**August 2011: Steroids: the Pros and Cons**

Participants in this month’s Support Group shared their experiences with steroids and the frustrations with the many side effects that can accompany steroid treatment. Among this group, the most upsetting side effects have included extreme weight gain, irritable mood, insomnia, thinned skin that is easily bruised, muscle cramping, and hair loss. Different patients experience different side effects, also at different doses. Dr. Sally Wenzel, Director of UPMC’s Asthma Institute, responded to questions about the long term effects of steroid treatment and also possible effects of not taking steroids, recognizing that some patients wish to avoid this treatment as long as possible.

Some participants described waiting until their symptoms worsen, until they can no longer avoid increasing their Prednisone. Dr. Wenzel acknowledged that this is common, as asthma patients frequently do not want to admit to getting sick again, as if admitting defeat. Other participants in the group stated they never procrastinate, as they are too afraid of becoming ill or hospitalized. As one patient stated, “I have kids...I’m afraid to take the risk (of not increasing my medication).”

We also discussed how the course of illness and the appearance of side effects can be unpredictable; one participant has taken Prednisone for years but only recently experienced serious side effects. According to Dr. Wenzel, patients with an asthma diagnosis can nevertheless have different presentations of the disease.

Also discussed was the phenomenon of steroid resistance, in which the inflammatory process blocks the effects of steroids. Patients may fail to respond to steroid treatment for reasons that are not well understood, although genetics may play a role. One asthma patient may benefit from high doses of steroid treatment, without prominent side effects, while another patient may fail to experience the benefits of treatment but nevertheless suffer side effects. There is a small and highly technical literature on the subject of steroid resistance. However, to date, nothing has been written on the subject for patient-readers.

Participants agreed that steroid treatment typically goes hand in hand with emotional strain. “I’m a raving lunatic right now!” exclaimed one participant who was, unfortunately, calling in from the hospital where he was being treated inpatient. According to one participant, “When my family recognizes that I’m out of control, they cue me in...I take a breath and find a way to release it.”

Participants also discussed:

- Carrying steroid medication with them at all times and always having extra on hand.
- Whether they feel they can adjust their dose on their own. One person stated they will decrease their steroids, per arrangement with their doctor,
but not increase, on their own. Others prefer to have every medication change documented by their providers.

- The preference for face-to-face contact over phone contacts with their providers in the event of an exacerbation.
- How providers respond to patients’ high level of knowledge and expertise in managing their own illness and medication. Group members are grateful to have trusting relationships with their doctors.
- Being treated for side effects such as heartburn, vitamin D deficiency, and osteopoenia or low bone density. Dr. Wenzel cited a new National Institute of Health study on the impact of Vitamin D treatment on mild asthma.

In conclusion, while some participants made a plea to their peers to keep steroid doses as low as possible, Dr. Wenzel reminded the group—and others agreed—that these medications are true life savers, despite the ups and downs that accompany treatment.