

Corticosteroid Treatment

Corticosteroids (steroids) are sometimes used to treat eye conditions, such as thyroid eye disease and optic neuritis. They come in various forms: prednisolone is the most commonly used oral steroid and methylprednisolone the most commonly used intravenous steroid for eye patients.

Steroids have been used effectively in the treatment of eye conditions for many years and there is great experience in their use, effects and side-effects. Steroids are extremely effective at suppressing inflammation and therefore can rapidly reduce pain, redness and swelling in the eye or eye socket. In thyroid eye disease (see additional information sheet) this can prevent visual loss.

Side Effects

The side effects of steroids vary greatly between individuals. The following is a list of the more common side effects you might experience. Some may occur soon after commencing treatment whilst others only occur after long-term treatment with higher doses.

Early (within a few months)

Fluid retention
Facial puffiness (“Moon face”)
Increased appetite
Weight gain
Mood changes (increased or reduced)
Sleep disturbance
Abdominal pain/reflux
Elevated blood pressure
Elevated blood sugar levels
Headaches

Later (after several months of usage)

Thinning of skin and stretch marks
Easy bruising/bleeding
Osteoporosis (bone thinning)
Increased susceptibility to infection
Raised intraocular (eye) pressure
Cataracts

Other Factors to Consider Before Starting Steroids

Please advise if you have any of the following conditions as steroids may be contra-indicated: **Diabetes, Poorly controlled Hypertension, Tuberculosis (current or past infection), Osteoporosis, Gastric/Peptic ulcer**

Steroid Card

The pharmacy will give you a steroid card that you should carry with you at all times. This records how much you have taken and for how long. This is very important in case you are injured in an accident or become unconscious, so that any doctors attending to you know to continue the steroids.

Other Factors to Consider Whilst on Steroids

- If you experience severe side-effects **within the first 2 weeks** you may cease the medication immediately and notify your surgeon
- If you experience severe side-effects **after the first 2 weeks DO NOT** cease your medication. Contact your treating surgeon immediately and they will arrange for a more rapid tapering of the medication. **FAILURE TO FOLLOW THIS ADVICE MAY RESULT IN SEVERE MEDICAL PROBLEMS**
- Please contact me immediately if you develop chicken pox or shingles as these conditions can be much more severe in people on steroid treatment and you may require urgent antiviral treatment.
- Some other medications can interact with steroids. Please discuss your other medications with either your GP or me.
- If possible, you should avoid live vaccines, such as yellow fever whilst you are on steroids. Some vaccines may be essential, e.g. rubella for women of childbearing age, in which case this must be discussed with me, your GP and any other doctors involved in your care.
- If you are taking the medication for thyroid eye disease you may notice that each time you reduce your dose, the symptoms are initially a little worse. If the symptoms continue to worsen over three or four days (i.e. don't settle

back down again), return to the previously effective dose and notify your surgeon or GP.

- Alcohol and some foods can exacerbate the reflux and heart burn caused by steroids and if possible these should be reduced.

Blood pressure checking, blood tests and bone testing

- It is advisable that you have your **blood pressure and blood sugar levels checked every month** initially. A **blood count, liver function and kidney function test** should be performed if you are on treatment for more than **3 months**. Please arrange to see your local doctor for these.
- Patients on longer-term treatment (greater than 6 months) may require **bone density testing**.

Contact Details

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