INFORMATION FOR PATIENTS:

1. Endocrine Disorders:
- Acromegaly
- Adrenal insufficiency (primary), secondary, or pituitary insufficiency
- Nonsuppurative thyroiditis
- Hypercalcemia associated with cancer
- Primary or secondary adrenocortical insufficiency (hydrocortisone or cortisone is the first choice; synthetic analogs may be used in conjunction with appropriate mineralocorticoid therapy)

2. Dermatologic Diseases:
- Bullous dermatitis herpetiformis
- Severe psoriasis
- Pemphigus
- Mycosis fungoides

3. Collagen Disease:
- Ankylosing spondylitis
- Post-traumatic osteoarthritis

4. Ophthalmic Diseases:
- Anterior segment inflammation
- Chorioretinitis
- Sympathetic ophthalmia
- Iritis and iridocyclitis

5. Respiratory Diseases:
- Aspiration pneumonitis
- Fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous therapy
- Acute exacerbations of multiple sclerosis
- To induce a diuresis or remission of proteinuria in the nephrotic syndrome without uremia of the idiopathic type or in the nephritic syndrome
- For palliative management of:
  - Acquired (autoimmune) hemolytic anemia
  - Secondary thrombocytopenia in adults
  - Congenital (erythroid) hypoplastic anemia
  - Acute lymphatic leukemia
  - Noninfectious eosinophilic effusions and synovial effusions in patients with hypereosinophilic syndrome
  - Tuberculosis meningitis with subarachnoid block or impending block when used concurrently with appropriate anti-tuberculous therapy

6. Neoplastic Diseases:
- Ulcerative colitis
- Regional enteritis
- Acute exacerbations of multiple sclerosis
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7. Gastrointestinal Diseases:
- Ulcerative colitis
- Regional enteritis
- Acute exacerbations of multiple sclerosis

8. Neurological Diseases:
- Tuberculosis meningitis with subarachnoid block or impending block when used concurrently with appropriate anti-tuberculous therapy

9. Infectious Diseases:
- Tuberculosis meningitis with subarachnoid block or impending block when used concurrently with appropriate anti-tuberculous therapy

SIDE EFFECTS:

11. Tending to increase fluid retention and sodium retention.

2. Prolonged use of corticosteroids may produce posterior subcapsular cataracts, glaucoma with possible damage to the optic nerve and visual disturbance. These effects are much more common in patients who wear contact lenses.

3. Corticosteroids should be used cautiously in patients with ocular herpes simplex because of possible corneal perforation.

4. Narcotic analgesics may require increased dosage in patients receiving corticosteroids.

5. Acute psychoses may develop, especially in smokers who are also on drugs which suppress the immune system.

6. Patients receiving a corticosteroid in addition to an immunosuppressant drug should have their immunosuppressive agent reduced in dosage when medical conditions permit, in order to minimize any deleterious immunosuppressive effects.

7. Patients receiving prolonged treatment with corticosteroids should receive chemoprophylaxis.

8. General Precautions:
- Pregnancy: Category C
- Lactation: Prednisone is excreted in breast milk. Although adequate human reproduction studies have not been done with corticosteroids, there are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.
- Children: Growth and development of infants and children on prolonged corticosteroid therapy should be carefully observed.
- Geriatric: The incidence of some adverse reactions, such as cataracts and peptic ulcer, may be higher in the elderly population.

PRECAUTIONS:

1. Endocrine Disorders:
- Adrenal insufficiency
- Nonsuppurative thyroiditis

2. Dermatologic Diseases:
- None known

3. Collagen Disease:
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10. Edematous States:
- Acute anaphylactic reactions

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Alternate-day therapy is a corticosteroid dosing regimen in which twice the usual daily dose of the drug is administered every other day. This approach is based on the observation that there is considerably less adrenal suppression following a single morning dose of prednisolone (10 mg) as opposed to a quarter of that dose administered every 6 hours. It reduces the amount of corticoid given every other day, or (b) following control of the disease process, reduce the daily suppressive dose to the lowest effective level as rapidly as possible and then change over to an alternate-day schedule.

The rationale for this treatment schedule is based on two major premises: (a) the anti-inflammatory or therapeutic effect of a corticosteroid is administered every other day. Other symptomatic therapy may be added or increased at this time if needed.

When therapy is being considered.

A brief review of the HPA axis physiology may be helpful in understanding this activity. Depending upon the level of adrenocortical activity, the hypothalamus releases corticotropin releasing hormone (CRH). This stimulates anterior pituitary cells to produce and release corticotropin (ACTH) into the bloodstream. ACTH stimulates the adrenal cortex to produce and release glucocorticoids and mineralcorticoids. The glucocorticoids are the most important group as they regulate metabolism and immune function. When the glucocorticoid levels rise in the blood, the hypothalamus and anterior pituitary begin to decrease CRH and ACTH production. When the glucocorticoid levels fall below a threshold, CRH and ACTH levels begin to rise again.

Tablets: In less severe disease processes in which corticoid therapy is indicated, it may be possible to initiate treatment with a lower daily maintenance dose and administer this every other day rather than just doubling the daily dose.

Additional Reactions:

In the event of an acute flare-up of the disease process, it may be necessary to return to a full suppressive daily divided dose of corticoids. This change can be discontinued gradually rather than abruptly.

REFERENCES

**Alternate-Day Therapy:**
