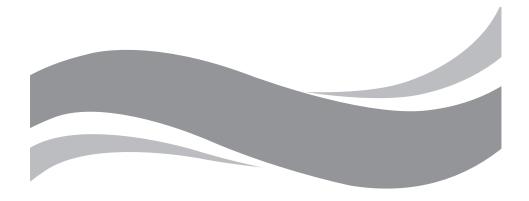


Information about

Prednisolone for Treating Kidney Diseases



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Prednisolone is being used to help treat your kidney disease. Many patients have been given prednisolone, but like all drugs it has some side effects. This leaflet should help you understand what prednisolone is and what to expect from treatment

What is Prednisolone?

Prednisolone is a member of a group of medicines called corticosteroids or steroids. It is commonly used as an immunosuppressant in patients who receive a kidney transplant or to reduce inflammation in various conditions, including certain kidney diseases. It does not have the same effect as anabolic steroids sometimes used by athletes.

Prednisolone is available as 20mg or 5mg tablets. We may give you a selection of these strengths so that we can adjust the dose easily. If you have a condition called vasculitis, then we will normally give you an additional sheet explaining how the dose will reduce over time.

When and how to take prednisolone?

You should take prednisolone with or after food to reduce stomach upset and at the same time each day. It is best to take it in the morning as it can cause sleep disturbances. The aim is to use a high enough dose to get control of the inflammation, for as short a time as possible to minimise the side effects of steroids. Your doctor will determine the appropriate dosage of prednisolone and a detailed timetable for gradually reducing the dose.

It is very important that you do not stop taking prednisolone suddenly; your doctor will reduce the dose in stages.

Sudden steroid withdrawal can be dangerous.

- If you miss a dose, take it as soon as you remember.
- If it is almost time for the next dose, skip the missed dose and continue with your regular schedule.

If you become ill or are unable to take the medicine by mouth, you may need intravenous steroid (via a drip in your arm or hand). You need to carry a steroid treatment card which would alert care if you were unable to tell them.

We will give you a steroid treatment card which you should carry with you everywhere.

Please check with your Doctor, Nurse, Dentist or Pharmacist before starting any new medications as they may interfere with prednisolone. **You should avoid taking antacids at the same time as prednisolone**.

What side effects might I expect?

While prednisolone is effective in reducing inflammation, like all medicines it has some unwanted effects. The following list contains the most common side effects. Not everyone will experience these side effects, but it is important to be aware of them. You will often need additional medicines to prevent or treat these side effects.

Upset stomach: Prednisolone may cause indigestion and can sometimes cause stomach ulcers. Taking prednisolone with or after food should prevent this. We will also give you an anti-ulcer medicine to take (normally omeprazole or famotidine). You should contact your doctor if the symptoms persist or if you are vomiting or experience black stools. If you vomit within 1 hour of taking your tablets, please discuss this with your doctor.

Weight gain: This can be due to increased appetite or fluid retention. You may notice swelling around the face. This is usually short term and should reduce as the dose reduces.

High blood pressure: Fluid retention can increase your blood pressure. We will monitor your blood pressure. Reducing your salt intake will help with controlling your blood pressure.

High blood sugar: We will monitor your blood sugar at clinic as steroids can increase your sugar levels. If you begin to feel extremely thirsty, pass urine more frequently than normal and or feel exhausted, contact your doctor as this could be a sign of high sugar levels (Diabetes). If you already have Diabetes, steroids often increase your glucose level and your doctor may recommend an increase in your medication.

Sleep Disturbances: This is a common side effect. You may find that you are more alert throughout the day. Taking the medication in the morning should reduce the impact on your sleep. As the dose reduces, the effect on your sleep will also reduce.

Skin changes: Acne, delayed healing, thinning skin and bruising can occur.

Osteoporosis (thin bones): Long-term treatment with steroids can cause thinning of the bones. We may start you on calcium and vitamin D supplements to reduce this risk.

Increased risk of infections: Steroids suppress the immune system to reduce inflammation. This can mean that you are more likely to pick up infections. You should never ignore any signs of illness e.g. high temperature, chills or a sore throat. If you have any signs of illness, please contact your GP for advice or out of hours NHS 24 on **T** 111.

You should avoid coming in to contact with people with Chicken Pox. Please tell your doctor if this happens, especially if you have never had Chicken Pox or Shingles before.

Weak muscles: Prednisolone can cause muscle weakness or muscle loss. This effect decreases as the dose decreases.

Changes in mood: You may feel more emotional than normal. For example, you may swing from happy to sad over the course of the day. Please discuss this with your doctor if this becomes problematic

Eye problems: Please tell your doctor of any changes in your vision. Eye problems such as cataracts may occur, especially with long-term treatment.

If you experience any of these, or other side effects or symptoms that concern you, contact your doctor immediately.

Managing Side Effects

To minimise the risk of side effects, your doctor will recommend:

- A healthy diet and regular exercise.
- Regular monitoring of your blood pressure and blood sugar levels.
- Taking calcium and vitamin D supplements to strengthen your bones.
- A medicine to reduce stomach acid
- Practice good hygiene and avoid close contact with people have infections.

Monitoring and Follow-Up

Your regular follow-up appointments are essential while taking prednisolone. Your doctor can monitor your response to treatment, make dose adjustments and check for side effects.

Further information:

If you have any questions please ask the staff.



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