

Information Sheet

Steroid Reduction/Taper (Last updated 1st Aug 2008)

Steroids are commonly used to treat Ulcerative Colitis and work by suppressing inflammation. Steroid medication is a more powerful version of chemicals created by your own body. Because of this your body reduces its own production of steroids and becomes dependent on the steroid medication.

When reducing/tapering your steroids it is therefore important to do this in a controlled manner over a period of time. It is also important to reduce the dose more slowly as the dose gets lower. This allows your body to re-start its own production – something that takes place somewhere between 10mg and finishing steroids.

It is also important that you “Read” the signals from your body during the steroid reduction. You may have to reduce the dose more slowly than in the table below if you for example have an infection – or are affected by stressful circumstances. It is usually better to delay the next reduction if in doubt. If you don't feel ready for the next level reduction within a couple weeks you should probably seek advice from your consultant or GP.

You should always consult your GP or Consultant before starting the reduction process. The table below gives a good guide to reduction doses and times – though this depends upon your condition. You should fill in the last two columns for your own records. The checks on page 2 give guidance on actions you may need to take to successfully manage the reduction of steroids.

Dose	Minimum days before next reduction	Date Dose Started	Checks Requiring Action (See overleaf)
40mg	6		
30mg	6		
25mg	6		
20mg	6		
15mg	6		
10mg	6		
8mg	5		
7mg	4		
6mg	4		
5mg	4		
4mg	4		
3mg	4		
2mg	4		
1mg	4		
Zero			

Checks

The following checks should be performed at each reduction. Use the check column on the main form to list the numbers of the checks either requiring action or that delayed the reduction to the next dose (e.g. 1,3,7). It is best to perform and record all checks – not just the first that stops the reduction. This not only helps you keep track of progress – but also proves useful when discussing you condition with your GP/Consultant.

Number	Check	Details	Actions
1	Blood	Do you have blood in your stools?	If blood is present delay the reduction. If there are large quantities or it doesn't clear up in 7-10 days then see your GP.
2	Mucous	Do you have mucous in your stools?	Delay the reduction for a few days. In many cases this will settle down. Otherwise consult your GP.
3	Bowel Movements	Are you having more than three bowel movements a day? Are your bowel movements liquid?	Check your diet – the diet section of the web site has advice. If you have no blood or mucous discuss the use of codeine phosphate with your GP. This would usually be a single dose of up to 45mg taken in the morning. Delay steroid reduction till bowel movements are less frequent.
4	Pain	Have you any pain – particularly towards the lower left side of you abdomen?	Occasional pain is to be expected. If the pain is frequent or continuous then delay steroid reduction for a few days. If this persists then consult your GP.
5	Infection	Have you had a recent infection such as a cold/sore throat?	Delay steroid reduction till 7 days after the infection has cleared
6	Injury	Have you had a recent injury?	Don't reduce steroids until any inflammation has settled down. If receiving treatment for the injury ensure medical staff are aware you are taking steroid medication.
7	Hydration	Do you feel thirsty? Is your urine yellow?	If your urine is yellow or you feel thirsty then you are most likely de-hydrated. If you are drinking less than 3 litres of water per day then increase the amount.
8	Food remains	Are there identifiable remains of food in your stools?	You have food in your diet that your body is unable to digest. Try and remove it from your diet. Mashed potatoes, fish, chicken and Ready Brek along with apple juice make a good and balanced recovery diet.