Steroids for headache

- Can be used to bring problematic migraine under control quickly. 1 mg/kg of prednisolone up to a maximum of 60mg for 1 week, reducing over 3 weeks. Maximum number of courses three times a year.
- Dexamethasone oral 2-6mg stat has been used for acute migraine when Triptans are contraindicated. No guidance is available for the safety of intermittent dexamethasone but 10 doses a year or more are likely to cause significant adrenal axis suppression.
- Used as a component of occipital nerves injections, although these may be equally effective with local anaesthetic alone. More than three injections a year will put at risk of adrenal suppression.
- Useful for getting an attack of cluster headache under control. Dosing as above for migraine.
- Management of temporal arteritis. 40mg prednisolone for three weeks or until symptoms resolved. Reduced by 10 mg each two weeks to 20 mg. Reduced by 2.5 mg each two weeks to 10 mg. Then reduced by one mg each month. Increased dose if relapse.
- No evidence of benefit in medication overuse headache. However, may help with coexisting chronic migraine.

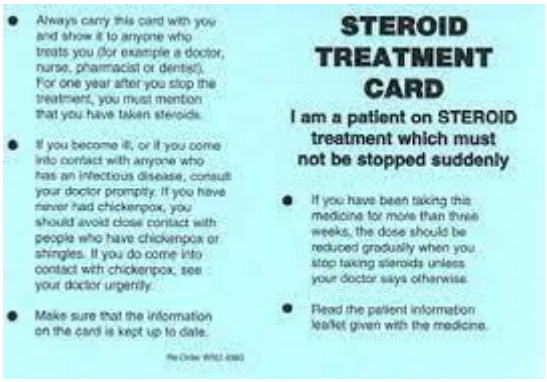
Side effects

- Suppression of pituitary adrenal axis.
- CNS disturbances. Can appear over short courses:
  - Hypomania
  - Psychosis
  - Depression
- Other concerns are
  - Unmasking of underlying diabetes
  - Insomnia
  - Immune suppression. Use with caution if systemic infection present.
  - Osteoporosis.
  - Gastritis, gastric ulcer.
  - Avascular necrosis. Unlikely in courses less than four weeks.

Prevention of side effects

- Protein pump inhibitor good practice, even with short courses.
- For long-term osteoporosis prevention, ideally Dexa scan at onset and monitor but this is rarely practical. Therefore, bone sparing management for more than four weeks.
- Prevention of adrenal crisis. The rules are complex and include:
  - Directions for concurrent illness (sick day rules).
  - Steroid treatment card.
  - Steroid emergency card.
- Take into account other steroid load: intra-articular injections, high potency skin steroids, nasal steroids, inhaled steroids and steroid load in previous years.
  For more detailed information, see
  https://www.cntw.nhs.uk/content/uploads/2019/08/UHM-PGN-02-App9-HighDoseSteroidCards-V06-Iss2-Apr-2021.pdf

- Figure 1. Steroid treatment and steroid emergency cards. Cards available from NHS Forms at NHS Business Services Authority (NHS BSA) http://www.nhsforms.co.uk/



- Always carry this card with you and show it to anyone who treats you (for example a doctor, nurse, pharmacist or dentist). For one year after you stop the treatment, you must mention that you have taken steroids.
- If you become ill, or if you come into contact with anyone who has an infectious disease, consult your doctor promptly. If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you do come into contact with chickenpox, see your doctor urgently.
- Make sure that the information on the card is kept up to date.

STEROID TREATMENT CARD

I am a patient on STEROID treatment which must not be stopped suddenly

- If you have been taking this medicine for more than three weeks, the dose should be reduced gradually when you stop taking steroids unless your doctor says otherwise.
- Read the patient information leaflet given with the medicine.

Steroid Emergency Card (Adult) NHS

IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF

THIS PATIENT IS PHYSICALLY DEPENDENT ON DAILY STEROID THERAPY as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment.

Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.

Name.....

Date of Birth ..... NHS Number .....

Why steroid prescribed .....

Emergency Contact .....