

Corticosteroid Therapy for Inflammatory Bowel Disease (IBD)

Corticosteroid Therapy for IBD

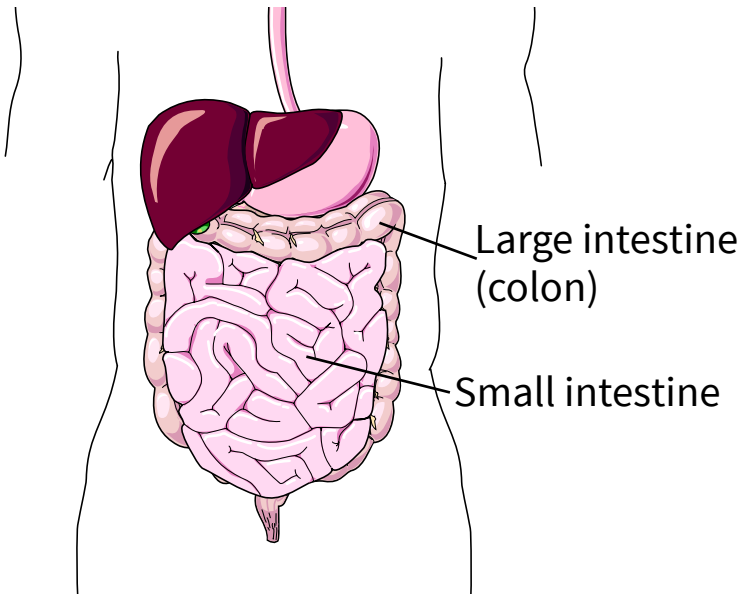
- Your health care provider feels that treatment with corticosteroids (kor-ti-koh-STER-oids) may help your inflammatory bowel disease (IBD) (like Crohn's disease, ulcerative colitis).

What are corticosteroids?

- Corticosteroids come from cortisol, which is a substance that is naturally made by your body. They are not the same as steroids used by some athletes.
- Corticosteroids are used to treat a wide variety of chronic (ongoing) health conditions.
- Prednisone is the most commonly used corticosteroid.
- Budesonide is another corticosteroid your health care provider may recommend.

Why do I need this medication?

- Your immune system uses white blood cells to defend itself when you are sick and to attack germs. If you have too many white blood cells, it can cause inflammation (swelling).
- IBD is a disease that can cause your immune system to be too active. This can make the lining of your intestines (bowel) swell. Inflammation can damage your body tissues and organs.
- Corticosteroids prevent white blood cells from getting into the tissues. This helps to lower swelling, pain, and many other IBD symptoms.



How well do corticosteroids work?

- For most people, corticosteroids work well to control symptoms related to inflammation for a short time. Corticosteroids **do not** work well long term.
- Your health care provider will likely prescribe a high dose (amount) at first, then lower the dose when your symptoms are under control.

Why are corticosteroids not a long-term treatment?

- Corticosteroids can lower inflammation in the gastrointestinal (GI) tract, but they are **not** recommended as a long-term treatment for IBD. This is because:
 - › they do not prevent new attacks.
 - › they will not prevent IBD from coming back after surgery.
 - › they can have more serious side effects the longer you take them.

How are corticosteroids given?

- Corticosteroids can be taken:
 - › Orally (by mouth)
 - › Intravenously (injected into a vein using a needle)
 - › Placed in the rectum (bum)
- **Prednisone** comes in a pill form. It is absorbed (taken in) in the intestine.
- **Budesonide** (Entocort® EC or Cortiment® MMX®) comes:
 - › in a pill form. It is released in the intestine, where it attaches to the bowel wall while it is working. The liver breaks down about 90% of the budesonide, so there are often fewer side effects with this medication.
 - › as an enema. A tube is placed in the rectum. Liquid medication is given through the tube to fill your colon. This method works well to control inflammation in the left colon.

Precautions

- **Before starting corticosteroid treatment, it is important to tell your health care provider if you have any health problems, like:**
 - › Cataracts (the lens of your eye becomes cloudy, making it hard to see)
 - › Diabetes
 - › Congestive heart failure
 - › Osteoporosis (thinning of the bones)
 - › Chronic infections
 - › A lot of stress

These could all affect the dose that your health care provider prescribes.

- If you are taking corticosteroids and you plan to get pregnant, please talk with your health care provider to see if it is safe to keep taking them during your pregnancy.
- If you get pregnant while taking corticosteroids, please talk with your health care provider right away to see if it is safe to keep taking them. **Do not stop taking corticosteroids suddenly.**

- Corticosteroids can pass to a baby through breastmilk. Talk to your health care provider before breastfeeding or chest feeding your baby while taking corticosteroids.
- **Do not** start taking any new medications without talking to your health care provider first. Some medications can cause problems when taken at the same time as corticosteroids.

How will I know if the medication is working?

- Most people start to feel better a few days after starting corticosteroid treatment. For some people, it may take a few weeks of treatment before their IBD symptoms go away fully.

What are the possible side effects?

Like every medication, corticosteroids have possible side effects. These will depend on how much you take, and for how long. Side effects may happen in some people, but not in everyone. Side effects usually go away within weeks to months after therapy has stopped.

Side effects of short-term treatment

- Fluid build-up, causing swelling in the lower legs
- Weight gain
- High blood sugar
- More energy
- More of an appetite (feeling more hungry)
- Acne (pimples)
- Mood swings
- Trouble sleeping
- Higher risk of infection
- Tell your primary health care provider if you have signs of an infection, like:
 - › Burning when you urinate (pee)
 - › Fever (temperature above 38 °C or 100.4 °F)
 - › Upper respiratory congestion (cough that is new or getting worse)

Side effects of long-term treatment

- Osteoporosis
 - › Since corticosteroids cause osteoporosis in many people, your health care provider will prescribe the lowest possible dose of corticosteroids. They may also prescribe vitamin D and calcium to help prevent osteoporosis.
 - › It is important to take vitamin D and calcium exactly as your health care provider prescribes. Taking too much can cause other health problems.
- Cataracts and other eye problems
- High blood sugar, which may trigger diabetes mellitus or make it worse
- Lower immunity and a higher risk of infection
- Thinning of the skin, which can cause you to bruise easily and cause cuts and scrapes to heal slower
- Changes in appearance, like:
 - › Skinny arms
 - › Rounded belly
 - › Fat on the upper to middle area of your back
- High blood pressure
- Heart failure
- Tooth decay

Talk with your primary health care provider if you have any of these side effects:

- › Anger
- › Mood changes
- › Sadness or depression
- › Blurred vision
- › Dizziness
- › Headache
- › Fast, irregular, or pounding heartbeat
- › Trouble breathing

• **Long-term use of corticosteroids in high doses may cause problems in your adrenal glands. These glands release hormones as your body needs them. Tell your primary health care provider if you have any of the symptoms above AND you are:**

- › More thirsty
- › Peeing more often
- › Fainting
- › Irritable (grumpy)
- › More tired or feel weak

It is important that you do not stop taking your corticosteroid suddenly. This could cause serious problems, especially with prednisone.

- Talk with your health care provider right away if you feel you need to stop taking your corticosteroid sooner than prescribed.

What will happen after my treatment?

- Corticosteroids can affect the way your body makes cortisol for up to 1 year after your corticosteroid therapy is finished. This is more likely to happen if you have been on a corticosteroid for a long time (many months).
- During times of physical or mental stress, your body may not make enough cortisol. **Talk to your health care provider if you have any of these signs:**
 - › Nausea (feeling sick to your stomach)
 - › Weakness
 - › Diarrhea (loose, watery poop)
 - › Feeling tired and/or lightheaded (dizzy)

For more information:

Nova Scotia Collaborative IBD Program

- › www.nscibd.ca

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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