

Patient information factsheet

Steroid treatment for MS relapse

You have been given this factsheet because your doctor or nurse has recommended you take a course of steroid medication for MS (multiple sclerosis) relapse. The steroid recommended is called methylprednisolone (also known as Medrone®).

If you have any questions or would like more information, please speak to a member of your healthcare team.

What is an MS relapse?

Episodes of new or worsening MS symptoms are known as 'relapses'.

Relapses are a relatively sudden (over hours or days) increase in symptoms or disability associated with MS lasting for more than 24 hours.

Relapses often occur without warning but are sometimes associated with a period of illness or stress.

Symptoms due to a relapse usually settle after a few weeks but sometimes can last longer.

Treatment

Relapses are often treated with a short course of steroid medicine to speed up recovery.

Steroids, also called corticosteroids, are anti-inflammatory medicines used to treat a range of conditions.

Steroids have been shown to help relapses settle more quickly but do not alter whether or not any problems will persist in the long-term.

Not all relapses require treatment and steroids are usually reserved for when symptoms are distressing or result in a limitation of your usual activities. Sometimes infections, particularly of the chest or urinary tract, can cause similar symptoms to a relapse, so your doctor will assess you for signs of an infection before prescribing steroids.

Side effects

Steroids may cause side effects, though these usually go away once the course of treatment is finished.

You may experience some of the following:

- slight reddening or flushing of your face
- swelling of your ankles
- metallic taste in your mouth

Patient information factsheet

- urinary tract infection (UTI), thrush or sugar in the urine
- changes in mood
- altered sleep pattern
- weight gain, increased appetite
- indigestion*

* If you develop indigestion whilst taking the tablets you should tell your doctor as you may need to take a medicine called Omeprazole to help protect the stomach lining. This should also be taken if you are taking regular anti-inflammatory drugs, for example Aspirin, Ibuprofen, if you are on Warfarin or if you already suffer with frequent indigestion or have a history of stomach ulcers.

Steroids and your bones

Repeated courses of steroids can lead to thinning of the bones (osteoporosis) and you should not be given more than three courses of steroids a year.

If your doctor is concerned about your risk of osteoporosis, they may arrange a bone (DEXA) scan or give you dietary supplements of Vitamin D and calcium.

You should also tell your doctor if you are diabetic (steroids will affect your blood glucose levels) or if there is a chance you may be pregnant.

Further information

If you have any questions or would like more information, please contact the person who has prescribed the medication or speak to your local MS clinical nurse specialist (CNS).

Useful links

www.nhs.uk/conditions/steroids/

www.nhs.uk/conditions/multiple-sclerosis/

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