggest that continuous steroid administration slows progression of MS or improves symptoms over a long period of time. The side effects of long-term, continuous use are serious and well documented. These include:

- Thinning of the skin;
- Diabetes;
- Osteoporosis;
- Acne ;
- Weight gain.

Since steroid use can increase your risk of developing osteoporosis, it is beneficial to include more dairy products into your diet while on this therapy. You could also talk with your doctor about calcium supplements with vitamin D. If a person has had two or more courses of steroids in one year, a bone density scan is recommended as a screen to test for osteoporosis. Women who are post-menopausal have a much higher risk of developing osteoporosis.

If oral steroids have been taken over a long period of time they must never be stopped abruptly as this could lead to the suppression of the body's own steroid production. A tapering off of the medication dose allows body time to normalise production.

### **What are pulse steroids?**

These are generally monthly, one day, pulses of intravenous methylprednisolone. This can be helpful in treating people with active MS. Again, it is not recommended to use steroids on a regular basis or in progressive forms of MS as studies have shown a lack of positive results.

### **How are steroids given?**

Steroids can be given orally (usually tablet form) or intravenously (through a drip). For those who may have difficulty swallowing, a liquid steroid can also be used.

Any individual who experiences an acute episode (including optic neuritis), sufficient to cause distressing symptoms or an increased limitation on activities, should be offered a course of high dose corticosteroids. The course should be started as soon as possible after the onset of a relapse and should be either:

- Intravenous methylprednisolone: 500mg -1g daily for between three and five days.
- High dose oral methylprednisolone: 500mg-2g daily for between three and five days (oral dose is usually a gradually-reducing dose from 60mgs daily over period of three to four weeks).

### **How long are steroids usually taken for?**

An intravenous course is given for three to five days usually. An oral course is usually a gradually reducing dose over three to four weeks. Some courses of steroids are given as an intravenous course first followed by an oral course of steroids

### **Can steroids be taken with other medication?**

A short course of steroids can be taken with most medications but if you are unsure please check with your doctor.

### **What can be expected on the day of treatment?**

An intravenous course of steroids is given through a drip for over one hour. Most people experience a metal taste in the mouth when receiving intravenous steroids, and many people take mints or sweets to counteract this. It is advisable not to have an empty stomach prior to having your steroids as this may induce nausea or indigestion. Some centres prescribe tablets to prevent acid building up in the stomach when receiving steroids. In many centres people can receive their intravenous steroids as a day case and can go home after their drip is finished. It is important to inform the medical team if you have diabetes before receiving steroids.

### **How long after receiving steroids is it ok to become pregnant?**

There is little information /data on the effects of steroids on pregnancy. Steroids have been prescribed for pregnant women who have had relapses that have caused disability. It is not advised to take steroids during the first 8-12 weeks of pregnancy.

### **What is an effective time frame for steroids, and is there a recommended next course of treatment?**

Research evidence shows that there is not a large difference in rapidity response to steroids when given three-day intravenous steroids as opposed to for five days.

Due to the potential long-term side effects of steroids it is not advised to take more than two courses per year, unless you are having a number of disabling relapses. If there is a slow response from one course of steroids, another course may be necessary.

If you have had a number of relapses where steroids were necessary over one year then it is recommended that you either start disease-modifying therapy or switch to a different therapy.

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**Source:**

This information has been taken from [www.biogenidec.com](http://www.biogenidec.com).

**Further Reading:**

[www.msactivesource.ie](http://www.msactivesource.ie)

[www.msdecision.org.uk](http://www.msdecision.org.uk)

**Disclaimer:**

MS Ireland provides information to the MS Community on an array of topics associated with MS. This information is for reference purposes only and medical advice should always be sought before any treatment or intervention is tried.