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Dangers of taking Prednisone (Anti-inflammatory Steroid)

Prednisone and other anti-inflammatory steroids (not to be confused with testosterone and the other anabolic steroids that athletes use) have an indicated medical use. Prednisone suppresses the immune reaction of the body, and is used when the immune reaction causes the immune system to attack healthy cells and organs. So it is used, for instance, in asthma, multiple sclerosis, poison ivy, polymyalgia rheumatica, swollen nerves, rheumatoid arthritis, systemic lupus, and a host of other diseases.

However, just as aspirin goes throughout the body to suppress the formation of prostaglandins everywhere, anti-inflammatory steroids also go everywhere throughout the body to suppress the immune reaction in every organ, beginning with inhibiting the diapedesis of white blood cells through capillary walls to attack infected tissues and the reduction of immune surveillance of any fungi or other chronic infection that the body's immune system is keeping in check. It is of vital importance to be aware of the multiple possible effects of steroids and to protect the patient against these putative negative effects. Otherwise, like Eleanor Roosevelt, the careless overuse of steroids can cause death from overwhelming tuberculosis and adrenal failure.

I am therefore going to list some ordinary precautions that a physician should take before prescribing anti-inflammatory steroids for his/her patient. This list is neither exhaustive nor all-inclusive, but merely covers the fundamentals of good medical care. I firmly believe that doctors can do untold good or harm by the proper use or improper misuse of prescription drugs, which is why I have always read as much as I could about pharmacology and I subscribe to the FDA drugwarning e-mail emergency list.

Many patients have been infected with tuberculosis (TB) without being aware of it. If you have a robust immune system, you generally can confine live TB germs to your lungs. But if you take enough prednisone for enough days, then the body's immune surveillance of the live TB germs in your body is suppressed, the TB germs multiply, and they can spread throughout your body and kill you. This occurrence has been well documented. Therefore, BEFORE your doctor starts you on an oral steroid, he/she should skin test you for TB, and treat you with isoniazid (INH) if your skin test is positive for as long as you are taking the steroid. (The precise dose and length of treatment with INH should be discussed with a pulmonary or infectious disease specialist).

And having received BCG vaccine against TB does not mean that a positive PPD (TB skin test) can be ignored.

Second, there is a rather common intestinal parasite called strongyloides stercoralis. This nematode inhabits and is fastened to your distal colon, and its reproduction and spreading is also kept in check by your immune system. When the first kidney transplant patients were immunosuppressed, a number of them died from overwhelming strongyloides auto-infection. Therefore before your doctor starts you on oral or IV steroids, you should have a stool exam for evidence of intestinal parasites, especially strongyloides. Again, like ignoring a possible TB infection, omission can prove fatal.

Third, and in the same vein, steroids also attack the part of the

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immune system that keeps live viruses under active suppressive surveillance. So if you have received a live virus vaccine (mumps, rubella, oral polio, yellow fever) or have a herpes infection in your eye, the prednisone should be deferred until one month after the vaccine or until the eye infection has been cleared. On theoretical grounds, you should also probably defer any steroid treatment if you have a bacterial abscess, such as acute diverticulitis.

I should mention here that your body's natural production of prednisone is approximately 7.5 mg/day, with a diurnal variation, so the peak levels are in the morning. The secretion of prednisone is controlled by a feedback loop to your pituitary gland, which secretes ACTH to stimulate the production and secretion of prednisone by cells in your adrenal gland. If you take enough prednisone for a long enough period of time (and this amount and time should be determined by testing by an endocrinoligist), then the pituitary gland gets so suppressed that when you stop taking the exogenous steroid, the pituitary gland has lost its ability to manufacture ACTH, so the first time your body is stressed by an infection, your adrenal gland will be unable to make "stress doses" of prednisone and you will die in adrenal crisis.

Now, for completeness, let me list some of the documented conditions that the chronic use of steroids can create in your body, which, while damaging, are rarely fatal, although they can be permanent:

high blood pressure congestive heart failure salt and water retention bleeding stomach ulcer insulin-dependent diabetes seizures mania insomnia ocular cataracts insatiable appetite osteoporosis clotting problems myopathy tendon rupture pseudotumor cerebri glaucoma pancreatitis

Needless to say, not all of these side effects happen to all users of steroids, but it is probably prudent to start any patient, male or female, on a drug such as Fosamax that can prevent osteoporosis when steroids arfe started, so long as there is no concomitant esophagitis or gastritis.

But of course, if the steroid treatment is necessary for your continued good health, such as reversal of an asthmatic attack, treatment of kidney failure caused by lupus, certain bullous dermatoses, then the above risks should not stop you from taking the medicine.



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