

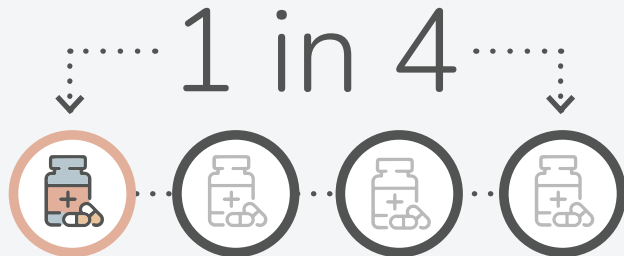
Side Effects of Treatment:

Oral Corticosteroid (OCS) Burden

Prevalence of use



Patient experience of OCS



In a single year one quarter of people with asthma have cumulative exposure to oral corticosteroid levels associated with long term toxicity



Impact of use

Oral corticosteroids can have adverse impacts on almost all systems in the body

Bones

Increased risk of osteoporosis or fracture



Lungs

Increased risk of pneumonia, and pulmonary emboli and other infections



Heart

Increased risk of heart failure and heart attacks



Eyes

Increased risk of cataracts and glaucoma



Brain

Increased risk of stroke



Mood

Increased risk of mood disorder



Metabolic

Increased likelihood of weight gain and risk of type II diabetes & dyslipidemia



Sleep

Reduced sleep quality increased risk of sleep apnoea



".. It's actually overtaking the asthma problem now is the side effects from it [prednisone]."

"I have osteoporosis, the broken bones, the cataracts, mood swings, puffiness, the works... I need it to keep me alive, but it's not a nice thing."



"I had prednisone for quite a long time, quite a high dosage of that, and I suffered severe depression. At my lowest, never, ever, ever thought I'd feel the way I did".

Priorities of Care

Dose

Serious adverse effects of OCS can occur after lifetime cumulative doses as low as 500-1000mg

Monitoring

Common adverse side effects should be monitored for patients using OCS regularly and frequently, especially for those who are using >500mg OCS per year

Aims

- 1) Reduce OCS dose to the minimum required dose
- 2) Use alternative agents to minimise the requirement of OCS
- 3) Optimise inhaler technique to reduce OCS use

Sources of Information

Ramsahai and Wark, 2018
Lefebvre et al., 2015
Price et al., 2018
Hew et al., 2020
Hyland et al., 2015
Clark et al., 2021

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