



Immune Treatment Programme Drugs' Common Side Effects *Patient Information Leaflet*

The prescribing doctor believes that this medicine would work well for your condition even though it is licensed for a different condition – when a medicine is used for a condition not stated in its licence, it is said to be “unlicensed”

Prednisolone

Prednisolone belongs to a group of medicines called steroids (corticosteroids). These steroids occur naturally in the body to maintain health and well-being. Boosting your body with extra steroids is an effective way in reducing inflammation. Steroids have widely been used in the treatment of recurrent miscarriages and fertility conditions with varying degrees of success in outcome.

Indication: Prednisolone is prescribed to women with recurrent miscarriages or repeated failed assisted conception attempts in the presence of abnormal immune markers such as high NK cells.

Dose: The usual dose is 25mg after breakfast. When you have been taking this dose for 3 or more weeks, you will need to wean off the medication by dropping 5mg every 5 days.

Caution: Caution is necessary when prescribing prednisolone to patients with the following conditions: Adrenal suppression and infection; hypertension, congestive heart failure, liver failure, renal impairment, diabetes mellitus, osteoporosis (post-menopausal women at special risk), glaucoma, severe affective disorders, epilepsy, peptic ulcer, hypothyroidism, history of steroid myopathy.

Pregnancy: Prednisolone is compatible with each trimester of pregnancy¹. Steroids vary in their ability to cross the placenta; 88% of prednisolone is broken down by the placenta and inactivated, therefore very little passes to the baby. There is no evidence that corticosteroids result in an increased incidence of congenital abnormalities, such as cleft palate/lip².

Side-effects: The most common complication is difficulty sleeping at night.

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Other uncommon side effects include:

Gastro-intestinal effects include dyspepsia, peptic ulceration, abdominal distension, acute pancreatitis, oesophageal ulceration and candidiasis.

Musculoskeletal effects include proximal myopathy, osteoporosis, vertebral and long bone fractures, avascular osteonecrosis, tendon rupture.

Endocrine effects include adrenal suppression, menstrual irregularities and amenorrhoea, Cushing's syndrome, hirsutism, weight gain, negative nitrogen and calcium balance, increased appetite, increased susceptibility to and severity of infection.

Neuropsychiatric effects include euphoria, psychological dependence, depression, insomnia, increased intracranial pressure, psychosis and aggravation of schizophrenia, aggravation of epilepsy.

Eye effects include glaucoma, papilloedema, posterior subcapsular cataracts, corneal or scleral thinning and exacerbation of ophthalmic viral or fungal disease.

Other side-effects include impaired healing, skin atrophy, bruising, striae, telangiectasia, acne, myocardial rupture following recent myocardial infarction, fluid and electrolyte disturbance, leucocytosis, hypersensitivity reactions, thromboembolism, nausea, malaise, hiccups.

Further information: Please be aware that steroids can mask the common symptoms of pregnancy, such as pregnancy sickness.

References:

¹ Flint et al, Rheumatology 2016; 55:1693-1697

² The Authors Birth Defects Research Part A: Clinical and Molecular Teratology 2014 100:499–506.