



Patient & Family Guide  
2021

# Corticosteroid Therapy in Inflammatory Bowel Disease (IBD)



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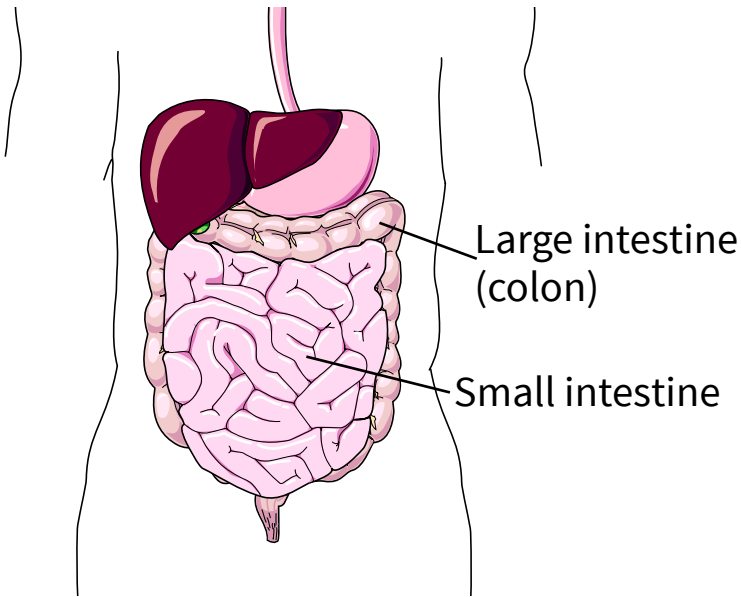
# Corticosteroid Therapy in IBD

## What are corticosteroids?

- Corticosteroids (kor-ti-koh-STER-oids) are strong inhibitors of inflammation (swelling). To ‘inhibit’ means to slow down or cut down on something.
- Corticosteroids come from cortisol, a substance that is naturally made by your body. They are not the same as steroids used by some athletes.
- Corticosteroids are used to treat a wide variety of chronic (long-term) health conditions.
- **Prednisone is the most commonly used corticosteroid.** Budesonide is another corticosteroid your health care provider may recommend.
- For most patients, corticosteroids work well to control short-term inflammatory-related symptoms. Corticosteroids do not work well for long-term use.
- Your health care provider will usually prescribe a high dose at first, then lower the dose when your symptoms are under control.

## What do corticosteroids do?

Your body uses white blood cells to defend itself when you are sick and to attack germs. Inflammation (swelling) happens when there are too many white blood cells. IBD causes the lining of your intestines (bowel) to become inflamed (swollen).



Corticosteroids lower inflammation by suppressing your immune system. They prevent white blood cells from getting into the tissues where they would normally cause more inflammation and damage. Because of this, these medications lower swelling, pain, and many other IBD symptoms.

## **How will I know this therapy is working?**

Most people start to feel better a few days after starting corticosteroid treatment. For some people, it may take a couple of weeks of treatment before the symptoms of IBD go away completely.

## **When are corticosteroids used?**

Corticosteroids are used in patients with Crohn's disease and ulcerative colitis (IBD) to help with flare-up symptoms. They can lower inflammation in the gastrointestinal (GI) tract, but are not recommended as a long-term treatment for IBD.

## **Why are corticosteroids not a long-term treatment?**

- They do not prevent new attacks from coming on.
- They will not prevent IBD from coming back after your surgery.
- They can have more serious side effects the longer you take them.

## How are corticosteroids given?

Corticosteroids can be taken orally (by mouth), intravenously (in a vein), or placed in the rectum (bum).

- Prednisone comes in a pill form and is absorbed (taken in) in the intestine.
- Budesonide (Entocort® or Cortiment®) is a pill released in the intestine, where it attaches to the bowel wall while it is working. The liver breaks down about 90% of the budesonide, so there are often fewer side effects with this medication.
- Budesonide can also be given using an enema. A tube is placed in the rectum, letting liquid medication fill your colon. This method works well to control inflammation in the left colon.

## Precautions

- Before starting corticosteroid treatment, it is important to tell your health care provider about any health problems you have, such as:
  - › Cataracts
  - › Diabetes
  - › Congestive heart failure
  - › Osteoporosis
  - › Chronic infections
  - › A lot of stress
- These could all affect the dose that your health care provider prescribes.

Corticosteroids can harm an unborn child. **It is important to tell your health care provider if you are, or plan to get, pregnant.** If you are already on corticosteroids, make sure that you always use a reliable method of birth control. Ask your primary health care provider for information about the risks if you are not sure.

- Talk to your health care provider before starting any new medications while on corticosteroids. Corticosteroids and certain medications can have negative interactions (do not work well together) that could cause serious side effects.

## **Common side effects of corticosteroids**

Like every medication you take, corticosteroids have side effects. This depends on how much you take, and for how long. They may happen in some people, but not in everyone. Side effects usually go away within weeks to months after therapy has stopped.

### **Short-term side effects**

- › Fluid retention (build up) causing swelling in lower legs
- › Weight gain
- › High blood sugar
- › More energy
- › More of an appetite
- › Acne (pimples)
- › Mood swings
- › Trouble sleeping

Corticosteroids can put you at a higher risk of infection. Tell your primary health care provider if you have signs of an infection, such as:

- › Burning when you urinate (pee)
- › Unexplained fever (38° C/100.4° F)
- › Upper respiratory congestion (cough that is new or getting worse)

## Side effects of long-term treatment

- Osteoporosis (thinning of the bones) happens in many people taking corticosteroids. Because of this, your health care provider will prescribe the lowest possible dose of corticosteroids you need.
  - › Vitamin D and calcium may also be prescribed to help prevent osteoporosis.
  - › Too much calcium or vitamin D may also pose health risks, so it is important to take no more than the amount prescribed.
- Cataracts and other eye problems
- High blood sugar, which may trigger or make diabetes mellitus worse
- Lower immunity and a higher risk of infection
- Thinning of the skin, leading to easy bruising and slower healing of cuts and scrapes
- Changes in appearance can happen with long-term use of corticosteroids, such as:
  - › Skinny arms
  - › Rounded belly
  - › Fat on upper middle area of back
- High blood pressure
- Heart failure
- Tooth decay



**Talk with your primary health care provider if you have any of the following side effects:**

- › Aggression (anger)
- › Mood changes
- › Depression
- › Blurred vision
- › Dizziness
- › Headache
- › Fast, irregular, or pounding heartbeat
- › Shortness of breath

Long-term use of corticosteroids in strong doses may cause problems to your adrenal gland. These glands release hormones as your body needs them. **Tell your primary health care provider if (in addition to symptoms above) you notice of the following:**

- More thirsty
- Peeing more often
- Fainting
- Irritable (grumpy)
- Unusual tiredness or weakness

**It is important that you do not stop taking steroids suddenly.** This could cause serious problems, especially with prednisone.

Talk with your health care provider right away if you feel you need to stop taking your steroids sooner than what was prescribed.

## **After treatment**

Corticosteroids could affect the way your body makes cortisol for up to 1 year after your corticosteroid therapy is finished. This is more likely to happen if you have been on steroids for a long time (many months).

During times of physical or mental stress, your body may not make enough cortisol. Talk to your health care provider if you have any of the following signs that you may be low in cortisol:

- › Nausea (feeling sick to your stomach)
- › Weakness
- › Diarrhea (loose, watery poop)
- › Feeling tired and/or light headed (dizzy)

## **For more information:**

**Nova Scotia Collaborative IBD Program**

- › [www.nscibd.ca](http://www.nscibd.ca)

# Notes:

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