MyelomaUK

Prednisolone

Treatment Guide

What is prednisolone?

Prednisolone is a steroid medicine used in the treatment of myeloma. It belongs to a class of steroids called glucocorticoids.

How does it work?

Prednisolone mimics the action of a naturally occurring hormone produced in the body. It is has three main uses in myeloma:

- Killing myeloma cells directly
- Making anti-myeloma drugs work better
- Reducing inflammation which can help ease pain for people with myeloma bone disease

How is prednisolone given?

Prednisolone can be given orally (by mouth) or intravenously (into a vein). In myeloma it is most often used in tablet form.

Prednisolone is usually given in combination with other anti-myeloma treatments.

Aim to take prednisolone early in the morning when possible. It can cause trouble sleeping if taken later in the day.

Prednisolone tablets should be swallowed whole with food or milk to protect the lining of the stomach. You may also be prescribed another medication to protect the stomach lining.

Individual treatment plans vary, your healthcare team will discuss your specific plan.

Possible side effects

Prednisolone has a number of possible side effects which can vary from patient to patient. You will experience some side effects, but it is unlikely you will experience all of them, and most side effects will ease once treatment has finished. Always report any side effects to your healthcare team as soon as possible so they can be treated quickly.

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.

Myeloma UK provides a wide range of information booklets about side effects and their management. Relevant booklets are signposted beneath each side effect on the following pages.

You can find these along with all of our information booklets online at **myeloma.org.uk/library**.

You can also find out more about the management of these side effects by asking your healthcare team or by contacting Myeloma UK.

0800 980 3332 **AskTheNurse@myeloma.org.uk**

myeloma.org.uk

Mood changes

Prednisolone can cause significant mood changes or worsen existing mental health conditions. You may feel anxious, tearful, irritable or have mood swings. This can be more noticeable when taking higher doses. Prednisolone can also affect your judgement, memory and decision-making skills. If you find your judgement is affected, you should consider if it is safe for you to drive. Telling family and friends about these side effects can help them to understand why your behaviour may change while you are taking prednisolone. Speak with your healthcare team if you are struggling with your mental health, especially if you are feeling depressed or having suicidal thoughts.

For more information see Chapter 2 in the **Infopack for living well with myeloma** from Myeloma UK.

Skin changes

Prednisolone may cause you to develop stretch marks or acne and your skin may become thinner. You may also find that wounds take longer to heal. Your healthcare team may be able to prescribe creams to help your skin.

Insomnia

Insomnia or problems sleeping at night is a common side effect of prednisolone. This can be minimised by taking prednisolone in the morning. However, the best time to take it may vary from person to person and you may need to try different times to find out what works best for you.

Muscle weakness

You may experience muscle weakness, particularly towards the end of your prednisolone treatment. Muscle cramps can also happen for a short time after stopping prednisolone. Some patients find that keeping well hydrated, stretching and drinking tonic water or sports drinks helps to control muscle cramps. You may also be prescribed specific treatment for the cramping.

Fluid retention

Prednisolone can cause swelling of the hands, feet or ankles. This is called peripheral oedema. Fluid may also collect around the stomach area making you feel bloated, or in the chest, causing you to feel short of breath. If you are struggling with fluid retention, your healthcare team may prescribe some diuretics (water tablets) to help your body remove the excess fluid.

Stomach pain or indigestion

Prednisolone can damage or irritate the lining of the stomach and can sometimes cause stomach ulcers. It is likely that you will be prescribed an antacid such as lansoprazole or omeprazole, to prevent these stomach problems.

> ⚠ If you have any stomach pain or vomit blood you must contact your healthcare team or out of hours service immediately.

Increased appetite

Prednisolone can cause you to have an increased appetite and some patients may gain weight as a result of this. If weight gain is a concern, you can ask to be referred to a dietician.

For more information see Chapter 6 in the **Infopack for living well with myeloma** from Myeloma UK.

Increased blood sugar

Prednisolone may increase your blood sugar levels. If you have diabetes, you may need to check your blood sugars more frequently. You may also need to change your insulin or other medicines. Blood sugar levels should return to normal once prednisolone treatment has stopped. Speak to your healthcare team if you are more thirsty than usual or passing more urine than usual.

Risk of infection

Prednisolone may affect your immune system, increasing your risk of infection. Common signs include: high or low temperature (37.5°C or above, or below 36°C), feeling shivery or cold, passing urine more often or pain when passing urine, and cough or cold symptoms.

Infections can become serious if not treated quickly. Contact your healthcare team or out of hours service immediately if you think you have an infection.

For more information see the **Infection and myeloma Infosheet** from Myeloma UK.

Important information about prednisolone

Do not suddenly stop taking prednisolone without speaking to your healthcare team first. They may need to gradually reduce the dose to prevent any severe withdrawal symptoms.

Prednisolone can cause a condition called osteoporosis, which causes your bones to become thinner and weaker. Your age, current bone health and dose of prednisolone all impact on how likely you are to develop osteoporosis. If your healthcare team feel you are at higher risk of developing it, they may prescribe additional treatments to lower your risk.

Supplements or herbal medicines that have not been prescribed by your haematologist may cause harm when taken alongside your prescribed treatment.

You must speak to your healthcare team before taking any kind of supplement or alternative treatment, including herbal, traditional or natural medicines and remedies, and vitamins or wellbeing supplements, to ensure it is safe to do so.

If you have any questions about your treatment, speak to your healthcare 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.

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MyelomaUK

We're here for everything a diagnosis of myeloma brings

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

Call the Myeloma Infoline on
0800 980 3332

Email Ask the Nurse at
AskTheNurse@myeloma.org.uk

Visit our website at
myeloma.org.uk

Trusted Information Creator
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Published by:	Myeloma UK
First published:	January 2019
Last updated:	October 2024
Next review due:	October 2027

We appreciate your feedback

Please fill in a short online survey about our patient information at **myeloma.org.uk/pifeedback** or email any comments to **patientinfo@myeloma.org.uk**

For a list of references used to develop our resources, visit **myeloma.org.uk/references**