Royal Manchester Children’s Hospital

Steroids for Inflammatory Bowel Disease

Department of Gastroenterology

Information for Parents and Carers
Introduction

The body’s immune system is responsible for dealing with injury or infections. Inflammation is one of the body’s normal defence actions. Inflammatory bowel disease (IBD), it is thought that this action goes wrong and that inflammation in the bowel becomes excessive and long lasting.

Drugs that ‘suppress’ or ‘modify’ the immune system, can help reduce inflammation. Your child’s doctor is suggesting that they think about taking this medication because they have a lot of inflammation or because they are having frequent flare ups. The aim of this specific medication is to reduce inflammation and it either encourages remission and/or maintains remission for a longer time.

Prolonged inflammation is a major cause of slow growth and developmental delay. Some children/young people’s growth slows down and sexual development (puberty) can be delayed. With treatment and time it is possible for this to catch up.

It is important that when you are thinking about this drug you weigh up the possible side effects alongside the problems that can occur as a result of prolonged inflammation.
Steroids

People affected by IBD usually take steroid tablets to reduce inflammation that is causing symptoms or a relapse and making them ill. These tablets will be prescribed by a doctor as required.

The tablets most commonly used are called Prednisolone. Prednisolone is not available in liquid form but a special request can be made for soluble tablets that are dissolved in water if needed.

There are some very important things that people taking steroids need to be aware of and we have listed the most common ones below:

1. Steroids must **not** be stopped suddenly. When the steroids are prescribed you will be given details of how to reduce your child’s dose over a period of time.

2. Any new or unexpected symptoms or increase in existing symptoms should be reported to your child’s GP, specialist nurse or hospital doctor.

3. People taking steroids may be at increased risk from certain infections, for example chicken pox. Please contact your child’s GP, specialist Nurse or hospital doctor immediately if your child has contact with chicken pox.

4. Read the information leaflet that comes with the steroids from the chemist (pharmacy) and keep it in a safe place.
5. Make sure that anyone involved in treatments knows that your child is taking steroids and show them the information leaflet, for example dentist, accident and emergency staff, GP.

6. Steroids can have the side effects listed on page 5, and your doctor will know about these and will be trying to avoid them by reducing your child’s treatment as soon as possible and trying not to give repeated courses.

7. Your child’s doctor will monitor for some of the side effects but you need to report any that you notice to your child’s GP, specialist nurse or hospital doctor immediately.

8. People who are taking Steroids or have taken them in the past 3 months cannot have certain immunisations (injections against infections/diseases). The ones that cannot be given are live vaccines such as polio taken by mouth, Rubella (German Measles), Measles and BCG.

Always make sure that Nurses and Doctors giving immunisations know that your child is taking steroids.
Side Effects (Reactions)

- Upset stomach, indigestion and stomach ulcers.
- Acne.
- Aching muscles and muscle weakness.
- Thinning of bones that can lead to fractures (breaks).
- Slow growth. You should let the doctor know if there is a growth problem being treated or investigated.
- The body will reduce the amount of natural steroid that it produces and this may cause water retention that can lead to:
  
  i. An increase in weight.

  ii. An increase in blood pressure.

- Nervous problems such as depression occur occasionally.
- Eye problems occur occasionally and must be reported.

Although steroids can have these side effects your doctor will have thought carefully about them along with the benefits of treating the relapse.
Please Note

People taking steroids are more likely to get infections and should have the yearly ‘flu’ vaccine.

Please Note

If you need any further help or information, please contact:

**Paediatric Gastroenterology Secretary:**
Monday – Friday 9.00 am – 5.00 pm (not Bank holidays)
0161 701 5501/5566/5458 (fax 0161 701 5072)

**Paediatric Gastroenterology Nurse Specialists:**
Monday – Friday 7.00 am – 4.00 pm (not Bank holidays)
0161 701 7914 (fax 0161 701 5072)

**Paediatric Dietitians:**
Monday – Friday 9.00 am – 5.00 pm (not Bank holidays)
0161 701 5107 (fax 0161 701 5029)

**Ward 79:** 0161 701 7900/7903/7904
We understand that there may be question that either you or your child would like answering. Most of us forget what we were going to ask the doctor or the nurse.

Please write your questions below:
No Smoking Policy

The NHS has a responsibility for the nation’s health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

Do you have difficulty speaking or understanding English?

æ̂pən̄ ̀ kë ̀ ëngërëjëtë ̀ bè̂ ëtë ̀ qìm̄a ̀ bë̂ ëtë ̀ pë̂ rë̂ rë̂ ën̄ë̂n̄ ̀ ? (BENGALI)
क्या आपको अंग्रेजी बोलने या समझने में कठिनाई हैं? (HINDI)
तम्रे ब्या शा कार्ये पात्रीत कर्यात अंजुकदी आये छ? (GUJARATI)
वि ड्रॉग्स अंजुके ठेकेदार नं माइडट डिब डिवेल छे? (PUNJABI)
Miyey ku adagtahay inaad ku hadasho Ingiriisida aad sahamto (SOMALI)
هل لديك مشاكل في فهم أو التكلم باللغة الإنجليزية؟ (ARABIC)
你有困難講英語或明白英語嗎？ (CANTONESE)
کیا آپو انگریزی میں کھیتی اور مطلب نہیں دیکھ لیتے ہیں؟ (URDU)

0161 276 6202/6342

Department of Gastroenterology
Royal Manchester Children’s Hospital
Oxford Road
Manchester
M13 9WL

www.cmft.nhs.uk