

## **Prednisone: The Good, The Bad, and the Ugly**

*DISCLAIMER: Please note I am not a medical professional. I spent 6 years as caregiver for my mom, until her passing in 2009. I have since been a PF Advocate for Patients & Families, as well as moderator & owner of the Breathe Support Network of Groups. Information provided is from personal experience, combined with years of learning through interaction with patients, other caregivers, & medical professionals in the field of PF/IPF.*

*This document refers to the name “Prednisone” but it applies to Prednisone and it’s derivatives.*

### **What is Prednisone?**

Prednisone is primarily an anti-inflammatory medication, used to decrease inflammation in the body. It also serves as an immunosuppressant. Prednisone is used after transplant to ward against organ rejection, as well as for lung disease patients whose disease is caused by an autoimmune disorder.

### **Why is Prednisone prescribed to patients with lung disease?**

Prednisone therapy is often attempted in patients with pulmonary fibrosis (PF) to see if it helps slow the progression of the disease. If your doctor has prescribed Prednisone, it is important you stay in close contact and if you find it is not working to slow the progression, you should have a candid conversation about stopping the drug.

Prednisone is also used in treating respiratory infections in those with lung disease. This is an important course of treatment because it helps reduce inflammation in the lungs, allowing other medication (antibiotics, etc.) to work faster. When this is the case, it is usually given as a short term – one week – tapered dose, with the highest dose at the beginning of the week, tapering down to a low dose and off at the end of the week.

*\*\* NOTE: Prednisone is no longer recommended for IPF patients due to a possible worsening of the disease while on this therapy. If you are an IPF patient with prednisone, you may wish to discuss this with your PF specialist. \*\**

### **What are some of the more common and major side effects of Prednisone?**

While Prednisone can be great for a few things, the long term effects can be many and severe. Fortunately, many of these effects can be dealt with proactively to minimize physical impact to the body. The following is just some of the more common and major side effects.

1. Bone loss/joint degradation/problems with teeth – Prednisone can inhibit calcium absorption by the body. When taken at just 7 mgs a day for a few months, this is enough to promote loss of bone density. Bones can become brittle and break

easily. Joints may also degrade. Patients likely won't know this until it is too late (when they have a major break or are having joint pain) so it's important to get a baseline DEXA scan (bone density scan) and follow up DEXA scans every 6 months to a year. This will show if you are experiencing bone loss.

Prednisone can also cause problems with your teeth. It is important to maintain good oral hygiene and see your dentist regularly. You may need to use a prescription high fluoride toothpaste while taking Prednisone.

Prednisone should be taken with a high dose calcium supplement at the very least. If you are not already taking a high dose calcium supplement daily, talk to your doctor about the best supplement to take. If bone loss is still occurring with calcium, then you should speak with your doctor about a prescription osteoporosis medication.

It's important to know that bone loss due to Prednisone is NOT reversible. It can eventually cause major problems, including brittle bones and uncontrollable pain. Patients have found themselves in severe pain, with a low quality of life, and living in a wheelchair.

2. Diabetes – Prednisone can and often does cause diabetes. It is important to get your blood sugar checked regularly, then manage with meds and diet if this becomes a problem. For those with diabetes, Prednisone will often exacerbate it. Fortunately, once Prednisone is discontinued, the diabetes usually resolves itself.
3. Weight gain – Prednisone can cause extreme hunger for many. If you find you are eating a LOT more than usual, and you're hungry all the time, learn to manage the hunger. It's the drug talking. Eat NORMAL meals at normal times and ignore the hunger. Your body is not starving. The Prednisone is just making it seem that way. Gaining 50 or 100 pounds or more on Prednisone is easy to do. Taking it off is incredibly difficult.
4. Mood swings, personality changes, and emotional issues – For many, Prednisone can cause mood swings and irritability. It's what we often refer to as "roid rage". Do what you can to control your emotions if this is a problem for you. Ask those around you to also be thoughtful and gentle with you. This is a REAL problem for many.
5. Adrenal insufficiency – Over time, when Prednisone has been taken too long, it may become impossible to completely wean off it. It affects the adrenal system and for some, the adrenal system forgets how to do its job and becomes

dependent on Prednisone.

6. Heartburn/ulcers – Prednisone is very hard on the stomach and can cause heart burn (GERD) and ulcers. It is important to always take it with food.
7. Sleeplessness – Prednisone can cause one to not be able to fall asleep well. For this reason, it is important to not take it too close to bedtime. If your doctor has prescribed you take it later in the day or into the evening, talk to the doctor about taking your full day's dose earlier in the day.
8. Eye problems – Prednisone can cause vision problems, eye pain, redness, and watery eyes. A long term effect can also be cataracts. It's important to see your eye doctor regularly if you are noticing changes in your vision.
9. Immunosuppression – Because Prednisone is an immunosuppressant, one should be careful to avoid sick people. Cover your mouth and nose with a mask when going to the doctor. Wash hands frequently and keep hands away from your face (especially eyes, nose, and mouth). You don't need to hide in your home but be wary when you go out of who is around you. Patients on Prednisone may even notice that a simple cut will take longer to heal. It is important to always watch for infection and get medical treatment right away.
10. Thin skin/bruising – Prednisone can also cause the skin to thin, making it bruise easily and even tear easily with a contact injury.

These are only some of the major and more common side effects of long term Prednisone use. If you find it is no longer helping or you need to get off it for any reason, it is EXTREMELY important that you work with your doctor to wean off SLOWWWWWLY. Weaning off too fast can cause health risks. The longer one has been on it, the longer it may take to wean off safely. Some who have been using Prednisone for a very long time may have found their body has become dependent and may require some level of Prednisone dosage lifelong.

To view a list of more side effects of Prednisone use, Google "prednisone side effects" or read the leaflet that often accompanies your prescription.

Prepared by:

**Taleena Koch**  
**Pulmonary Fibrosis Advocate for Patients and Families**  
**Breathe Support Network**  
[breathewithpf@gmail.com](mailto:breathewithpf@gmail.com)  
[www.BreatheSupport.org](http://www.BreatheSupport.org)



#LIVEwithPF

*last updated 3/20/2021*