

Dexamethasone

AL amyloidosis
Treatment Guide

What is dexamethasone?

Dexamethasone is a steroid drug used in the treatment of AL amyloidosis. It belongs to a class of steroids called glucocorticoids.

How does it work?

Treatment for AL amyloidosis aims to kill the abnormal plasma cells, preventing more amyloid being produced and enabling the body to clear existing deposits gradually.

Dexamethasone mimics the action of a naturally occurring hormone produced in the body. It is effective at killing abnormal plasma cells and making other anti-AL amyloidosis drugs work better.

How is dexamethasone given?



Dexamethasone can be given orally (by mouth) as a tablet or intravenously (into a vein). Usually it is given as a tablet for the treatment of AL amyloidosis.



Dexamethasone is usually given in combination with other anti-AL amyloidosis drugs.



Individual treatment plans may vary. Your exact dose of dexamethasone and your length of treatment will be discussed with you by your healthcare team. This is because your treatment will depend on some factors such as your stage of AL amyloidosis, how you are responding to treatment and what combination of treatment you are receiving.

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.



Glucocorticoids, including dexamethasone, can cause glucocorticoid-induced osteoporosis in some patients. This is a condition that causes your bones to become thinner and weaker and sometimes they can break more easily.

There are a lot of factors that may affect how likely you are to experience this side effect, including the dose and length of your treatment and things like your age and current bone health. Sometimes, if they feel you are at risk, your healthcare team may offer advice about diet or add more treatments to lower the chance of glucocorticoid-induced osteoporosis. If you have concerns about this possible side effect, you should discuss it with your healthcare team.

Possible side effects

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.

The side effects listed here are those experienced most often. For a complete list of side effects please refer to the patient information leaflet which is included in the pack with the treatment. If you do not have this, ask your healthcare team for it.



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. lansoprazole, omeprazole), to prevent stomach problems. If you have any stomach pain, or if you vomit blood, you must tell your healthcare team immediately.



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.



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 try different times to find out what works best for you when you start the treatment.

 **Muscle weakness**

You may be affected by muscle weakness, particularly in the thigh muscles and 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 ways you can try to help manage muscle cramping, including stretching and drinking tonic water or sports drinks (however, you must be sure to stay within your fluid intake limit), which anecdotal evidence suggests may help to ease cramping. Your doctor may also prescribe specific treatment.

 **Fluid retention**

Dexamethasone can cause excessive fluid to accumulate in the body (oedema). This is particularly problematic for patients with amyloid deposits in their heart and/or kidneys who are more prone to fluid retention. Fluid can collect in the face, hands and feet, and may also collect in 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.

 **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.

 **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:

- A high temperature
- A productive cough
- Pain when passing urine
- Any area of swelling or inflammation

 **Increased appetite**

You may find you have an increased appetite while taking dexamethasone. If weight gain is a problem you can ask to be referred to a dietician.



If you have any questions about your treatment, speak to your medical team. They are the best people to ask if you have questions about your individual situation. The information in this publication is not meant to replace their advice.



We're here for everything a diagnosis of AL amyloidosis brings

Get in touch to find out more about how we can support you

Call the Myeloma UK Infoline on

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