

Oral Steroid Taper Information Sheet

Updated 28 July 2012

<http://www.ulcerativecolitis.org.uk/information sheets>

Overview

Oral steroids are commonly used to treat Ulcerative Colitis and work by suppressing inflammation. Steroid medication is a more powerful version of chemicals created by your own body. Because of this your body (Adrenal Gland) reduces its own production of steroids and becomes dependent on the steroid medication.

When reducing steroid doses it is important this is done in a controlled manner over a period of time. The most critical phase for most people is the reduction from 15mg to 0mg. This is the stage at which the body's own production of steroids needs to take back over from medication.

Seeking Medical Advice

You should always consult your GP or Consultant before starting the steroid reduction process. They can then assess whether you are ready to start the process. As a guide you should normally have no blood or mucous in the stools- and a normal ESR before starting the reduction.

Read the Body Signals

Steroid reduction is not a mechanical process. It is important that you "read" the signals from your body during the steroid reduction. You may have to reduce the dose more slowly than in the table on the right if you for example have an infection, injury – or are affected by stressful circumstances. It is usually better to delay the next reduction if in doubt. If you don't feel ready for the next reduction within a couple weeks you should seek advice from your consultant, IBD Nurse or GP.

Please use the table below to record the steroid reduction. Please note for the final stages you will need 1mg steroid tablets. Some people find it helpful to split the dose between morning and evening meal.

Dose	Days before next reduction	Date New Dose Started	Adverse Symptoms/Notes
40mg	6		
30mg	6		
25mg	6		
20mg	6		
15mg	6		
10mg	6		
8mg	3		
7mg	3		
6mg	3		
5mg	3		
4mg	3		
3mg	3		
2mg	3		
1mg	3		
Zero			

The Body Signals

During Taper the following signs need to be looked out for. They may indicate that the rate of taper needs to be adjusted – or other factors such as diet and hydration need addressing.

Number	Symptom	Details	Actions
1	Blood	Do you have blood in your stools?	If blood is present delay the reduction. If there are large quantities or it doesn't clear up in 7-10 days then see your GP.
2	Mucous	Do you have mucous in your stools?	Delay the reduction for a few days. In many cases this will settle down. Otherwise consult your GP.
3	Bowel Movements	Are you having more than three bowel movements a day? Are your bowel movements liquid?	Check your diet – the diet section of the web site has advice. Also check you are not de-hydrated and are drinking plenty of water. If you have no blood or mucous discuss the use of codeine phosphate with your GP. Delay steroid reduction till bowel movements are less frequent.
4	Pain	Have you any pain – particularly towards the left side of you abdomen?	Occasional pain is to be expected. If the pain is frequent or continuous then delay steroid reduction for a few days. If this persists then consult your GP.
5	Infection	Have you had a recent infection such as a cold/sore throat?	Always consult your GP if you have an infection while on steroids. Delay steroid reduction till 7 days after the infection has cleared unless advised otherwise by your GP.
6	Injury	Have you had a recent injury?	If receiving treatment for the injury ensure medical staff are aware you are taking steroid medication. Don't reduce steroids until any inflammation has settled down.
7	Hydration	Do you feel thirsty? Is your urine yellow?	If your urine is yellow and you feel thirsty then you are most likely de-hydrated. If you are drinking less than 3 litres of water per day then increase the amount. If you are consuming sufficient water then consult your GP for advice.
8	Food remains	Are there identifiable remains of food in your stools?	You have food in your diet that your body is unable to digest. Try and remove it from your diet. Mashed potatoes, fish, chicken, Porridge, Ready Brek and apple juice are all easily digested – and can be used as a good and balanced recovery diet. Also see the dietary advice on the web site .
9	High ESR	ESR is a blood test that your GP may use to assess the level of inflammation in the body	If your ESR is high then steroid reduction should generally be delayed until this is addressed. This should be discussed with your GP/Consultant.