



Corticosteroids for uveitis/scleritis

What are corticosteroids?

Corticosteroids (often called steroids) are anti-inflammatory and immunosuppressive medications used to treat a wide range of conditions. They also play a significant role in managing autoimmune diseases. In autoimmune conditions such as scleritis and uveitis, corticosteroids help reduce inflammation and protect vision.

In some cases, patients may need anti-inflammatory treatment for a long time. To reduce the side effects of steroids, doctors may prescribe another medicine that helps lower the steroid dose (a steroid sparing agent). However, patients may need to continue taking steroids for a while until the new medicine starts to work. Some patients may need to stay on a low dose of steroids to keep their condition under control.

Examples of corticosteroids used in the treatment of uveitis/scleritis

Some of the most common types of corticosteroids include:

- Prednisone/Prednisolone.
- Triamcinolone.
- Methylprednisolone.

How are corticosteroids given in cases of uveitis/scleritis?

There are different ways you may be prescribed a steroid.

1. **Topical eyedrops** (e.g. Prednisolone Acetate 1%) – The recommended dosage depends on how severe your inflammation is and can range from every hour to once every few days, depending on your condition. Steroid eye drops may cause complications such as increased eye pressure, cataracts, and increased risk of infection. Additionally, stopping treatment too soon may result in symptoms returning. Therefore, these medications should be taken

under medical guidance, and patients should be regularly monitored to check your response and whether you are developing any side effects.

2. **Periocular injections** such as Triamcinolone subconjunctival and sub-tenon injections, which are injections around the eye.
3. **Intravitreal injections and implants** such as Triamcinolone Acetonide injection and Dexamethasone implant, which are injections around the eye.
4. **Systemic (affecting the whole body) steroids** include:
 - **Oral tablets** - you take by mouth (e.g. prednisolone 1 mg/kg orally once a day for 7 days, then slowly reduced depending on improvements in your condition). It is often used for quick control of inflammation.
 - **Intravenous (IV) steroids** – A healthcare provider gives you the medication through your vein (e.g., Methylprednisolone 500–1000 mg IV daily for 3 days). Both IV and oral steroids are effective; however, IV steroids are preferred when vision is at risk and we need to quickly control inflammation. While both oral and IV steroids cause similar long-term side effects, IV steroids provide quicker relief but may also lead to more immediate side effects, such as an increased risk of infection and abnormal heart rhythms.

How to take oral corticosteroids?

- **Dosage:** Take prednisone/prednisolone exactly as prescribed by your doctor, usually once a day in the morning, as this is when the body usually produces the most cortisol.
- **Administration:** It is usually recommended that you take corticosteroids with a meal, to avoid stomach upset. Swallow the tablets whole with a glass of water, do not crush or chew them.
- **Consistency:** Take your doses at the same time each day to maintain a steady level of the medication in your body. You should never suddenly stop treatment without asking your doctor first. This could cause your disease to come back, adrenal insufficiency or cause you to experience withdrawal symptoms.
- **Missed dose:** If you miss a dose, take it as soon as you remember. If it is almost time for your next dose, skip the missed one - do not take double doses.
- **Storage:** Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light.

How long will it take for corticosteroids to start working?

Corticosteroids usually work very quickly, within a few hours to days of taking the first dose depending on the treating condition.

What are the possible side effects?

Corticosteroids, like all medications, can have side effects, which may be severe when used without health provider supervision, in repetitive doses, or at high doses over prolonged periods, such as:

- Stomach issues: you may notice symptoms such as heartburn, nausea or stomach pain. If these symptoms worsen, please contact your doctor immediately to avoid serious side effects such as a gastrointestinal perforation and bleeding.
- Increased appetite and weight gain.
- Skin changes: thinning, bruising, delayed wound healing, increased acne and increased body hair.
- Muscle weakness.
- Osteoporosis and bone fractures – Steroids can contribute to the thinning of your bones, increasing your risk of fractures. Your doctor may recommend a type of scan known as a dual-energy X-ray absorptiometry (DEXA) scan, which measures your bone density. This can help assess the strength of your bones and determine whether you may need osteoporosis treatment. Osteoporosis medications aim to prevent the condition and lower your risk of fractures. Your doctor may also suggest taking calcium and vitamin D supplements to support bone health.
- Mood changes and sleep disturbance – These symptoms typically start within a few days or weeks after starting treatment. The risk may be higher with high doses compared to lower doses, although there is no clear relationship between dose and the type, severity, or duration of reactions. Most patients recover once the dose is reduced or the medication is stopped, although some may require specific treatment. If you experience distressing symptoms such as suicidal thoughts or feeling unwell while taking systemic steroids, you should seek urgent medical advice.
- Rise in blood pressure (Hypertension).
- Rise in blood sugar (Diabetes).
- Fatty deposits in the face, giving it a puffy appearance, and stretch marks across the body.
- Increased risk of systemic infections, especially chicken pox, shingles and measles.
- Cataract and glaucoma (eye conditions).
- Delayed growth in children.

Adrenal insufficiency: Your body normally makes steroid chemicals by itself which are necessary to be healthy. Your body may reduce or stop making its own steroid chemicals when you take oral steroids for a few weeks or more. Suddenly stopping your steroids can cause unpleasant withdrawal effects. Steroid treatments must be reduced slowly to avoid adrenal insufficiency. They should never be stopped abruptly. Gradual reduction in steroid dosage, also called weaning or tapering, gives the adrenal glands time to resume their normal function. Sometimes, your early morning serum cortisol needs to be checked to stop steroid treatment.

When should I see my healthcare provider?

Visit your healthcare provider if you are still experiencing symptoms like inflammation and pain a week after starting a new corticosteroid. Ask your provider how often you should check your blood sugar, blood pressure or bone density if you need steroids for more than a few months. Your provider will suggest tests that can screen you for serious complications before they happen.

When do I need to take more steroids? ('Sick day rules')

- ✓ Mild illness without fever: no change in dose.
- ✓ Illness with fever: If your temperature is raised, your steroid dose needs to be increased for the duration of the illness. However, if you are already on prednisolone 15mg or more there is no need to take additional steroid medication.
- ✓ Vomiting or diarrhoea: If you vomit once, take an extra 5mg of Prednisolone OR 20mg of Hydrocortisone by mouth. If vomiting persists after you have taken the extra steroid dose, you must seek urgent medical attention: go to the emergency department or call an ambulance via 999. Take your NHS Steroid Emergency Card with you and ensure that the team looking after you know that you are on steroid medication and that you are at risk of adrenal crisis and may need a steroid injection.
- ✓ Extremely unwell: If you feel extremely unwell and experience severe fatigue, weakness, nausea, vomiting, abdominal pain, low blood pressure, confusion or skin changes, please take an extra 20mg of Prednisolone OR 50mg of Hydrocortisone and seek medical advice.
- ✓ Inform your prescriber for further guidance if you have an upcoming surgery, whether planned or an emergency.

Interactions with other treatments

Corticosteroids can interact with other medicines. This means that the effects of either medicine can change. These medicines include:

- Anticoagulant medicines like warfarin.
- Anticonvulsants – used to prevent seizures (fits).
- HIV medications.
- Anti-tuberculous medications.
- Some vaccinations.
- Non-steroidal anti-inflammatory drugs (NSAIDs).

If you want to check that your medicines are safe to take with corticosteroids, speak to your pharmacist or GP. Corticosteroids can increase blood sugar and blood pressure. Patients taking anti-diabetic or anti-hypertensive drugs must adapt their treatment accordingly.

Pregnancy and breastfeeding

Long term steroid treatment should not affect your ability to get pregnant. You should tell your doctor or team if you are trying to become pregnant or find out that you are pregnant. It is safe to take steroid treatment during pregnancy. There are however some points which need to be considered:

- **Cleft lip or palate:** If you must take high doses of steroid treatment during the first trimester of your pregnancy, there is a small risk of your baby developing a cleft lip or palate.
- **Slowing the growth of your baby:** If you must take high doses of steroid treatment during your pregnancy, this can slow the growth of your baby. This is called intra-uterine growth restriction. The obstetric team looking after your pregnancy would usually keep more frequent checks on the growth of your child.

Prednisolone is usually used in mothers who are breast feeding as there is evidence to show it is safe. A very small amount of prednisolone can cross into your milk and to your baby. This has not been shown to cause any problems for your child with doses of prednisolone up to 40 mg a day. If you are taking doses higher than 40 mg per day, this could suppress your baby's adrenal glands, though this is very rare. Your baby would be checked for this. You will also need to be checked for gestational diabetes during your pregnancy, and intravenous (IV) steroids may need to be considered during labour.

Vaccinations and precautions

Before getting any vaccine, speak with your doctor to ensure it is safe for you. The yearly flu vaccination and the single pneumonia vaccination are both safe and we strongly encourage you to take them.

It is not safe to have live or live/attenuated vaccinations if you are on high doses of long-term steroids. Live vaccines include:

- BCG (tuberculosis)
- Chicken pox (varicella)
- Measles, mumps and rubella (either as individual vaccines or as the triple MMR vaccine)
- Yellow fever

If you are on a low dose of prednisolone, then you may be suitable for the shingles vaccine. The team looking after you will consider this carefully.

Alcohol and corticosteroids

The combination of both alcohol and steroid treatment can cause stomach problems. Ideally, you would avoid alcohol or try and drink no more than 14 units per week.

Corticosteroids precautions: Allergy and infections

You should not use prednisolone if you are allergic to it.

Prednisolone can weaken your immune system, making it easier for you to get an infection. Steroids can also worsen an infection you already have or reactivate an infection you recently had. Tell your doctor about any illness or infection you have had within the past several weeks.

It is important to take extra precautions to reduce your risk of infections: Wash your hands often and stay away from crowds and people you know are sick. If you notice any signs of infection such as a fever or cough, call your doctor right away.

Monitoring and follow-Up

Regular follow-up appointments are essential to monitor your response to steroids and adjust dosages if necessary. Blood tests and weight measurement will be performed periodically to check for side effects and ensure the medication is working effectively.

Steroid cards

Ideally patients who take steroid medicines regularly carry a steroid card which should be provided by their pharmacy. This gives details of your dose, your condition and other information in case of emergencies. There are two types of cards:

1. A Steroid Treatment Card (blue) gives patients guidance on minimising the risks when taking steroids and provides details of the prescriber, drug, dosage and duration of treatment.
2. NHS Steroid Emergency Card (red) helps prompt healthcare staff to identify patients with adrenal insufficiency when admitted in an emergency or undergoing a procedure to ensure steroid treatment is given appropriately and promptly. The card clearly outlines first management steps in an emergency. The card should be issued by the prescriber to all patients with primary adrenal insufficiency and those who are steroid dependent i.e. on long-term steroid treatment(s).

Available support and resources:

<https://www.nib.org.uk/your-eyes/eye-conditions-az/uveitis/>

<https://www.nib.org.uk/sightline-directory/organisations/queen-elizabeth-hospital-birmingham-ecl-service-c616b0ec-4bec-4784-a65a-74898751d700/>

<https://bit.ly/4mivLlj> (Steroids | Side-effects, uses, time to work)

<https://bit.ly/4l3XAwH> (Steroids - NHS)

Department address and contact information:

Contact information: weekdays excluding bank holidays

Uveitis email address: uveitis@uhb.nhs.uk (08:00 – 17:00)

Jacqui Orpe, Secretary: 0121 371 6905 (Monday, Tuesday, Friday)

Carolyn Rivera, Specialist Nurse: 07823 827040 (08:00 – 17:00, Monday, Tuesday, Wednesday, Thursday)

Hermey Skew, Specialist Nurse: 07388 711893 (08:00 – 17:00, Tuesday, Wednesday, Thursday, Friday)

Main ophthalmology outpatient clinic: 0121 371 6476, 0121 371 6477 (08:00 – 18:00, Monday to Friday)

Appointments Team: 0121 371 6925, 0121 371 6787 (08:00 – 16:00, Monday to Friday)

Hospital Pharmacy: 0121 371 5479, 0121 371 5480

Homecare pharmacy (deliveries): 0121 371 3933

Out of hours: we do not provide an out of hours service.

In cases of emergency such as:

- sudden drop in vision
- sudden appearance of or increase in floaters (dots floating across your field of vision)
- flashing lights
- redness in the eye with severe pain and sensitivity to light
- appearance of a shadow or curtain across your vision with a drop in vision

Please contact or visit your local eye casualty.

If you are a Birmingham resident, your local eye casualty is Birmingham Midland Eye Centre. Please note that the average wait time can range from 2 hours to 6 hours.

Address: City Hospital, Dudley Rd, Birmingham B18 7QH.

Phone number: 0121 5076779.

Opening hours:

Monday to Friday: 8:30am – 7pm

Saturday: 9am – 7pm

Sunday: 9am – 6pm

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