

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Corticosteroids are used for a number of indications in people with palliative care needs. The [previous update \(172kb pdf\)](#) discussed Anthony's concerns about the use of corticosteroids.

Corticosteroid Side Effects

- > Doses <4mg are often well tolerated in patients with a prognosis of months.
- > Doses >4mg are more likely to lead to side effects and should be reduced as soon as possible

Early Effects (Days)

- > Hyperglycaemia, dyspepsia, mental disturbance (insomnia, agitation, euphoria, paranoia)

Later Effects (Weeks)

- > Increased susceptibility to infections (commonly oral thrush), Cushingoid appearance (moon face, central obesity, humpback), thinning of skin, proximal muscle weakness, adrenal suppression, increased risk of GI ulcers

Longer Term Effects (Months to Years)

- > Bone necrosis, osteoporosis

Minimising Side Effects

- > Dose should be taken in the morning with food to minimise sleep disturbances and doses >8mg should ideally be split (morning and midday) to improve tolerability
- > Consider GI protection with a proton pump inhibitor (PPI) or H₂ antagonist in those patients at risk of GI ulceration (history of PUD, doses ≥8mg, concomitant NSAID or antiplatelet use)
- > Ensure BSLs are regularly monitored and recorded in diabetic patients and advise that diabetic medications may need to be adjusted while taking dexamethasone.
- > Monitor for signs of infection and use nystatin oral drops if oral thrush occurs
- > Courses of dexamethasone will usually require gradual reduction due to adrenal suppression and to avoid recurrence of symptoms

Key Counselling Points

- > It is important to acknowledge Anthony and Teresa's concerns and be honest in explaining that some people may experience these side effects (mood disturbances and increased risk of infections), but they can be minimised by using the lowest effective dose for the shortest possible time.
- > Corticosteroids may have a positive effect on mood by increasing appetite and energy levels. This is a short-term effect which lessens with ongoing use.
- > By helping with bony pain it may also reduce the number of oxycodone breakthroughs required and any associated side effects (drowsiness and constipation).
- > A one week trial of dexamethasone is recommended to determine its effectiveness and tolerability. Longer term effects (decreased immune system) should also be discussed if it is to be continued to weigh up the risk vs benefit based on their actual experience
- > Also counsel Anthony on the other possible side effects and ways to minimise them, if he agrees to start taking dexamethasone.

Useful Resources

- > [Veterans' MATES Therapeutic Brief 42 Oral corticosteroids: minimising adverse effects](#)

For more information

Contact the Lead Palliative Care Pharmacists:

- > **Russell Baldock, Northern**
Russell.baldock@sa.gov.au
(08) 8161 2094
- > **Michaela del Campo, Central**
Michaela.delcampo@sa.gov.au
(08) 8222 6825
- > **Paul Tait, Southern**
Paul.tait@sa.gov.au
(08) 8404 2058

©Department of Health, Government of South Australia. All rights reserved.

This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

