

CORTICOSTEROIDS – Weighing Benefit against Disadvantages/Side Effects

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Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

Please review this paper that is quite comprehensive in explaining benefits and disadvantages/side effects of prescribing/administration of corticosteroids:

<http://tinyurl.com/ktou6rg>

As with most medications, the benefit has to be weighed against the disadvantage/side/effects.

From the paper:

- Corticosteroids can be life-saving and have dramatic benefits. However, their therapeutic use has to be balanced against the risks of serious adverse effects.
- Dose, route of administration, duration of treatment and choice of corticosteroid must be considered to maximise therapeutic benefit and minimise adverse effects.

I recommend anyone already prescribed or expecting to be prescribed a corticosteroid (cortisol, hydrocortisone, prednisone, prednisolone, triamcinolone, dexamethasone, methylprednisolone, betamethasolone, aldosterone, fludrocortisone) take the important time to better understand both benefits and side effects that may be experienced. The concern, of course, is the necessity of

prescribing as well as the appropriate dose to provide sufficient benefit and least side effects.

Please note, too, that when stopping any of these corticosteroids it is important that the patient is weaned off the medication gradually, not just immediately discontinued, under the following conditions:

- Received repeated courses (especially courses lasting >3 weeks).
- Taken a short course within 1 year of long-term corticosteroid therapy.
- Other possible causes of adrenal suppression.
- Received more than 40 mg daily of prednisolone or equivalent.
- Received more than 3 weeks of corticosteroid treatment.

The dose may be reduced rapidly to physiological doses of about 7.5 mg of prednisolone and then more slowly, at the same time ensuring that disease relapse does not occur.

Patients not in the groups above (eg who have received fewer than 3 weeks of corticosteroids) may have corticosteroids stopped abruptly.