

2014

# **Corticosteroid Therapy in Inflammatory Bowel Disease**

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## What are corticosteroids?

Corticosteroids (kor-ti-koh-STER-oids) are strong inhibitors of inflammation. To 'inhibit' means to slow down or cut down on something. Corticosteroids come from cortisol, a substance that is naturally made by your body's adrenal glands.

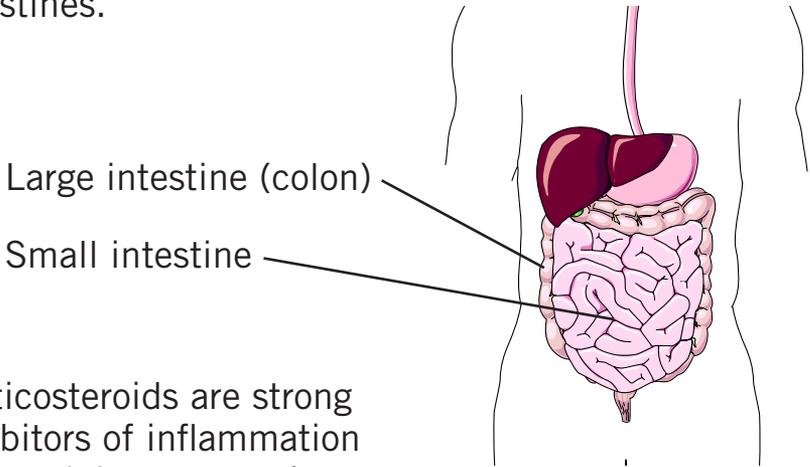
Corticosteroids are different from the steroids used by some athletes. **Prednisone is the most commonly used corticosteroid.** Budesonide is another corticosteroid your health care provider may recommend. Corticosteroids are used to treat a wide variety of chronic (long term) health conditions.

Corticosteroids work well in up to 80% of patients who take them. Corticosteroids work well for controlling inflammatory-related symptoms in the short term but are generally not effective for long term use.

Usually at first a high dose is given to get your symptoms under control. Once your symptoms are under control, the dose is lowered slowly by your care provider.

## What do corticosteroids do?

Your body uses white blood cells to defend itself during sickness and to attack foreign (from outside your body) substances. Inflammation (swelling) happens when there are too many white blood cells. In inflammatory bowel disease (IBD), there is an abnormal inflammation of the inside lining of the intestines.



Corticosteroids are strong inhibitors of inflammation and work by suppressing your immune system. They prevent white blood cells from getting into the tissues where they would normally cause more inflammation and damage. As a result, these drugs lessen swelling, pain, and many IBD symptoms.

## How will I know this therapy is working?

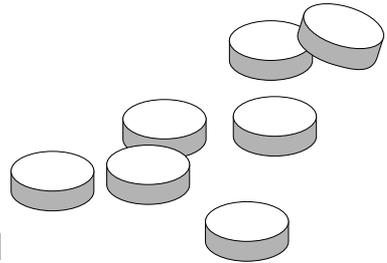
Usually within days of beginning treatment, people generally start to feel “well” again. Although they have a better appetite and more energy in a few days, it may take a couple of weeks of steroid treatment before the symptoms of IBD are completely improved.

## When are corticosteroids used as a treatment?

Corticosteroids are commonly used in the treatment of Crohn's disease and ulcerative colitis. They are prescribed if the 5-ASA preparations (Salofalk®, Mesasal®, Asacol®, Dipentum®, Pentasa®, Salazopyrin®) do not control the disease completely. Corticosteroids are used to help with symptoms of IBD flare-ups by lessening the inflammation in the gastrointestinal (GI) tract. They do not prevent new attacks from coming on and will not prevent your disease from coming back after surgery.

## How are corticosteroids given?

There are 3 formulations of corticosteroids. They can be taken orally (by mouth), intravenously (in a vein), or rectally. Prednisone is in a pill form and is well absorbed in the intestine.



Budesonide is also a pill but is released in the last part of the small bowel (ileum) or first part of the colon where it attaches to the bowel wall while it is working. The liver immediately breaks down about 90% of the budesonide, so there are often fewer side effects with this medication.

Rectal steroids can be given in an enema or a foam preparation and work very well at controlling inflammation in the left colon.

## **After treatment**

After your corticosteroid therapy is finished, you may have some post-treatment side effects. Because corticosteroids affect the way your body makes cortisol, it may take up to 1 year before production is back to normal.

This means that during times of physical or psychological stress, your body may not make enough cortisol. This could make you:

- › Feel nauseous (sick to your stomach)
- › Feel weak
- › Have diarrhea
- › Feel tired, and/or light-headed

If you have any of these symptoms, talk with your doctor.

## **How much do corticosteroids cost?**

Corticosteroids are inexpensive and cost about \$15-\$30 a month in Canada. Budesonide is a little more expensive than prednisone.

## Precautions

Before starting corticosteroid treatment, it is important to tell your doctor about any health problems you already have. Examples include cataracts, diabetes, congestive heart failure, osteoporosis, or chronic infections. In times of high stress, your doctor may also ask to know because he or she may need to adjust your dose.

Corticosteroids could harm an unborn child, so it is important to tell your doctor if you are, or plan on getting pregnant. If you are already on corticosteroids, make sure that you use birth control to prevent pregnancy and harm to your baby. Ask for info about birth control if you are not sure.

It is also important to talk to your doctor before starting any new drugs while already on corticosteroids. Certain drugs have negative interactions (don't work well together) and side effects may get worse and could threaten your health.

## **Common side effects of corticosteroids**

Like every medication you take, corticosteroids have some possible side effects. Most side effects depend on how much you take for how long, and may happen in some people, but not in everyone. Side effects usually go away within weeks to months after therapy has stopped. Common side effects include:

- Higher pressure in eyes (glaucoma)
- Fluid retention (build up) causing swelling in lower legs
- Higher blood pressure
- Abnormal fat deposits on face, neck and trunk
- Hyperactivity (having a lot of energy)
- Weight gain
- Acne (pimples)
- Feeling hungry
- Delayed (late) puberty and slower growth
- Muscle weakness

Some patients on oral corticosteroids may get serious infections. If you get signs of an infection like a burning feeling when you urinate (pee), unexplained fevers, or upper respiratory congestion, please tell your family doctor.

## **Side effects linked to longer-term therapy include:**

- Osteoporosis (thinning of the bones) happens in 30-50% of patients. This usually does not cause long-term problems. The risk of osteoporosis is a reason for prescribing the lowest possible dose of corticosteroids or even stopping treatment entirely. Vitamin D and calcium can be prescribed together to help prevent osteoporosis.
  - › Too much calcium or vitamin D may also pose health risks, so it is important to take no more than the amount prescribed.
- Cataracts and other eye problems.
- High blood sugar which may trigger or make diabetes mellitus worse.
- Lower immunity and a higher risk of infection.
- Thinning of the skin, leading to easy bruising and slower wound healing.
- Skinny arms and a pot belly (after years of therapy).
- Lump of fat on upper middle area of back.

## Talk with your doctor

In some cases, you may notice side effects which may need the attention of your doctor. Cases like this may include feelings of:

- › Aggression (anger)
- › Mood changes
- › Depression
- › Blurred vision
- › Dizziness
- › Headache
- › Fast, irregular, or pounding heartbeat
- › Shortness of breath

If too much of this medication is used for too long, complications of the adrenal gland may become a problem. **Tell your doctor if (in addition to symptoms above) you notice signs of:**

- › Increased thirst or urination (peeing more often)
- › Fainting
- › Irritability (grumpiness)
- › Unusual tiredness or weakness

If you have any questions, please ask.

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Printed by: Dalhousie University Print Centre*

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