

Patient information for Corticosteroid Use

Who is this information for?

This information is for patients, families and carers of patients who have been prescribed a shortcourse of Oral Corticosteroids

What are Corticosteroids?

- Corticosteroids are man-made drugs that work like cortisol, a natural steroid hormone in your body.
- These medicines reduce inflammation and alter the immune system.
- They're used to treat a variety of medical conditions.
- They can be taken as tablets, or injected into the blood-stream or body tissues.
- Common examples of corticosteroids include: Prednisolone (e.g. Solone®, Panafcortelone®) Dexamethasone & Triamcinolone (e.g. Kenalog®, Kenacort®)

What ENT conditions may require a course of oral Corticosteroids?

Sensori-neural hearing loss

- **Oral Corticosteroids:**
- In sudden sensori-neural hearing loss, the use of high dose **oral corticosteroids** within the first **2** weeks, provides about 15-30% additional chance of some hearing recovery.
- The medication does not guarantee the recovery but has been proven to help.
- Alternatives include no treatment with at least 30% of patients recovering spontaneously.
- Intra-Tympanic Corticosteroids:
- Another option is a semi-experimental treatment, currently recommended for those who cannot take oral systemic steroids or failed to respond to oral corticosteroids, include injection of steroid via the ear drum. This can be done under local anaesthetic.
- Evidence suggests some effectiveness with the injection.
- Injection of Dexamethasone via the ear drum has a risk of dizziness, infection and eardrum perforation. The treatment may need to be repeated several times.







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Rhino- sinusitis exacerbation

- Corticosteroids have a proven benefit in improving symptoms of sinusitis in acute and chronic settings.
- It is not recommended to stay on oral corticosteroid long- term for sinusitis due to side effects. However, short term treatment 2-3 times per year is acceptable for most.
- Long- term intra- nasal steroids are safe due to negligible absorption into the blood

Peri-operative treatment for sinus surgery

- A short course of **oral corticosteroid** before the operation has been proven to reduce the degree of bleeding during sinus surgery in certain conditions (chronic sinusitis with nasal polyps), which is likely to translate into safer surgery.
- After the operation, this anti- inflammatory medication helps to reduce the load of inflammation.

Acute Vertigo

- A short course of oral corticosteroid is effective in reducing the symptom of dizziness in the acute setting from many causes.
- Whether it may decrease progression and worsening of the dizziness is unclear but possible.

Acute Dysphonia due to Inflammatory conditions of the Vocal Folds

- A short course of oral corticosteroid is sometimes used in inflammatory conditions of the vocal folds, when there is an important pending vocal commitment.
- It can reduce the stiffness and bulk of the vocal fold and thus the effort required to produce a sound.

What are the Contra-indications to Corticosteroid Use?

- As with most medications, certain co-existing conditions or medications may contraindicate the use of corticosteroids in your case.
- Please review carefully the list if contraindications below. If you have any of the below conditions, please discuss with your doctor.
 - Diabetes Mellitus
 - Current infection
 - Poorly controlled blood pressure
 - Mental health issues depression, anxiety, bipolar disorder, suicidal attempts, schizophrenia and others
 - Advanced age (over 70 yo)
 - Dementia
 - Glaucoma
 - Cataracts
 - Peptic ulcer disease, gastritis, severe reflux
 - Arthritis
 - o Liver disease, excessive alcohol consumption
- Sometimes, Corticosteroids can still be taken with special precautions even if you have one of the above conditions







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What are the side effects from Short-Term Oral Corticosteroid Use?

- · As with most medications, there are certain potential side effects associated with the use of Corticosteroids.
- Most side effects are due to long term use, i.e. > 1 month, but short term side effects are also
- **Side effects** that can occur due to short term use are listed below:
 - o Insomnia
 - Increased appetite
 - o Exacerbation of mental health issues such as depression
 - o Delirium and confusion most likely in older patients or people with dementia
 - Increased stomach acid secretion and stomach ulcer disease
 - Worsening of diabetes mellitus control
 - Worsening of Blood pressure
 - Worsening of a current infection
 - Acute glaucoma
 - Worsening of cataracts
 - Avascular necrosis (AVN) of a joint especially hip or shoulder.
 - Very rare complication occurring in less than 1 in 300 patients.
 - May cause arthritis long term.
 - More common in people with liver disease and excessive alcohol consumption.
 - Stop the medication immediately if you experience sudden joint pain and see your GP or MEG Specialist.

How do I take Oral Corticosteroids?

- Doses will be prescribed by the doctor.
- If you are taking the medication for more than I week, you may be prescribed a tapering dose - it is important to follow this regimen.
- Take the medication with food or immediately after food.
- Take the medication in the morning or no later than lunch to reduce the risk of insomnia.
- Prepare healthy snacks in case of increased appetite.
- Ideally, have someone around you when you take the first 2 doses in case you develop and allergy or mental health issue exacerbation, or severe mood swings.

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Concerns or questions?

You can contact your ENT Specialist at the Melbourne ENT Group (MEG):

- Phone: 1300- 952-808
- Email: admin@melbentgroup.com.au
- Website: www.melbentgroup.com.au



Your GP is also the best contact for ongoing care and concerns.

Further information

http://www.mydr.com.au/medicines/cmis/predsolone-tablets



Scan this QR code with your smartphone camera to automatically visit website





(03) 9429 3627



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