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SHORT-TERM CORTICOSTEROID THERAPY INFORMATION SHEET AND CONSENT FORM

Short-term corticosteroids (STP – often Prednisone) have been used effectively for over 50 years to treat sever acute self-limiting inflammatory disorders, i.e.: acute dermatitis, itch, allergies, asthma, bowel disorders, arthritis, drug reactions and others. STP means a starting dose of 40-60 mg tapering down (or level) over a few days to 3 weeks. Total dose goes up to 600 mg, with most 400 mg or less. Take STP as a single dose with breakfast. It can be stopped any time without withdrawal problems. Millions of doses of STP have been taken and major side effects are uncommon. Minor complaints can unclose sleeplessness, mood swings, stomach upset, a sense of fullness, weight gain and a sense of wellbeing. Persons with severe previous psychological problems may be more affected. Do not confuse STP with long-term usage, which does have significant risks.

USE WITH SPECIFIC DISEASE AND OTHER DRUGS

STP can raise blood sugar, blood pressure and glaucoma eye pressure. Monitor if relevant. Drug interactions are uncommon but blood thinner effects may change. Check your clotting times. Monitor serum potassium if on digoxin. Research suggests stomach ulcers not affected, but if relevant, take ulcer medication. STP can aggravate infections (especially TB) so monitor carefully. STPmust not be taken if herpes infection of the eye is present. If you have chicken pox (or recent exposure and are susceptible) then antiviral drugs are requires. There are rare reports of seizures in epileptics so take the anti-epilepsy medication and avoid alcohol. Delay immunization or allergy procedures until after STP because high doses alter results. HIV patients may require simultaneous antibiotics. A slight statistical increase in cleft lip, palate has occurred with STP use in early pregnancy but no problems reported after 3 months of pregnancy. No problems breast feeding.

AVN- THE ONE POSSIBLE EXCEPTION

AVN (avascular necrosis) is a rare controversial possible severe side effect (also called ischemic necrosis, osteonecrosis, and aseptic necrosis). The relationship to STP is disputed and not proven but a number of associated cases have been reported. Confusion exists because 1/3 of AVN cases develop spontaneously (no predisposing factors). STP treatment may be a coincidence. The risk is extremely low and most patients who take corticosteroids for years do not develop it. Heavy alcohol intake is considered an aggravating factor.

90% of AVN cases involve the hip (less often the shoulder, knee, and ankle). Pain develops 2-24 (up to 40) months after corticosteroid treatment and is progressive, leading to severe osteoarthritis. Most patients require eventual hip replacement. Diagnosis possible by MRI (special x-ray imaging) before pain develops. Most common age is 30-50 and men are much more susceptible. Some disease associations are: Sickle Cell disease, lupus (connective tissue diseases), leukemia and cancers, transplants, liver disease and high blood fats.

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The relationship to STP is unproven and controversial but AVN is a severe disease. We use STP when other treatments fail. We use the lowest possible doses and shortest durations. Over 99.9% of individuals who take STP have no severe problems but because of this rare, remote possibility we have provided this information sheet. Occasionally we use intramuscular triamcinolone (Kenalog) instead of the oral preparations. There is scant evidence that there may be less risk of AVN with the injected form of STP but no detailed studies have even been done.

I acknowledge with my signature that I have read and understand the above information on STP. All of my questions have been answered and I have been informed of alternative treatments as well as the risks and benefits of STP. I have received a copy of this form.

_____ _____ _____

Signature of Patient Signature of Provider Date