



Living with Pulmonary Fibrosis: Corticosteroid medication

Prednisolone/Prednisone

(Oral - Panafcortelone, Predsone, Predsolone, Solone, Panafcort)
(IV - Methylprednisolone, Solu-Medrol, MethylPred)



Disclaimer

This resource provides some information about the corticosteroid medication prednisolone. It does not contain all the available information and does not take the place of talking to your doctor or pharmacist. Always seek the guidance of your doctor or other qualified health professional for any questions you may have regarding medications, your health or medical conditions. Please refer to the Consumer Medicine Information leaflet linked below for a more detailed guide to side effects and safety precautions.

Why is this medication being recommended?

Prednisolone or prednisone belongs to a group of medications known as glucocorticoids (also called corticosteroids or steroids). Glucocorticoids are a 'stress hormone' released by the adrenal glands that sit above your kidneys to help the body function properly. You may have been prescribed prednisolone to treat inflammation in the lungs, which, if untreated, may lead to lung fibrosis (scarring). Prednisolone works quickly to reduce inflammation in the lungs and can help prevent further fibrosis.

When starting oral prednisolone, your doctor will tell you how much to take and when to take it. Prednisolone is usually taken once daily in the morning. It comes in 1mg, 5mg and 25mg strength tablets. You may need to take a combination of these to achieve your total dose. The dose is typically reduced over time until you reach the right dose for you, or until it is no longer required. Your doctor might change the dose if necessary, including during an acute exacerbation or chest infection, when you may temporarily need a higher dose of prednisolone.

Some patients will require a short course of very high doses of prednisone via an intravenous infusion. This medication is known as methylprednisolone and is generally given once a day for three days while you are in hospital as an inpatient. The intravenous form allows high doses to be given with fewer side effects.

What special precautions should I follow?

Before taking prednisolone:

- Tell your doctor and pharmacist if you are allergic to prednisolone or other glucocorticoids or any other medications, foods, preservatives or dyes.
- Tell your doctor and pharmacist if you are taking any other prescription and non-prescription medications, vitamins, nutritional supplements, and herbal products. Your doctor may need to change the dose of your medications or monitor you carefully for side effects.
- Glucocorticoids have been used in pregnant women but need to be closely monitored by a doctor. Consult your doctor if you are pregnant or breastfeeding, or if you or your partner plan to become pregnant.
- Talk to your doctor about vaccinations. Prednisolone can impact the effectiveness of vaccinations. Your doctor will check if you require any vaccinations before taking prednisolone.
- Tell your doctor if you have previously had any other health problems, in particular diabetes, high blood pressure or heart disease, osteoporosis or osteopenia (bone thinning), frequent infections or cancer.
- Glucocorticoids may increase your blood sugar and cholesterol. It may be worth checking with your doctor if you need a blood test prior to taking this medication long term and to monitor these while you are on treatment.
- Glucocorticoids may increase your risk of some infections, including oral thrush, shingles, and lung infections. Pre-existing infections such as tuberculosis (TB) may become active again. Tell your doctor if you have a long-term infection or if you have been exposed to TB previously.

While taking prednisolone:

Talk to your doctor BEFORE stopping or changing your prednisolone dose. This is important because long-term prednisolone use reduces your body's natural glucocorticoid production, and stopping suddenly can cause adrenal insufficiency and make you very unwell.

- Avoid infection by staying away from people who have easily transmitted infections and washing or sanitising your hands often.
- Sometimes, a long-term antibiotic will be used to prevent a serious type of lung infection for people taking moderate to high doses of prednisolone in the longer term. Your doctor will tell you if you need this medication.
- Sometimes your doctor will also prescribe an anti-reflux medication to prevent gastro-oesophageal reflux which can be exacerbated by prednisolone use.
- Vaccinations are important. Discuss vaccination schedules with your doctor while on prednisolone and always check before receiving a vaccine.
- Tell other doctors, dentists and pharmacists who treat you that you are taking prednisolone and remind them of this if you are about to be started on any other medication.
- If you are having surgery, including dental surgery, tell the doctor or dentist that you are taking prednisolone.
- Be careful driving and operating machinery until you know how prednisolone affects you.
- Monitor yourself for signs of adrenal insufficiency such as weakness, fatigue, fever, weight loss, vomiting, diarrhoea and abdominal pain. Adrenal insufficiency can be very serious. If you miss your medication and experience these symptoms you should seek medical help.

i Please refer to the “**What monitoring will I need?**” section below for important regular checks that your treating doctor will carry out while you're taking prednisolone.

What side effects can this medication cause?

The side effects of prednisolone are related to the total dose a person has had in their lifetime, so a short course of low dose prednisolone taken for a few days or even a few weeks, does not normally cause side effects.

People who take high doses of prednisolone or take the medication for a long time may experience side effects. Some of these side effects will resolve once the medication is stopped. These can be minimised by taking the lowest effective dose for the shortest time required for treatment.

Common side effects that can occur in people treated with prednisolone include the following:



Skin changes including skin thinning, easy bruising, red or flushed face, slow wound healing, extra hair growth and acne



Weight gain often due to increased appetite, altered metabolism and salt retention



Diabetes or raised blood sugar levels

- Prednisolone can trigger diabetic symptoms or raise blood sugar levels in people with diabetes, potentially requiring changes to diabetic medication and more frequent blood sugar monitoring



Osteoporosis or thinning of the bones

- Your doctor may recommend a bone mineral density (BMD) test to assess your risk



High blood pressure



Changes to your vision

- Over time, prednisolone may contribute to cataract or glaucoma development



Psychological, including mood changes such as feeling irritable, anxious, restless or depressed



Poor sleep

- Taking prednisolone in the morning may help reduce sleep disturbances



Acid reflux, heartburn and stomach ulcers

- Taking the medication with food can help minimise these issues



Digestive problems such as nausea, vomiting, increased or decreased appetite, bloating, water retention, gastrointestinal irritation, diarrhoea or constipation



Immune system changes leading to increased seriousness or frequency of infections



Headache, dizziness



Muscle cramps or weakness



Hormonal changes and irregular menstrual periods



High cholesterol

The following side effects are uncommon, but if you experience any of these, contact your doctor immediately:



Sudden changes to your vision



Avascular necrosis, a painful bone condition seen in the hip or knee that may require surgery to treat



Severe stomach or intestinal pain



Epileptic fits



Severe dizziness, fainting, weakness, chest pain or irregular heartbeat

What monitoring will I need?

Your GP or lung specialist will monitor you for side effects and may organise additional tests based on their review. Some of the monitoring may include blood tests such as for blood sugar levels, blood pressure, bone density and eye health checks.

Your lung specialist will continue to monitor your lung function (breathing tests) over time to map out the progress of your lung condition. Your specialist will also review you to discuss any other side effects that you may be experiencing. It's helpful to keep your own detailed record of your prescriptions and tests.



Sometimes other immune suppressing medications will be added to your treatment to allow a reduction in your dose or to stop prednisolone. This can help to limit side effects. We call these “steroid-sparing medications”

Notes on your prednisolone prescription

For stable once daily oral prednisolone dosing:

My prednisolone dose is mg in the morning with food daily for days/weeks/months.

For tapering once daily oral prednisolone dosing:

Take mg in the morning for days

then reduce to mg in the morning for days,

then reduce to mg in the morning for days,

then reduce to mg in the morning for days.

then reduce to mg in the morning for days

then continue to take mg in the morning thereafter/ then cease

FURTHER INFORMATION AND SUPPORT

Lung Foundation Australia Services

- Information and Support Team
- Lung disease information resources
- Education webinars
- Silicosis Support Nurse and Social Worker
- Support groups
- Peer-to-peer connections
- Referral to pulmonary rehabilitation and Lungs in Action exercise programs

External Links

- Prednisolone (Panafcortelone) Consumer Medicine Information leaflet: tga.gov.au
- Prednisone (Predsone) Consumer Medicine Information leaflet: tga.gov.au
- Methylprednisolone (Solu-Medrol) Consumer Medicine Information leaflet: tga.gov.au

Lungfoundation.com.au | Freecall 1800 654 301 | enquiries@lungfoundation.com.au

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