



Dr. David Voss ED NZDSM BSc MBChB FRACP MRCP(UK)**

Specialist Physician – Renal and Internal Medicine

Cellphone 021 664 664

www.kidney.net.nz

Trading as KidneyKare Limited

GST 88-772-008

Side Effects Information Sheet for Prednisone

I have listed here the main side effects that can occur with the use of prednisone in the management of kidney conditions by me.

- 1. Weight gain.** Often prednisone stimulates the appetite and it is easy to gain weight. You may feel hungry from time to time and sometimes some indigestion feeling which will stimulate your desire to eat. Occasionally people lose weight by being put off food and not eating much but generally prednisone will encourage appetite and it is easy to gain weight.
It is advisable to continue to eat your normal diet and attempt to fight the desire to eat in excess.
As the prednisone dose is reduced the desire to eat does regress and you will go back to normal hunger drive. You can return to your normal weight, particularly if you limit your calorie intake.
- 2. Infections.** Prednisone is an immunosuppressant. This means that it does dampen down and reduce the effectiveness of your immune system. Your condition is partly due to an over active immune system – so an immunosuppressant such as prednisone is required. As a result of treatment with prednisone you have an increased risk of infection. It is therefore important that if you become unwell with an infection such as diarrhoea, vomiting, a chest cold/cough, ear, or skin infection that you seek advice from your general practitioner or emergency medical services immediately. This is more important if you get a fever.
You will typically get sicker quicker and take longer to recover and in such situations hospital admission or intravenous antibiotics may be required to manage your infection.
- 3. Osteoporosis.** There is an increased risk of osteoporosis (loss of calcium from bones, resulting in weakening of bones) as prednisone does lead to calcium leeching out of the bones. With high doses over a long period of time there is a reduction in your bone strength.
To help prevent this I will also prescribe a drug from the class bisphosphonates to help maintain your bone density/strength. Short courses of prednisone do not usually require this. If I have given you the bisphosphonate medication it is because I believe it would benefit you. I am more likely to give this to post-menopausal women. Sometimes I will give it after you have been on prednisone high dose for some weeks; or if we have to reuse a high dose should your condition relapse.
- 4. Indigestion.** Prednisone does dampen down your ability to maintain your protective barrier in your stomach and therefore can increase your risk of indigestion or cause ulcers. If your bowel motions become a tarry black colour (uncommon) this may suggest that you are bleeding in your gut you should contact Dr Voss – preferably by email (david.voss@kidneykare.co.nz); or in an emergency, contact your general practitioner or emergency medical doctors.
The indigestion is also managed by prescribing and anti-acid medication such as omeprazole and I will usually prescribe this as well. I prefer not to give it initially and only wait for you to develop symptoms to minimise the number of medications that you are on.
- 5. Fluid Retention.** Prednisone can lead to some retention of salt and water. You usually have a lot of swelling with conditions that prednisone is required to treat and this may make the salt and water retention a little worse but this can be managed with diuretics if necessary. Dietary salt restriction helps reduce this side effect and the swelling from the original kidney condition.

For appointments at all consulting sites: 0508 KIDNEY (0508 543639)

EDI address: KIDNEYKA

POSTAL ADDRESS: P.O. Box 18-349, Glen Innes, Auckland 1743

Secretary: 021 664 170 Facsimile: 021 699 664 E-mail: david@kidneykare.co.nz

Consulting Rooms at:

Eastcare Specialist Centre, 260 Botany Road, BOTANY DOWNS

Waitemata Specialist Centre, 15 Shea Terrace, TAKAPUNA

Nephrocare Dialysis Unit, Ground Floor, Building A, Ascot Office Park, 93-95 Ascot Park Ave, REMUERA

Promed House, 71 Tenth Avenue, TAURANGA

6. High Blood Pressure. The salt and water retention can lead to worsening of your high blood pressure (if you have high blood pressure – hypertension). This can be managed with medication for blood pressure if required. Typically the reduction in prednisone will lead to less salt and water retention and therefore return of control of blood pressure.
7. Muscle Loss. High dose prednisone has an effect on your metabolism such that it may reduce muscle bulk - it is easy to lose muscle bulk on prolonged courses of high dose prednisone. I encourage you to keep physically active as much as possible and keep walking and using your muscles to maintain their bulk. Again when you reduce the prednisone dose and keep your exercise activity up the muscle will rebuild.
8. Joints. It is important that if you are on a high dose of prednisone – above 20mg of prednisone daily you do not do any running, jumping or jarring exercises that lead to jolting on the knees in particular. This includes running down stairs. The importance of this is that you may damage your joint tissues which will not be noticed immediately but in years to come. Normal walking and daily upright activities are 'safe' to continue.
9. Delayed Healing. As part of the dampening down of the immune system, your ability to fight infections is delayed and often it takes longer to recover but also any cuts or scratches will take longer to heal and will be more likely to get infected. It is important that you seek help should there be a redness of the skin (cellulitis, suggesting infection) more than you usually see around any cuts or scratches.
10. Skin Changes. Some people get stretch marks particularly with long courses of prednisone at high dose, or bruises of the skin. Particularly in women hair growth on the face, or acne may develop. A fat pad may develop over the shoulders and people will often get fatter in the face. This cannot be prevented and only after the prednisone dose is reduced (below 20mg daily) will all of this fat change in the face regress.
11. Diabetes. If you have diabetes mellitus or a tendency towards diabetes mellitus prednisone may flair this or convert you into having diabetes. This conversion to full-blown diabetes may not be reversible when the prednisone is reduced. Therefore your blood sugar will be monitored during therapy with prednisone.
12. Cataracts and eye focusing. Over many years long term prednisone can increase your risk of developing cataracts at an earlier age. Cataracts develop often as we get older due to sunlight exposure but prednisone can accelerate the development of these at a younger age – usually 5-10 years sooner than would be expected. Prednisone can make the lens swell and this may affect your ability to focus – especially close work (e.g. reading). Try to tolerate this problem; and avoid getting new spectacles, as the effect from high dose prednisone on the lenses in your eyes is temporary; and will settle after a few weeks. Similarly as the prednisone dose is reduced, the lenses will reduce their swelling and again focusing will be temporarily interfered with. If focusing difficulty persists for more than a month, do consult with an optometrist or ophthalmologist.
13. Mental State. Most people have no change in their mental state with prednisone. People who have had a tendency towards depression become depressed on high dose prednisone. People who are hyperactive generally or talkative or physically active may find that they become 'high' with more of these premonitory behaviours with the high dose prednisone. This mood high can be associated with poorer sleep and feeling an energy boost throughout the day. Usually sleeping pills do not completely reverse these effects, so generally I do not use them. Most people do not get tired throughout the day as a result of the shortened sleep. Again all of this regresses with the dose of prednisone being reduced.

It is important to understand that only some people get some of the side effects listed above. Not everybody gets all of them. This information is to warn you that you may get some of these and to help explain why they develop.

If you get any other symptoms or problems feel free to email me (david.voss@kidneykare.co.nz) or ask your general practitioner.

For appointments at all consulting sites: 0508 KIDNEY (0508 543639)

EDI address: KIDNEYKA

POSTAL ADDRESS: P.O. Box 18-349, Glen Innes, Auckland 1743

Secretary: 021 664 170 Facsimile: 021 699 664 E-mail: david@kidneykare.co.nz

Consulting Rooms at:

Eastcare Specialist Centre, 260 Botany Road, BOTANY DOWNS

Waitemata Specialist Centre, 15 Shea Terrace, TAKAPUNA

Queenstown Medical Centre, 9 Isle Street, QUEENSTOWN

Nephrocare Dialysis Unit, Ground Floor, Building A, Ascot Office Park, 93-95 Ascot Park Ave, REMUERA

Dr David Voss
Specialist Renal Physician
Updated August 2018

For appointments at all consulting sites: 0508 KIDNEY (0508 543639)
EDI address: KIDNEYKA
POSTAL ADDRESS: P.O. Box 18-349, Glen Innes, Auckland 1743
Secretary: 021 664 170 Facsimile: 021 699 664 E-mail: david@kidneykare.co.nz

Consulting Rooms at:

Eastcare Specialist Centre, 260 Botany Road, BOTANY DOWNS
Waitemata Specialist Centre, 15 Shea Terrace, TAKAPUNA
Queenstown Medical Centre, 9 Isle Street, QUEENSTOWN
Nephrocare Dialysis Unit, Ground Floor, Building A, Ascot Office Park, 93-95 Ascot Park Ave, REMUERA