Steroid Prescribing in Palliative Care: Key Messages

Following several serious incidents relating to prescriptions of Dexamethasone in the trust, please find below some key practice points:

- Steroids may be used in palliative care for symptom control
- Dexamethasone is usual steroid of choice in palliative care.
- **Dexamethasone 6mg** is equivalent to **Prednisolone 42mg (6mg x7) orally.**
- Most indications are **"off label"** and potentially have serious **side effects** e.g.
    - **diabetes mellitus,**
    - **increased susceptibility to infections**
    - **significant myopathies**
- **Always document in/on the medical notes, drug chart and EDN**
    - **indication** for steroids
    - **plan for review or down titration.**
- **Keep to short courses** and **lowest effective dose.**
    - **Review after 5 days** when starting steroids **if no benefit**, **stop**.
        - **If benefit,** reduce to the lowest dose that sustains benefit and plan for on-going review.
        - Limit course of steroids to < 3 weeks, where possible, as can be tapered fairly quickly within this duration;
        - Longer courses > 3weeks will require slower and more prolonged tapering.
- **Consider a PPI for the duration of steroid course,** review need for PPI when steroids stop
- **Clear plan**
    - **Do not discharge patients** on **steroids without a clear plan**
    - Patients on high dose steroids will need **clear instructions** for **reduction**
- **Discharge letters** should always **provide**
    - **plan for steroid reduction/ review**
    - **clear designation of who is responsible**
    - **time frame** for when this should take place.

Checking sugars

When commencing steroids in hospital or in the community

- **Measure a baseline blood glucose** in patient not known to have diabetes or diet control diabetes
- If **blood glucose <11.1mmols** they should be educated on the risk of steroid induced hyperglycaemia and possible symptoms discussed *(tiredness, fatigue, thirst, dry mouth, frequent need to pass large volumes of urine, genital thrush, blurred vision).*
    - If they experience these symptoms they will need to be given a **blood glucose machine** and to monitor once daily pre evening meal as blood glucose tend to run high during the day and reverts to single figures the next morning.
- **If blood glucose >11.1 mmols** patient should be given a home **blood glucose monitor** to test for steroid induced hyperglycaemia and same guidance above re symptoms.

- For known diabetics on oral hypoglycaemic agents (OHAs) and/or insulin who are already monitoring their blood glucose at home need to be informed of steroid induced hyperglycaemia and need to **monitor more closely pre meal and pre bed.**

We would be aiming for diabetic control 6 to 16 mmols.

- If blood glucose levels **run >16mmols for more than two occasions** in **a 24-hour period** in any of these groups of patients then **start or increase diabetes medication.**

- **Steroid-induced hyperglycaemia** is usually treated with gliclazide tablets or insulin injections.

Recommended starting doses are as follows:

Indication:	Dexamethasone starting dose:
Malignant Spinal Cord Compression	16mg OD
Raised Intracranial Pressure (i.e. brain mets)	16mg OD if severe 8mg OD if mild-mod symptoms
Liver capsule pain	6mg OD
Appetite/ fatigue	4mg OD
Nausea & vomiting (not related to chemo)	6mg OD
Bowel obstruction	6mg OD subcut
Airway obstruction/ SVCO (whilst seeking specialist advice regarding investigation and definitive management)	16mg OD
Pain	6mg OD

- Patients should be educated about the risks/ benefits of steroids and should carry/be provided with a steroid card for the course of their treatment
- **If you are unsure, please seek advice** from **treating team**, diabetes team or palliative care team, if involved in patient care
- **Treating team via hospital switchboard**
- Diabetic specialist nurses: Scarborough 01723 342274 York 01904 724938
- Hospital palliative care team: Scarborough 01723 342446, York 01904 725835
- Community palliative care team: Scarborough 01723 356043, York 01904 724476

References

1. Steroid induced diabetes Causes symptoms and treatment http://www.diabetes.co.uk/steroid-induced-diabetes.html
2. Management of hyperglycaemia and steroid (glucocorticoid) therapy Oct 2104 JBDS-IP *www.diabetologists-abcd.org.uk/JBDS/JBDS_IP_Steroids.pdf*
3. Steroid hyperglycemia: Prevalence, early detection and therapeutic recommendations: A narrative review Eloy, H et al World J Diabetes 2015; 6(8): 1073–1081. 10.4239/wjd.v6.i8.1073