



At TSF, we're strong advocates for shared-decision making between patients and their physicians, especially when it comes to deciding which treatment(s) to opt for.

Information on this guide is not intended to be used as a substitute for medical care and should not be relied upon for the treatment of NMOSD.

If you have questions or concerns regarding your health, please contact your healthcare provider.

Corticosteroids / Glucocorticoids

"Corticosteroid" refers to both glucocorticoids and mineralocorticoids (both drugs are mimics of hormones / steroids that are naturally made in your body by the adrenal cortex). Corticosteroids are powerful drugs that can quickly reduce swelling and inflammation.

They should **not** be confused with anabolic steroids (synthetic substances related to make sex hormones, androgens).

They should **not** be feared, as they are often the best option to reduce inflammation quickly, but side-effects must be managed aggressively.

To maximize benefit and minimize side effects, as short of a duration and as low of a dose as possible is ideal.

If you will be on a low dose (ex. Prednisone 20mg or less) for a short period of time (2 weeks or less), you are at lower risk for chronic complications. For higher doses and chronic duration:

Risk of infection:

- Corticosteroids / glucocorticoids suppress your immune system and make you more prone to infections, especially *Pneumocystis jirovecci* pneumonia (PJP)
- Consider initiating PJP prophylaxis with Bactrim DS MWF





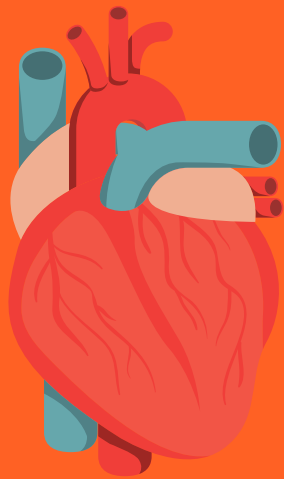
Endocrine / Diet & Nutrition

- Increase your blood sugar level, which can trigger temporary and possibly long-term diabetes
- Increase your cholesterol and triglyceride levels
- Appetite is often increased; limit calories to avoid weight gain
- Consider checking a baseline HgA1c and/or glucose status
- You may have irregular menstrual cycles, decreased libido



Gastrointestinal

- Increase your risk of ulcers and gastritis
- Malabsorption, leading to micronutrient deficiency (including calcium, which can worsen bone loss), either primary or secondary



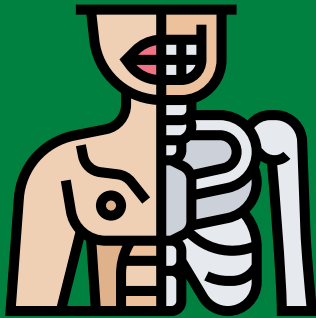
Cardiovascular

- Increased blood pressure




Ophthalmic

- Cataracts or narrow angle glaucoma



Musculoskeletal / Skin / Soft Tissue

- Tendon rupture/tear, pink stretch marks, thin skin, hair thinning, acne, increased facial hair, a fatty hump between your shoulders, round face
- Aseptic necrosis of bone
- Muscle weakness
- Delay wound healing, which requires a certain amount of inflammation
- Risk of osteopenia/osteoporosis: Consider obtaining baseline bone density and periodic assessment (FRAX score, etc.)



Psychiatric / Neurologic

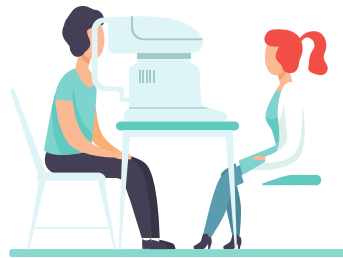
- Anxiety, depression, hallucinations
- Mood fluctuations can range from depression to euphoria to psychosis
- Neuropathy
- While steroids lower intracranial pressure, **steroid withdrawal** can be associated with rebound ***pseudotumor cerebri syndrome*** (increased intracranial pressure) as patients wean off of steroids
- Insomnia (ask for a small dose of sleep aids!)

It's important for neurologists to understand their role in monitoring the chronic use of steroids and **work to actively prevent side-effects at the time of prescribing.**

Specialist team for management of chronic steroids:



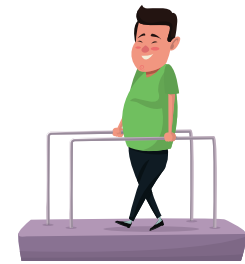
Pharmacist



Ophthalmologist



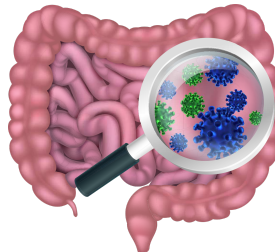
Endocrinologist



**Therapists
(PT/OT)**



Nutritionist



Gastroenterologist



**Psychologist /
Counselor / Psychiatrist**