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Use of oral steroids in Multiple Sclerosis

***Information for
patients and carers***

**Neurology Department
Aberdeen Royal Infirmary**

What are steroids?

The steroids used to treat Multiple Sclerosis (MS) relapses are synthetic versions of corticosteroids, hormones produced naturally in the human body.

What is a relapse?

A relapse is a period of time when new MS symptoms occur (or old symptoms re-occur or become worse for more than 24 hours) and neurological (nervous system) changes are found when you are examined.

Why are steroids used to treat relapses?

A relapse of MS is caused by inflammation in the central nervous system (brain and spinal cord). Taking a course of steroids may help to reduce the duration of your relapse and improve your symptoms by reducing the inflammation.

Are steroids a cure for MS?

No, and there is general agreement that they do not alter the course of the disease. Giving steroids will hopefully speed up your recovery from this relapse but your body would eventually recover to the same degree on its own. By giving the steroids we hope that your recovery is quicker.

There is no guarantee that the steroids will work for everyone.

Are steroids suitable for everyone?

After an examination by the doctor, they will decide, along with you, if steroids are appropriate. Sometimes it is not appropriate to use steroids. Examples include:

- if you have an infection (in particular, a urinary tract infection).
- if a relapse is mild.
- if you have had a recent course of steroids.
- if you already have a medical condition that means you can't take steroids.
- if you have had a previous bad reaction to steroids.
- If symptoms that you already have are gradually worsening, rather than a new attack.

Are there any side effects from steroids?

Most drugs have unwanted effects.

Some effects of steroids include a metallic taste in the mouth, flushing of the face, trouble sleeping, nervousness or restlessness, indigestion, headache and increased sweating.

Taking steroids can also cause severe mood changes.

Not everyone has these effects and they almost always go away once the course of steroids is complete.

There is also concern that over-prescribing steroids can lead to long term side effects. These include diabetes and thinning of the bones (osteoporosis). Thinning could affect the hip bone, vertebrae, wrist etc. These possible side effects are usually related to the **multiple** usage of steroids. For this reason, we do not normally recommend more than 2 or 3 courses of steroids each year.

What else should I know about steroids?

Because steroids also have the effect of dampening down your immune system, they may make you more likely to develop infections, especially chickenpox. If you have **never** had chickenpox, please seek medical advice if you come into contact with someone with chickenpox.

If you are given steroids we will give you the information leaflet that comes with the drug. Please read and keep the leaflet.

If you receive any medical treatment within three months of steroid treatment, please let the person treating you know that you have had a course of steroids.

How are the steroids given?

We usually give our patients a three day course of a steroid called methylprednisolone (1 gram for each of the 3 days).

You usually take 5 100mg tablets in the morning and 5 100mg tablets at lunchtime. However, this may vary depending on the type of tablets you are given.

If possible, don't take your steroid tablets after lunchtime as steroids can cause difficulty getting to sleep, which is more of a problem if they are taken later in the day.

There may be a small risk of the tablets upsetting your stomach, so we will prescribe you a drug to help prevent this.

Will I need any follow-up?

The doctor will decide if you need a neurology clinic appointment. If you do, we will send you an appointment card. The MS nurse will usually telephone you about 6 weeks after your steroid treatment.

Do I have to stay in hospital?

No, not unless you have an underlying condition (for example, diabetes) where we would need to monitor your condition while you were taking the steroids.

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