

Prednisolone

Information for Transplant Patients of the Royal Infirmary of Edinburgh

Please read this leaflet carefully and keep it as you may wish to refer to it again. If you have any queries, please consult your pharmacist or doctor.

What is prednisolone?

Prednisolone is a member of a group of medicines called corticosteroids or steroids. It can be used to treat a number of conditions but after a transplant prednisolone is used as an immunosuppressant or anti-rejection medicine. It does not have the same effect as anabolic steroids used by athletes. Prednisolone is available as plain white 5mg tablets and red coated 5mg tablets.

When and how to take prednisolone

The label on your prednisolone container will tell you how many tablets to take. Prednisolone should be taken once a day in the morning as it can cause sleep disturbances. Prednisolone can cause indigestion therefore the tablets are best taken with or after food. Do not suddenly stop taking your prednisolone tablets. The dose will be reduced in stages by the doctor. You will be given a blue steroid treatment card which you should carry with you at all times. You should show this card to anyone treating you e.g. doctor, dentist, nurse or pharmacist. If you buy any 'over the counter' medicines for minor ailments, including homeopathic and herbal medicines, always tell the pharmacist about the other medicines that you are taking.

What to do if you miss a dose

Take it as soon as you remember. If it is almost time for your next dose, miss out the forgotten dose and continue as normal. If you do miss a dose let the transplant team know at your next clinic visit.

Infections

As immunosuppressants prevent the body's defence system from working normally, you are at an increased risk of infections while taking prednisolone. You should contact your doctor immediately if you develop any signs of infection e.g. a fever, chills, or sore throat. Unless you have already had chickenpox, you are also at risk of severe chickenpox infection. If you have not already had chickenpox and you come into contact with anyone with chickenpox or shingles after your transplant, contact your doctor immediately.

Potential side effects of prednisolone

Like all medicines prednisolone can have some unwanted effects. The following is a list of the more common side effects - you may experience some or none of these. You may wish to refer to the package insert for more details.

1. Diabetes / high blood sugar

Steroids can raise your blood sugar level. This is more likely if you already have diabetes or if you are at risk of developing diabetes (obesity, family history of diabetes, previous pregnancy related diabetes, polycystic ovary syndrome, increasing age and some ethnic groups).

Before your transplant you will have a blood test to check your HbA1c. This is a measure of your average blood sugar. A raised result means you may have diabetes or be at increased risk of developing diabetes. If this is the case, you may be asked to start monitoring your blood sugar at home. You will be given a glucose monitor and training for this. Your blood glucose will be checked routinely when you attend the transplant clinic.

It is important that you are aware of the symptoms that are associated with high blood sugars and that you mention these at your outpatient clinic visits if you develop these.

Symptoms that may indicate a high blood sugar: Severe thirst; passing unusually large volumes of urine (often normal after a kidney transplant however); a new need to pass urine overnight (often normal after a kidney transplant however); unexpected weight loss; tiredness in conjunction with these other symptoms; blurring of vision; thrush (candida infection).

If you have a blood glucose monitor, three consecutive readings of 12mmol/L or more just before your evening meal should be reported.

It is important to act on these symptoms as high blood sugars can result in severe illness. However, the good news is that blood sugars can usually be well controlled with medication.

2. Adrenal Crisis

The body naturally makes steroids in your adrenal glands. The most well-known of these is cortisol, the 'stress' hormone. These steroids are essential for your body to function, particularly if you become unwell. When you are taking steroid medications, the natural production of steroid is reduced, and your body becomes dependant on the steroid it gets from the prednisolone tablets. **You should never stop taking steroid suddenly.** If you are unwell (such as fever, diarrhoea, or on antibiotics) your doctor may increase your steroid dose.

If you are unable to take your steroid medication, for example due to vomiting or if you have lost your medications, you can become seriously unwell with adrenal crisis. This is when your body goes into shock due to a lack of steroids.

Symptoms of this include pale cold clammy skin; sweating; rapid shallow breathing; low blood pressure; severe vomiting and diarrhoea; abdominal pain; fatigue and severe muscle weakness; headache; drowsiness or loss of consciousness.

It is important to act on these symptoms and seek prompt medical review.

3. Indigestion

Steroids may cause indigestion and can sometimes cause stomach ulcers. Taking prednisolone with or after food should help prevent this. You will also be given an anti-ulcer medicine to take while you are taking prednisolone. Consult your doctor if symptoms persist, you vomit blood, or pass black stools.

4. Skin changes

Acne, delayed healing, thinning of the skin and bruising can occur.

5. Increased Appetite

Steroids will increase your appetite which can cause weight gain; careful food choices can help to prevent this. You may notice weight gain on and around the face. This will decrease as your steroid dose is reduced.

6. Changes in mood

Emotions can swing from happy to depressed. Sleep can be difficult but will improve as your steroid dose is reduced.

7. High blood pressure

Fluid retention due to steroids can increase your blood pressure. Reduce the salt in your diet but avoid salt substitutes as they contain high levels of potassium.

8. Thinning of the bones (osteoporosis)

Long-term steroid treatment can cause thinning of the bones. Your doctor may also prescribe other medicines to protect your bones.

9. Eye problems

Eye problems can include the development of glaucoma and cataracts, especially with long-term treatment. Visit the optician regularly to have your eyes checked.

Further supplies

Prednisolone is only available on prescription. If you are nearing the end of your supply, please contact your GP practice to obtain a prescription and ensure that you do not run out.

How to store prednisolone

Prednisolone should be stored in a dry place at room temperature. As with all medicines, keep out of the reach of children. Do not take prednisolone after the expiry date on the medication box.

Remember

This medicine is for you. Never give it to others even if their symptoms are the same as yours.