

Steroids and cancer:

*what you need
to know*

Information for patients



This leaflet aims to explain why steroids might be recommended for you, how these are given and some of the other medicines you might need to take whilst you are on steroids.

What are “steroids” and why have I been started on them?

Steroids, also called corticosteroids, are a chemical messenger (hormone), that our bodies produce every day. The body produces different amounts of steroid depending on:

- the time of day (more made in the mornings)
- the level of stress we may be under (more steroid is made in times of stress, for example, when we are unwell).

Sometimes we need to give additional steroids to that which is produced by our bodies. Some examples of when this might happen for patients with cancer include:

- Alongside chemotherapy to reduce the chance of allergic reactions and sickness
- To counteract the side effects of cancer treatment, like immunotherapy
- To reduce swelling (called oedema) associated with cancers in certain areas of the body
- To help improve symptoms of cancer, like poor appetite and reduced energy levels.
- To help start treating some types of cancer

There are a few other times when steroids might be considered and these would be explained to you by your medical team.

What different types of steroid medications are there?

There are a few different types of steroids, examples include:

- hydrocortisone,
- prednisolone,
- dexamethasone,
- methylprednisolone.

All of these different forms of steroid medication will do the same job but come in different strengths and last in the body for different lengths of time. Your team will therefore select the right one for you.

If my body normally makes steroids, why do I need to be given them?

When we give steroid medications, they are given at a much higher dose than the body would normally produce.

Can steroids be taken for long periods of time?

Whilst steroids can be helpful in the short term, taking steroids in the long term can have lots of side effects and can lead to poorer health overall. Therefore, we only advise steroid treatment for as short a time as needed.



Can I just stop taking steroids?

It is very important that you do not stop taking steroids without speaking to your team first. When you start taking steroids your body becomes reliant on them and stops making its own natural steroid. To safely stop steroids we often need to slowly reduce the dose over time otherwise you can become very unwell.

Remember - steroids should never be suddenly stopped without discussion with your team.

What are the side effects of steroids?

In the short term:

- Increased appetite and weight gain
- Heartburn/indigestion and can lead to stomach ulcers
- Insomnia/sleep disturbance
- Feeling more irritable or agitated
- Mood swings
- Increased blood sugar levels whether you have known diabetes or not
- Bruising easily
- Increased risk of infection

In the longer term:

- Any of the above short-term side effects can continue in the longer term
- Thinning of the skin
- Development of "stretch marks"
- Abnormal hair growth

- Water retention
- Change in appearance - your face can become more round
- Reduced muscle strength, particularly the big muscles around your shoulders and hips
- Reduced functioning of the immune system
- Thinning of the bones
- Raised blood pressure

Can anything be done to help with the side effects?

Absolutely, we can't always help with all of them but there are a few things we can try.

1. To help with any sleep disturbances, steroids should be taken first thing on a morning, with breakfast (to help reduce any stomach irritation)
2. To protect your stomach, we always advise you start on a medication to reduce stomach acid e.g. Lansoprazole, Omeprazole
3. It is important to stay as active as possible whilst on steroids to reduce the chance of weight gain, blood sugar problems and improve bone strength
4. Before starting steroids, we will do a blood test to make sure your blood sugar levels have been well controlled over the last 3 months, even if you don't have diabetes.
5. If you need steroids for more than 4 weeks, we will also need to discuss:
 - Starting calcium and vitamin D supplements to protect your bones from thinning - these can be prescribed
 - Low dose antibiotics to help reduce the chance of infections.

What if I have diabetes or am worried about developing it?

Diabetes mellitus (formally called diabetes) is a condition where the body is not able to manage levels of sugar in the blood correctly. This can lead to the blood sugar level running too high. In the short term, this can make you feel unwell. In the long term, it can affect your heart and blood vessels, nerves, kidneys and eyes.

Steroids can affect anyone's blood sugar levels, though it is more likely to cause problems if you have diabetes. If this is the case, your diabetes medication may need to be altered to help keep the blood sugar levels well-controlled.

If you don't have diabetes, then you should look out for the following signs that your blood sugar may be too high:

- Feeling tired all the time
- Feeling more thirsty and drinking more than normal
- Needing to pass urine more frequently
- Feeling like your vision is less clear or blurry.

If you notice any of these symptoms please contact the hospital for further advice.



A few last pointers...

Steroid cards:

If you are to stay on steroids for a longer period of time, you will be given a card to carry that alerts others to the fact you are on long term steroids and these should not be stopped abruptly.

Sick day rules:

As steroids play an important role in our body's response to illness, if you are on long term (over 4 weeks) steroids, this response can be affected. Therefore, if you become unwell whilst taking steroids, the daily dose should be doubled for 5 days to boost your body's ability to cope with this period of being unwell. Please let your team know if you are having to do this.

Other medications to avoid:

Anti-inflammatories such as ibuprofen or naproxen can increase the chance of side effects from steroids so therefore should be avoided, unless discussed with your medical team.

If you have not previously had chicken pox or measles, or you have not had the vaccine for these illnesses, please avoid contact with anyone who does have chickenpox, measles or shingles.





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