How is dexamethasone given?
Dexamethasone can be given as a tablet or intravenously (into a vein). Usually it is given as a tablet for the treatment of myeloma. Dexamethasone is usually given in combination with other anti-myeloma drugs.

Dexamethasone tablets should be swallowed whole with food or milk to help protect the lining of the stomach. You will usually be prescribed another drug to reduce the risk of stomach irritation.

It is best to take dexamethasone in the morning as it can cause insomnia if taken in the evening.

The dose of dexamethasone may vary from patient to patient depending on the nature and stage of your myeloma, any side effects you have and how your myeloma is responding to treatment. The general starting dose for younger and/or fitter patients is 20–40mg per day.

Other information about dexamethasone
Dexamethasone can cause a wide range of psychological effects and mental health difficulties. You should speak to your doctor or nurse about how to manage these side effects, especially if you are depressed and having suicidal thoughts.

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What is dexamethasone?
Dexamethasone is a steroid drug used in the treatment of myeloma. It belongs to a class of steroids called glucocorticoids.

Possible side effects of dexamethasone
Dexamethasone has a number of possible side effects which can vary considerably from patient to patient. It is important to report any side effects to your doctor or nurse as soon as possible so they can be treated or managed promptly. Some of the side effects vary according to the dose, with increasing side effects associated with the higher doses.

Most side effects are temporary and usually resolve when the dose is reduced or treatment is stopped.

Mood changes
Dexamethasone can cause mood swings, anxiety, tearfulness and irritability. This can be more apparent when taking higher doses and when alternating between periods on and off dexamethasone.

Dexamethasone can also affect your judgement and decision-making skills. If you find your judgement is affected, you should consider whether it is safe for you to drive while you are taking dexamethasone.

Informing family and friends of such side effects can help them to understand why your behaviour may change when you are being treated with dexamethasone.

Increased risk of infection
When given at higher doses or long-term, dexamethasone can suppress the immune system which could lead to an increased risk of infection or make an infection worse. It is important to report any signs of infection such as high temperature, productive cough, pain when passing urine or any area of swelling or inflammation.

Increased blood sugar
Dexamethasone may increase blood sugar levels. This is especially important if you are diabetic, in which case you may require more frequent monitoring of your blood sugar levels and/or changes in insulin or other medications. Levels usually return to normal once dexamethasone treatment has stopped.

How does it work?
Dexamethasone mimics the action of a naturally occurring hormone produced in the body. It is effective at killing myeloma cells and making other anti-myeloma drugs work better.

Dexamethasone can also prevent inflammation which can help to reduce pain associated with myeloma bone disease.

Fluid retention
Dexamethasone can cause excessive fluid to accumulate in the body (oedema) in areas such as the face, hands and feet. Fluid may also collect around the abdomen making you feel bloated. Occasionally, fluid may collect in the chest leading to a shortness of breath.

Your doctor will discuss a treatment plan for your fluid retention with you. This will usually involve taking diuretics (water tablets) to help your body remove the excessive fluid.

Stomach pain or indigestion
Dexamethasone can damage or irritate the lining of the stomach (gastric irritation) and can sometimes cause stomach ulcers. It is likely that you will be given an antacid (e.g. lanzoprazole, omeprazole), to prevent stomach problems. If you have any stomach pain, or if you vomit blood, you must tell your doctor or nurse immediately.

Insomnia
Insomnia or difficulty sleeping at night is a common side effect of dexamethasone. This may be minimised by taking dexamethasone in the morning, however, the best time to take dexamethasone may vary from patient to patient and you may need to adopt a trial and error approach to find out what works best for you.

Muscle weakness
You may be affected by muscle weakness, particularly towards the end of your dexamethasone treatment course. Muscle cramps can also occur for a short time after stopping dexamethasone.

There are a number of strategies you can try to help manage muscle cramping, including keeping well hydrated, stretching and drinking tonic water or sports drinks, which anecdotal evidence suggests may help to ease cramping. Your doctor may also prescribe specific treatment to help.

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Dose Range

<table>
<thead>
<tr>
<th>Dose (mg)</th>
<th>Details</th>
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<tbody>
<tr>
<td>20</td>
<td>Recommended for younger and/or fitter patients.</td>
</tr>
<tr>
<td>40</td>
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For a list of references used to develop our resources, visit myeloma.org.uk/references

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