

Stress-dose steroid treatment following zoledronic acid infusion

Information for patients, families and carers

This factsheet has been written to provide you with important information following your child's treatment with zoledronic acid.

Please read this factsheet and keep it in a safe place so you can refer to it again. If you have any questions or would like more information, please get in touch using the contact details on page 3.

About zoledronic acid

If your child requires long-term steroids, example for Duchenne Muscular Dystrophy, they may be treated with a 'bisphosphonate' medicine called zoledronic acid (also known as zoledronate) to strengthen their bones.

Zoledronic acid can sometimes cause a flu-like response, meaning your child will need to take 'stress-dose' steroids following each zoledronic acid infusion.

Your child should take the following 'stress dose' hydrocortisone:

[..... mg*] every 6 hours for 72 hours (3 days)

following each zoledronic acid infusion.

(*prescribing medical team to refer to zoledronic acid guideline for appropriate doses and ensure patient has appropriate medication at home or prescribe TTOs)

- The first dose will be given in hospital, just before the zoledronic acid.
- You should wake your child in the night to ensure it is given every 6 hours.
- If their usual steroid is hydrocortisone, they should take the stress dose **instead of** their usual dose.
- If they usually take a different steroid (prednisolone, deflazacort, or dexamethasone, for example) then they should take the hydrocortisone **in addition to** their usual steroid.

What response can occur after zoledronic acid?

Zoledronic acid can cause a flu-like response 24 to 48 hours after it is given (particularly following the first treatment).

Symptoms may include:

- fevers
- aches and pains
- shivers
- swelling of the joints
- fatigue
- nausea and vomiting.

Why does my child need stress-dose steroids after being treated with zoledronic acid?

This is because children and young people who take long-term steroids are at increased risk of 'adrenal suppression'.

Long-term steroids include:

- hydrocortisone
- prednisolone
- deflazacort
- dexamethasone.

Adrenal suppression is when the body is unable to respond in the normal way to 'stress' such as:

- fever
- infection
- trauma.

The body's natural defence against 'stress' is to produce more natural steroids to fight the stress. However, people with adrenal suppression are unable to do this, which puts them at risk of becoming very unwell.

You will previously have been advised to give 'stress-dose' steroids when your child is unwell but if you have any questions or concerns about this or anything covered in this factsheet please talk to us.

If your child starts vomiting and is unable to tolerate their oral steroids

- Give emergency hydrocortisone injection at home, if you have this available.
- Attend your local emergency department immediately – your child will need hydrocortisone fluids into a vein (intravenously). Remember to tell the triage nurse that your child is taking high dose steroids.

Contact us

If you require any further advice, contact the paediatric endocrine nurses via telephone: **023 8120 8719**. Please note this is not a 24-hour emergency contact number. We aim to respond within 24 to 48 hours.

If your child is unwell or you require urgent medical advice, please attend your local emergency department.

For a translation of this document, or a version in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital please visit **www.uhs.nhs.uk/additionalsupport**

www.uhs.nhs.uk/childrenshospital

Version 1. Published July 2021. Due for review July 2024. 3003