

Prednisolone

Information for patients

Ophthalmology Services

Maidstone Orthoptic Clinic
☎ 01622 226236

Tunbridge Wells Orthoptic Clinic (Planned Care)
☎ 01622 228218

Orthoptic clinical enquiries only
mtwtrPemburyOrthoptics@nhs.net

Medway Orthoptic Clinic
☎ 01634 830000 Extn 5792

What is prednisolone?

Prednisolone is a commonly prescribed steroid tablet. It is similar to hormones which you make in your own adrenal gland, but it has powerful effects against inflammations within your body.

It is used to treat certain types of uveitis and scleritis, if your doctor thinks that suppressing inflammation is important. Prednisolone may be prescribed to minimise damage, and will be stopped when the inflammation has gone away.

Both uveitis and scleritis can flare up due to an unknown cause and is often an unwanted immune response of the body against itself. It can resolve over the short term or can go on for many years, and progressive damage to your vision can occur.

Prednisolone may then need to be taken for long periods of time. Often your doctor will switch you to a steroid-sparing agent (another immunosuppressant) if this is the case.

If prednisolone is prescribed for you, it is important that you carry a steroid card with you at all times. The pharmacist will give you one.

Any doctor that you see for any reason will need to know that you are taking a steroid, and what dose you are taking. It is very important that you take the dose prescribed and do not stop taking the treatment suddenly.

If prednisolone is prescribed, it will usually be started at a high dose. This is the best way to control your uveitis/scleritis quickly. The dose will then be reduced gradually.

What are the risks of taking prednisolone?

1. Psychological changes

These include irritability, depression, elation or a feeling of well-being and sleep disturbance. These side effects diminish as the dose is reduced.

2. Stomach irritation

Prednisolone can irritate the stomach and cause indigestion. You may be prescribed a tablet to control this.

It is important to tell the doctor if you have ever had an ulcer in the past. Some medicines, including aspirin and ibuprofen can cause stomach irritation or ulcers. Do not use these with prednisolone except on the advice of your doctor.

3. Weight

Patients taking prednisolone often gain weight, partly by retaining fluid and partly because of an increased appetite. You will be weighed regularly in the clinic.

4. Diabetes

Occasionally patients using prednisolone develop signs of diabetes, or those who are diabetic already may find their diabetes more difficult to control. Urine tests will be carried out when you attend the clinic to assess this.

5. Blood pressure

High blood pressure may occasionally develop in those who are taking prednisolone. Your blood pressure will be measured regularly in the clinic.

6. Infection

Prednisolone affects the way that your body fights infection. For those needing higher doses (40mg per day or more), or for those

also using other drugs to combat inflammation, the following may be a problem:

A. Chickenpox / measles

If you have definitely had chickenpox, you are not at risk. If you have not had it before, you should avoid contact with people who have either chickenpox or shingles. If you have been immunised against measles, you are not at risk. If you have not been immunised, you should avoid contact with people who have measles. If you do contact anyone with these conditions, you must immediately contact your GP for advice.

B. Tuberculosis

If you have previously had TB, you must tell the doctor before you begin to use prednisolone. If you come into contact with anyone affected by TB, you should contact your GP.

7. Osteoporosis

Osteoporosis means reduced bone density. It is common, especially in women after the menopause. In osteoporosis, bones are more liable to fracture during an injury.

Steroids can decrease your bone density. Your GP or hospital doctor can request a bone density scan. Some measures can be taken to reduce the risk of fractures such as taking calcium and vitamin D and undertaking regular weight bearing exercise. Smoking and alcohol are also known to make osteoporosis worse.

8. Adrenal glands

Prednisolone is similar to hormones naturally made by your own adrenal glands. When you take prednisolone for long periods, the amount of these natural hormones is reduced.

The adrenal glands are not capable of suddenly producing these essential hormones, therefore it is very important that you do not stop taking your prednisolone suddenly.

Your doctor will help you gradually reduce the dose; allowing your adrenal glands to recover.

9. Changes to skin, muscle and body shape

Prednisolone may change the way that fat is deposited in your body causing it to accumulate on your hips, stomach and shoulders. Sometimes your face becomes puffy and cheeks red with increased facial hair.

Your skin may become thinner and the blood vessels become more fragile. Therefore, there is a greater tendency to become bruised after a minor injury. Occasionally, prednisolone affects muscles and makes them thinner and weaker.

10. Eye problems

A. Glaucoma / cataract

Prednisolone may cause the pressure inside the eye to rise. Measuring the pressure inside the eye is a regular part of eye examinations in the clinic. Prednisolone may cause cataract if used for several years.

An operation can be performed to remove this. Both glaucoma and cataract are extremely common complications of uveitis. If either develops, it is more likely to be due to the uveitis itself, rather than the steroid treatment.


Prednisolone is a potent drug and has side effects.

There is no drug useful for the treatment of uveitis or scleritis which is entirely free of potential or actual side-effects. Make sure that any doctor who treats you for any reason, knows that you are taking prednisolone and carry your steroid card at all times.

Further information and advice can be obtained from:

For out of hours ring: 01622 729000, ask for the on-call eye doctor or go to your nearest Emergency Department.

NHS 111
NHS Choices online

 **111**
www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone:  01622 224960 or  01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

Issue date: March 2024
Database reference: RWF-HNK-OPH-LEA-PAT-9

Review date: March 2028
© MTW NHS Trust

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse Document Management System
This copy – REV2.0
