Introduction

This leaflet aims to answer questions often asked by parents when their child is started on Prednisolone.

**PREDNISOLONE IS A STEROID DRUG.**

**Why is Prednisolone prescribed?**

Prednisolone is of benefit to children with arthritis as it reduces inflammation and swelling in the body tissues.

**How is it taken?**

It is important to take this medication exactly as prescribed.

It is best to take Prednisolone with a meal, snack or a glass of milk to help prevent stomach upsets.

Never change the dose or stop the medication without guidance from your doctor.
What to do about a dose that is vomited

If the child vomits within 45 minutes of taking this medication, repeat the dose. If it is more than 45 minutes since the medication, do not repeat the dose.

If you are unsure of what to do, call the Rheumatology Sister for advice on whether or not to repeat the dose.

What to do about a missed dose

- Prednisolone taken alternate days
  Give the dose as you remember, skip a day, and continue with every other day schedule. Do not give a double dose.

- Prednisolone taken once a day
  Give the dose as soon as you remember and continue with the regularly scheduled dose the next day. If you do not remember until the next day, give only that day’s dose. Do not give a double dose.

How should Prednisolone be stored?

Keep the medication, tightly capped, in its original container in a cool, dry cupboard, preferably locked, and definitely out of the reach of children.

What unwanted effects may occur?

Prednisolone is a very effective medication. It can help where other medications have failed. However, along with its beneficial effects it may cause unwanted side effects. Some of these are potentially serious while others are worrisome but not harmful. Your doctor has prescribed this medication after careful consideration, because in his/her opinion, its benefit to your child’s health far outweighs any possible undesirable effects.

Most effects are related to the size of the dose and the length of time that the child is on the medication. These vary considerably depending on the type of condition being treated. Low doses over short periods of time seldom cause problems.

Common Effects

- Increased appetite
- Redistribution of body fat (accumulation of fat around the tummy, hips and back of the neck). Stretch marks
- Puffy/round face (moon face)
Less common effects

- Skin rash or hives is a side effect but one that should be reported to your doctor immediately it occurs
- Acne
- Nervousness, restlessness, moodiness
- Difficulty sleeping
- Dizziness or light-headedness
- Headache
- Some hair growth on face and/or body
- Indigestion

Some of these effects will disappear or become less marked when the dose is decreased.

The following effects of Prednisolone usually occur only if the drug is taken daily in high doses for long periods of time – months or years.

Effects of long term use

Listed here are some of the effects for which your doctor will be watching if your child must be on Prednisolone for long periods.

Common Effects

- Changes in the pattern of growth
- High blood pressure

Less common effects

- Osteoporosis. The risk can be reduced by encouraging a high calcium diet. Your nurse will advise. Your doctor will also prescribe calcium supplements.
- Ulcers (stomach pain or burning, black tarry stools – report this to your doctor immediately
- Nerve/bone degeneration (muscle weakness or severe muscle, joint or bone pain)
- Alteration in the salt and mineral balance in the body (usually tiredness, swollen ankles, sudden weight gain, muscle cramps)
- Cataracts (problems seeing clearly)
- Diabetes (unusually frequent need to urinate and or unusual thirst)

Precautions

Never stop this medication abruptly or change the dose without advice from your doctor. The doctor will always take the child off the medication by gradually reducing the dose over a period of weeks or months.
It may be necessary for your child to wear a Medic Alert bracelet or necklace while on this medication. The child should continue to wear this bracelet for a year after Prednisolone has been stopped because it may take this long for the adrenal glands to fully recover their ability to respond adequately to physical stress. The nurse will tell you how to obtain one and what it should say. Make sure you have this information.

It is also important for your child to carry a steroid card. This will be provided in clinic.

If your child is injured (e.g. has a bad fall) and is treated in an Accident and Emergency Department, make sure that the doctor knows that he/she is taking, or has recently been taking Prednisolone.

- Check with your doctor, nurse, or pharmacist before giving your child any new medications, either prescription or over-the-counter. These new medications may interfere with the actions of Prednisolone.

- This medication reduces the body's ability to fight off infections and may hide more obvious signs of illness like fever. Never ignore signs of illness such as loss of appetite and irritability no matter how minor they seem.

- Before allowing your child to be immunised with a live vaccine – oral polio, mumps, measles, rubella and BCG – or to have any skin tests, consult your doctor. Inactive vaccines such as a diphtheria/tetanus, killer poliovirus, influenza and Haemophilia Influenza-b (HIB), are safe, but the Prednisolone treatment may make them less effective.

- If your child is on steroids and has never had chickenpox, discuss this with your nurse as your child may be allowed to have chicken pox vaccine. If your child is in contact with this illness or contracts chicken pox or shingles then contact your GP as soon as possible.

REMEMBER – your doctor, nurse or pharmacist is always willing to discuss concerns with you.

What if I need further information or advice?

You can contact:

Paediatric Rheumatology Sisters
Ruth Wyllie
Barbara Gilbert
(Tel: 0191 2820373)
(9.00 am – 5.00 pm Mon – Fri)

Secretary Terry Bell
(0191 2825318)
(9.00 am – 5.00 pm Mon – Fri)