

PATIENT INFORMATION SHEET

PREDNISON

Corticosteroids (“steroids”) for Inflammatory Bowel Disease (brand name = Prednisone®, Deltasone®)

What is a steroid?

Steroids occur naturally in the body and are needed in low amounts for healthy functioning. When taken as medication, a steroid can reduce the inflammation in the lining of the intestine.

When is a steroid used?

Steroids are generally only used when other medications have not been effective in reducing the signs and symptoms of bowel inflammation.

How are steroids given?

In severe cases of bowel inflammation requiring hospitalization, steroids may be given intravenously. Otherwise, steroids will be in tablet form to be taken by mouth. Steroids are used for short periods of time in patients with bowel inflammation, and the dose is gradually tapered off over 3-4 months.

What are the side effects of steroids?

Some of the side effects of steroids are: mood changes, facial puffiness, hair growth, increased risk of infections, osteoporosis, high blood pressure (hypertension), high blood sugar (diabetes), and danger of low blood pressure if the medication is stopped abruptly.

If you experience any of the following symptoms, contact your IBD health practitioner immediately: increased pressure in the eyes (glaucoma), haziness of the lens of the eyes (cataracts), abdominal pain (possibly due to ulcers in the stomach or duodenum), and bone pain due to reduced blood supply in the bones (avascular necrosis).

Is Prednisone used with other medications?

Prednisone is usually prescribed in conjunction with a maintenance medication, since Prednisone should only be taken for a short period of time.

Why do you need to stop steroids?

Steroids are not meant to be long term maintenance IBD therapies. They have too many side effects, and can cause too many other chronic issues such as diabetes, hypertension. After your tapering dose of Prednisone, you may be placed on an immune suppressing medication, a 5-ASA or a biologic therapy.

What if you cannot stop the steroids because your symptoms come back?

If you cannot get off your prednisone as you taper down, or if you flare after stopping your prednisone, you should notify your treating physician immediately, so they can find you a maintenance IBD therapy that works for you.