



Short-term steroid treatment

Steroids are medicines that are used to treat many conditions. This fact sheet explains what steroids are, how they are given and some of the possible side effects. Some rare and long-term side effects are explained as well as the more common ones. Each person reacts differently to medicines, so your child will not necessarily suffer from every side effect mentioned. If you have any questions or concerns, please ask your doctor, nurse or pharmacist.

What are steroids?

Steroids are hormonal substances that are produced naturally in the body by the adrenal glands (which are just above each kidney) and by the reproductive organs. There are many different types of steroids and they have different effects on the body.

Common types of steroids used are: **prednisolone, budesonide, hydrocortisone, dexamethasone, fludrocortisone**, and occasionally **methylprednisolone**. These steroids are known as corticosteroids. These are different to the anabolic steroids used by athletes to enhance their performance.

How are they given?

Steroids are usually given by mouth in the form of tablets or soluble tablets.

They may also be given into a vein (intravenously or IV) through a cannula, central venous catheter or implantable port.

What are the most common side effects?

If your child is given a short course of steroids, they are unlikely to suffer many side effects. These effects are temporary and will stop when the course of steroids has finished.

- **Changes in behaviour:** You may notice that your child becomes irritable and has mood swings. They may revert to earlier childhood behaviour, for example, temper tantrums. This effect is usually temporary but please report any concerns to your doctor or nurse who will be able to offer advice and support.
- **Weight gain:** Your child may have an increased appetite, which means they will feel hungrier than usual and therefore might eat more and then gain weight. Keeping to a well balanced diet may help. Another reason why your child might gain weight is due to increased fluid retention.
- **Irritation of the stomach lining:** These medicines are best taken with meals or after food to reduce any stomach irritation.



What are the less common side effects?

These side effects tend to occur only after long-term use or with high doses.

- **Weight gain:** Your child's face may appear more chubby than usual, particularly after long-term steroid treatment. If the weight gain has been considerable, your child may develop stretch marks, especially on their tummy and thighs.
- **High blood pressure:** Your child may complain of having a headache or feeling dizzy.
- **Alteration in blood sugar level:** Steroids may cause a temporary increase in blood sugar levels. Some signs of a raised blood sugar level are thirst and needing to pass more urine than usual.
- **Effect on growth and/or thinning of bones:** If taken over a long period of time or at a high dose, your child's growth may be affected and/or your child's bones may become thinner. Your child will be monitored closely throughout treatment to reduce the chance of these side effects

Important information

Immunisations

As steroids affect your child's immune system, children who are receiving a high dose of injected or oral steroids should not be given any 'live' vaccines. Because your child's immunity may be affected by steroids, they may be very ill if they catch one of the diseases that vaccination prevents so it is important that they are up to date with the other vaccines. Your other children should be immunised according to the usual schedule and although chicken pox vaccine is not routinely given to all children, it may be advised for the siblings or other close family members of a child who is receiving high dose steroids. If you have any questions about immunisations, please ask your doctor.

Chicken pox

If your child has not had chicken pox and is in direct contact with a child who has chicken pox or develops it within

48 hours, you must contact the hospital immediately. Chicken pox can be more severe in children who are taking steroids. A blood test will be arranged to check your child's antibodies to chicken pox. Your child may need an injection to protect him or her. Your doctor or nurse will discuss this with you.

If your child has chicken pox, it may be necessary to stop your child's steroid doses. Your doctor will discuss this with you.

Infections

Your child may be at an increased risk of infection while they are on steroids. If your child has a fever or becomes unwell, contact your doctor or nurse.

Check ups

Your child should be monitored closely while on steroid treatment. This may include regular measurement of his or her weight, blood pressure and urine. This will usually be carried out by your GP surgery, local hospital or local community nurses.



General Instructions

- You will be given a steroid card if your child is on steroids for more than two weeks. Show the card to any health care professional looking after your child.
- If your child has been on steroids for more than a few weeks and becomes unwell after stopping treatment or needs to have an operation, their natural production of steroids (which helps a child respond to a stressful situation) will be reduced. They may need a short course of steroids to cover this period.
- Keep medicines in a safe place where children cannot reach them.
- The medicines should be stored at room temperature.
- Steroids are best taken at the same time each day with food (usually in the morning), as directed by the doctor, nurse or pharmacist. Children on twice daily steroids may have difficulty in sleeping if they take their second dose too late in the evening so make sure that the dose is given by late afternoon.
- If your child is on a long course of steroids or taking high doses, the dose will be reduced gradually over a period of time as directed by your doctor. When your child has finished the course, return any remaining tablets to the pharmacist. Do not flush them down the toilet or throw them away.
- If your child vomits after taking the dose, inform the doctor or nurse, as your child may need to take another one. Do not give them another dose without informing the doctor.
- If you forget to give your child their dose, do not give them a double dose.

Useful numbers

GOSH Switchboard:

020 7405 9200

Pharmacy Medicine Information:

020 7829 8608

Notes

Compiled by the Pharmacy Department in collaboration with the Child and Family Information Group

Great Ormond Street Hospital for Children NHS Foundation Trust, Great Ormond Street, London WC1N 3JH

www.gosh.nhs.uk