Asthma and Oral Corticosteroids

Your doctor may prescribe oral corticosteroids (OCS) such as prednisone to treat moderate to severe asthma flares. These medications are used to decrease inflammation in the airways and reduce mucus quickly.

**Potential for serious side effects:**

**SHORT-COURSE USE**
- Eye problems
- Weight gain, particularly in abdomen, face and neck
- Swelling in lower legs
- High blood pressure
- Muscle weakness
- Mood swings and aggressive behavior
- Depression and anxiety
- Sleep problems

**LONG-TERM USE**
- Slow growth in children
- Diabetes onset
- Increased risk of infections
- Bone weakness
- Easy bruising of the skin
- Reduced hormone production

**OCS Overuse?**

**TEXAS MEDICAID STUDY**
- 42-44% of children with asthma were prescribed OCS >1X per year
- 25% of children received additional OCS prescriptions in subsequent years
- > 80% of children did not have indications of poor asthma control: albuterol refills, hospitalizations and ER visits
- Children ages 1-4 were more likely to receive multiple prescriptions than older children

**NATIONWIDE OCS USE**
- 141,000 hospital stays per year
- 43% more expensive to healthcare system

**Short course of OCS = 3-5 days**
(called a steroid burst)

> 2 bursts in 12 months indicate poor asthma control

OCS = Typically 10X stronger dose than inhaled corticosteroids

**Talk with your doctor…**
- Ask for a blood test to determine your type of asthma.
- Find out if oral corticosteroids are the only option for you.
- Balance the risks vs. benefits of taking oral corticosteroids

Sources: CHEST Foundation; "Overuse of Oral Corticosteroids for Children with Asthma in a Large Medicaid Managed Care Program," Pediatrics, April 10, 2017