

ANSWERS FROM DR SARAVANAN FROM JUNE 2021 WEBINAR

Please do not change any of your medication without speaking to your doctor first.

What are the problems if you are on low dose steroids for many years because of relapses?

The main problem is the adrenal glands lose the drive to produce cortisol (natural cortico steroid normal), so you may need to take prednisolone long term. But other Side effects are less of a problem in long-term low doses below 5mg.

My Mum is still on 2mg of Prednisolone and is in her 5th year. The pain comes back every time she goes below 2mg. Is there an argument for using pain killers to assist in controlling the pain when coming off the final 2mg? She is very afraid of having to go back up to very high levels of steroids.

Agree with your point about pain medications (temporary use only as long term they cause tolerance and they don't work). For mild relapses with weaning off, why not bump up prednisolone just by 1mg for an extra 2 weeks. This will nip the flare up in the bud and avoid bigger doses later.

Is any research being done to understand the causes of PMR and whether there are any lifestyle changes etc that would help reduce the risk of getting it?

There are various strands of research into causes of PMR, none have confirmed all the causes. There seems to be an interplay between genes and environment like many autoimmune conditions. Apart from stopping ageing, menopause and stress, I can't think of anything that can prevent PMR.

Can GCA be spotted during a routine optician appointment?

Unlikely. If it was spotted, it was purely due to luck.

Can you stave off muscle weakness by gentle strengthening exercise - carefully of course?

I hope so. That is the main reason why we should start early with gradual muscle strengthening as we start treatment for PMR

Is there any evidence that age plays a part in recovery/side effects? I was considered "young" for PMR.

I don't know.

Is it ok to mix enteric with non-enteric tablets? This will mean that the required dosage will be delivered at different stages.

We have gone off enteric coated due to both cost and reliable supply more than a decade ago. Our practice is to prescribe non-enteric coated mainly. There is no reliable evidence to say enteric coated prevent gastric side effects.

Do you take Methotrexate with Prednisolone or on its own?

What is methotrexate and should we all be on it instead of Prednisolone?

Methotrexate doesn't replace Prednisolone, it mainly prevents the relapses and frequent increases in Prednisolone. So you will still be on a lower, steadily decreasing course of prednisolone. Once you come off Prednisolone, you may need to continue Methotrexate for at least 2 years before weaning of that too.

Would Naproxen work with 3mg of prednisolone for osteoarthritis or rheumatoid arthritis?

Yes it would, but avoid using it long term due stomach side-effects. If you need to, then need omeprazole or lansoprazole to reduce gastritis, duodenal ulcers etc.

What can be the explanation for someone who apparently has had no side effects from Prednisolone? Over 18 months up and down from 15 to 25 mg Prednisolone. No weight gain and blood tests ok. Only obvious side effect is my straight hair is now curly!

You are lucky! Don't complain. Still no reason for complacency, not all side effects appear as symptoms outwardly. Hormonal effects, osteoporosis, BP, Diabetes, Cataracts etc can silently creep up.

Will Methotrexate fix adrenal insufficiency?

No but It may help indirectly to prevent adrenal insufficiency by helping keep overall prednisolone doses.

Might steroid injections of 120mg help coming off prednisolone?

I know some people benefit from this approach when they don't want to take oral prednisolone for relapses or flare ups. But the steroid side effects can accumulate.

I have developed double, blurry vision, but just had a full eye test and they suggested a prism in my glasses. I don't have headaches, or sore jaw, should I be worried that this is GCA?

Opticians are usually good at suspecting GCA & recommend referral to hospital as emergency and if they recommend a prism to correct, it would seem unlikely this is GCA

What are the side effects from Methotrexate? A long list, but they are not guaranteed and can be reduced. Info leaflet enclosed - <https://www.versusarthritis.org/media/23514/methotrexate-information-booklet-april2021.pdf>

Main side effects to note are liver problems when taken long term especially when overweight, alcohol excess etc. Blood count problems are not common, but we monitor bloods 2 weekly initially and then can be reduced to 3 monthly.

Very rarely an allergic reaction in the lung.

Minor side effects, nausea, abdominal pain, tiredness. Taken as a weekly tablet, so will only last a day or 2. We usually prescribe folic acid 5mg weekly to reduce side effects.

Steroid Emergency Card - isn't 100mg Hydrocortisone over the top if you're only taking 2mg Pred daily?

Hydrocortisone 100mg is only given in an emergency – when your BP drops, or if you look unwell, fainting etc. Or if you are going for a planned major surgery.