

Chicago Skin Clinic

Dr. Danny Del Campo, M.D.

Corticosteroids / Glucocorticoids

What are corticosteroids (CS)?

CS are substances produced by the adrenal gland (a gland located above the kidneys). CS perform a number of functions in the body including decreasing inflammation and suppressing the immune system. Man-made CS can be used to treat many diseases/problems. Man-made CS come in different forms: pills & liquids, injections, eye & skin preparations, nasal sprays, and inhalers.

Who should NOT take corticosteroids?

- Those with history of herpes infections of the eyes
- Those who are allergic to CS

Short term corticosteroids:

Short term CS (i.e. 1-2 weeks) are used for many acute problems such as poison ivy or allergic reactions. Short term CS are usually quite safe. Of course, there are alternative slower treatments (creams, antihistamines), but CS can often quiet rashes and itch quite rapidly. Some common side effects of CS include: ↑ appetite, change in sleep habits, irritability, nervousness, stomach upset, changes in menstruation, fluid retention, ↑ blood pressure, ↑ blood glucose if diabetic, mood change.

Rarely, patients will experience extreme mood changes including severe depression, suicidal feelings, etc. If you experience any bizarre mood changes / feelings, call the office immediately. It is also *rare* on short term CS for patients to develop osteonecrosis (damage to bones requiring joint replacement most commonly in the hips, shoulders, knees, and feet), but it *has* been reported. Remember that if you take *multiple* short courses of CS, the effects can be additive, and more serious side effects can occur. Also remember that using different types of CS can also be additive (i.e. nasal spray, skin cream, inhaler, and 2 week course of CS for allergic reaction). Please also see **Long term corticosteroid risks** below to review such risks of multiple courses or additive types of CS treatment if you are at such risk.

Tell Dr. Del Campo if you take any of the following medicines:

Aspirin	Rifampin
Coumadin (warfarin)	Dilantin (phenytoin)
Digoxin (digitalis)	Phenobarbital
Birth control pills	Tegretol (Carbamazepine)
Potassium	Ketoconazole

Tell Dr. Del Campo if you have any of the following:

History of Tuberculosis (TB)	History of positive TB test
Active infections	AIDS
Kidney or liver disease	Eye problems (cataracts/glaucoma/infections)
History of heart failure	History of stomach ulcers or esophagus problems
High blood pressure	Transplants
History of diabetes or sugar problems	Seizures / Mental illness
Thyroid disease	History of pancreatitis
Lupus	Rheumatoid Arthritis

Tips while taking corticosteroids:

Take with food to prevent upset stomach.

Take first thing in the morning.

Avoid exposure to infectious people (i.e. flu, colds, chicken pox...).

Avoid vaccinations.

Avoid trauma to skin and sunburn.

Tell other doctors, dentists, surgeons, pharmacists, that you are taking this med.

Avoid alcohol.

Tips for those taking corticosteroids for longer than a few weeks:

Do not stop this med suddenly. Your body can experience a crisis.

Eat a diet *low* in calories, sodium, and fat and *high* in vegetable protein, calcium, and Vitamin D.

Avoid smoking, alcohol, and caffeine.

Monitor your height and weight.

Monitor your blood pressure.

If you are diabetic, monitor your glucose (sugar).

Exercise regularly (cardiovascular & strength / weight training). ****Get O.K. from your doctor first.**

Take Calcium 1500 mg per day.

Take Vit D 800 IU per day.

Ask your medical doctor if you need bisphosphonates (meds to prevent bone loss on CS).

Have an ophthalmologist examine your eyes at the beginning of your treatment & every 6 months.

Have bone density studies at beginning of CS treatment and every 6 months.

You will need blood work regularly to check your glucose, lipids (cholesterol & triglycerides), potassium, sodium, and your blood profile (CBC).

If you develop *any signs* of infection, let your doctor know. Signs of Infections can be subtle and hard to figure out when you are on CS.

If you develop severe diarrhea, let your doctor know. Bring a container of your stool to the office to be checked & cultured for infections.

If you are male, you may need to have your testosterone checked.

A Med Alert Bracelet can be worn to alert others that you are on corticosteroid therapy.

Keep this med out of the reach of children. Keep in a dry place; avoid moisture.

Long term corticosteroid risks:

- Weight gain
- Slow healing of injuries
- Redness / broken blood vessels / acne
- Increased blood pressure
- Hyperlipidemia (elevated fats in the blood)
- Serious emotional / psychiatric problems
- Muscle weakness
- Osteoporosis and bone fractures
- Seizures and other nerve problems
- Aggravation/cause of problems (minor or serious) with stomach, esophagus, or pancreas
- Osteonecrosis (damage to bones requiring joint replacement i.e. most commonly in the hips)
- Problems responding to a health crisis (i.e. your body may be too weak to fight effectively)
- Cushing's Syndrome (fatigue, moon face, upper body fat, unwanted hair growth, fragile skin, weak bones, mood changes)
- Fluid retention / swelling of ankles
- Easy bruising of skin / skin fragility / stretch marks
- Serious infections
- Elevated blood sugar (diabetes)
- Increased risk for heart failure and heart attacks
- Cataracts / Glaucoma / Infection
- Problems with calcium and/or potassium
- Growth retardation in children
- Effects on fetus (if taken while pregnant)

Tell Dr. Del Campo and your primary medical doctor of any problems you have while taking corticosteroids!