

Your child's prednisolone

This leaflet is for parents of children taking prednisolone to treat their inflammatory condition.

What is prednisolone?

Prednisolone is a medicine. It is very similar to the steroid the body produces in times of stress, infection or inflammation. These steroids are different to the anabolic steroids used for body building. Prednisolone mimics the naturally occurring steroid by controlling or reducing excess inflammation.

Steroids are the standard treatment for many medical conditions. In the Department of Rheumatology at the Evelina London (RhEve) we use prednisolone to treat inflammatory conditions, such as juvenile idiopathic arthritis, lupus, dermatomyositis, vasculitis and uveitis.

Why has prednisolone been prescribed for my child?

Prednisolone is a very effective medication that

- reduces joint swelling, pain and stiffness.
- reduces rashes and fevers
- improves your mood when unwell
- improves activities of daily living (walking, running, handwriting).

It is mainly used to control inflammation while waiting for long-term medicines, such as methotrexate or azathioprine, to take effect.

How is prednisolone taken?

Prednisolone is normally taken once daily, in the morning with or after food to help prevent stomach upsets. It is available from the Pharmacy at Evelina London as tablets (strengths 1mg, 5mg and 25mg). If your child is unable to swallow tablets they can be crushed and diluted in water. Or, the tablets can be crushed and mixed with a small amount of soft food such as a spoonful of yogurt or jam. Elsewhere, prednisolone may be available as a soluble preparation.

The dose and length of time your child is prescribed prednisolone will depend on their weight, how severe their inflammation is, and how effective the other medicines have been. Prednisolone will either be prescribed as a very short course (three to seven days), or longer term. When it is used for more than seven days the dose will gradually be reduced over days, weeks or months. You will be given clear instructions on how to do this.

When steroids are taken longer-term, the body reduces the amount of steroid that it produces. Steroid treatment should therefore never be stopped suddenly, as the body needs time to start producing more of its own steroids again. Stopping steroids suddenly may result in low blood pressure, feeling very unwell or a severe flare-up of disease.

If your child is on a high dose of prednisolone for longer than four weeks they should receive calcium and vitamin D supplementation to improve bone health, by reducing the potential bone-thinning effects of steroids. This can be obtained from the GP.

What should I do about a missed/vomited dose?

If a dose is missed give it as soon as it is remembered. If you do not remember it until the next day, give only that day's dose. Do not give a double dose.

If your child vomits within 30 minutes of taking a dose of prednisolone then you should give them another dose. If you are unsure of what to do, call the RhEve Helpline for further advice.

What are the most common side effects?

Prednisolone has been prescribed because the benefits are considered to significantly outweigh any possible side effects. In the short-term prednisolone may cause irritation to the lining of the stomach. Taking it with food will help to reduce these effects. Please let your child's GP know if this occurs since there are medicines that they can prescribe to relieve stomach irritation. Sleep can be disrupted, so it is advisable to take steroids in the morning.

Some patients can have an increase in appetite making gaining weight a concern. Keeping to a well-balanced diet will help and the RhEve team can advise on this. Weight gain tends to be more of a problem when steroids are used at moderate to high doses for several weeks.

What are the less common side effects?

Other side effects that occur with prolonged use or with high doses of prednisolone include:

- an increased chance of suffering infections which can be treated with antibiotics
- high blood pressure (medicine can be given to correct this if the dose of steroid cannot be reduced).
- changes in mood or behaviour.

Side effects we rarely see include thinning of the bones and skin, slower growth, weak muscles, slower healing of skin and more chance of bruising. These usually settle back to normal after stopping the steroids. Small cataracts may occur after many months of treatment.

Low doses of prednisolone over short periods of time rarely cause problems. Therefore we try to

use the smallest possible dose for the shortest period of time. Please contact us if you have any concerns about steroids or their side effects. Please do not stop your treatment without discussion with the RhEve team.

Anything else I need to know?

A steroid treatment card should be carried with the current dose recorded on it. The pharmacist or nurse specialist can supply this card.

If your child becomes unwell or is involved in an accident it is important that medical/nursing staff are informed, as they may need an increased dose of steroids.

- Check with the GP or RhEve team before starting any new medicines.
- Prednisolone reduces the body's ability to fight infections and may hide more obvious signs of illness, such as fevers. If concerned see your GP.
- Discuss with the RhEve team if "live" vaccines such as MMR, are due. Inactive vaccines are safe to have and the flu vaccine (injectable) is recommended. However, high dose steroids may make vaccines less effective.
- If there is any contact with someone who has chickenpox, shingles or measles, let the GP or RhEve team know, as protective treatment may be required.

Remember to store medication out of the reach of children. Information here should be read alongside patient information provided by the manufacturer.

Contact us

If you have any questions or concerns about prednisolone, please contact

Rheumatology Helpline:

t: 07918338768 (mobile number, Monday to Friday, 9am to 4pm)

e: RhEve@gstt.nhs.uk

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline.

t: 020 7188 3003 10am to 5pm, Mon to Fri

e: letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS).

To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints)

e: complaints2@gstt.nhs.uk

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