

Steroid tablets for people with lung disease



Information for patients Respiratory Medicine

This information is being given together with a new steroid card. We ask everyone given a card to carry it with them. This sheet tells you a bit more about why we are giving you the card, and what you can do to help keep yourself safe when you're ill.

What are steroid treatments for lung disease?

Steroids are drugs that reduce irritation in the lung. They are used in many lung illnesses. For asthma and COPD, they can reduce the number of attacks people get and improve daily symptoms. In other lung diseases, they can reduce scarring of the lung. Steroids are given in two main ways. Inhaled steroids go directly to the lung and work well for asthma and COPD, and are sometimes used for other conditions. When bigger doses are needed, or when people with asthma and COPD are suddenly more ill, we use steroid tablets.

Steroids are very important medicines to help the lung heal and stop dangerous attacks of breathlessness. We know that steroids can have some side effects, particularly when given as tablets. Because of this, doctors always try to keep the steroid doses to the smallest dose needed. If you are on inhaled steroids or steroid tablets, then never stop them without discussing with your doctor. If you have any concerns about your steroid doses, discuss these with your doctor.

Why have I been given a new steroid card?

Steroids help our body cope with stress. Our bodies naturally make some steroid hormones every day from glands called our adrenal glands. Our bodies make more steroid when we are ill. Sometimes if people are taking steroids as medicines, the body stops making enough of its own steroid because it sees that steroids are already in the body. This means that someone on steroids may not make enough extra steroid of their own if they have another serious illness. In the worst cases, people can become seriously ill with what is called an 'adrenal crisis'. The NHS wants to warn everyone who is on steroids about this, and give them information about what to do when they are ill.

Adrenal crisis is rare in people who are only taking inhaled steroids, but it can happen. It's more common in people on long term steroid tablets who have a sudden illness.

What are the signs of adrenal crisis and when might it happen?

Adrenal crisis can happen if you suddenly stop taking steroid tablets, or if you are on steroid treatment and get another illness. Signs of crisis can include severe dizziness with serious vomiting and/or diarrhoea. People having an adrenal crisis may have sudden confusion, tiredness, or headache.

How can I prevent adrenal crisis?

You can prevent this from happening by being careful not to forget your treatment. You may also need to take extra steroids if you are unwell. Your doctor may give you a personal plan just for you, but a typical emergency plan looks like this. Doctors often call this plan your 'sick day rules'. If you need an operation you should also tell your surgeon and their anaesthetist that you are on steroids.

Sick day rules for people on oral steroids

If you are on a steroid called hydrocortisone, you may already have a personal plan about what to do with your steroids if you are sick, and if so, you should follow that.

If anything is confusing, talk to your doctors or specialist nurses. If you are on a steroid other than prednisolone, please make sure you have spoken to your doctors to get specific advice.

- **If you have a mild to moderate illness with fever and are taking less than or equal to 5mg/day of prednisolone**, you should increase your steroids to 10 mgs a day until you are well.
- **If you have a mild to moderate illness with fever and are taking prednisolone at a dose that is above 5 mg and less than 15 mg per day**, you should increase the dose to 15 mg per day.
- **If you have a mild to moderate illness with fever and are taking a dose of prednisolone that is equal to or above 15 mg per day**, stay on the same dose.
- **If you have a nasty illness with a high temperature and/or some mild diarrhoea and vomiting**, but you are able to drink and keep your tablets down, then you should increase your steroids to 15 mgs a day until you are well. If your dose is equal to or above 15 mg per day of prednisolone, stay on the same dose. Be prepared to take action if you don't quickly improve and warn anyone you live with to watch out for you.
- **If you are not able to keep down your steroids at all because you are vomiting or you have diarrhoea**, you may not absorb your steroids. This is a medical emergency and you must telephone the NHS on 999, as described in your steroid warning card. Some people who are especially at risk of adrenal crisis may also have an injection of steroid to give themselves at home and should follow those instructions as well as urgently telephoning for help on 999.
- **If you sometimes increase your steroid treatment for other reasons, such as bad asthma, then follow any personal action plans you have if your underlying illness is flaring**. Doses of steroids to treat worsening of lung illnesses will be guided by your GP or specialist.

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