

Guidance on Oral Corticosteroid Prescribing In Asthma and COPD

Why This Matters

Oral corticosteroids (OCS) remain essential in managing acute exacerbations of asthma and COPD. However, cumulative exposure carries significant long term risks particularly once lifetime dose exceeds 1000 mg prednisolone (4 or 5 standard 5 day courses)¹.

Every course should trigger a review of disease control, inhaler use, risk factors, and the need for enhanced asthma or COPD management

Please do not just treat the flare, consider cause and if it could be prevented from happening again.

1. Blakey J, Chung LP, McDonald VM, et al. Oral corticosteroids stewardship for asthma in adults and adolescents: A position paper from the Thoracic Society of Australia and New Zealand. *Respirology*. 2021;26(12):1112-1130. Doi:10.1111/resp.14147

Key Clinical Recommendations to consider

- Evaluate individual modifiable factors e.g., adherence, inhaler technique, smoking status, triggers.
- Prescribe the lowest effective dose for the shortest possible duration. (*Prolonged weaning courses are not usually necessary in asthma and COPD.*)
- Remember a COPD exacerbation can take 4-6 weeks to get over.
- Check previous OCS use in last 12 months:
2 courses/year → concerning
3+ courses/year → red flag → consider secondary care referral

Side effects of long-term systemic corticosteroid exposure

Neuropsychiatric

Minor mood changes, depression, anxiety, psychosis, cognitive impairment, sleep disturbances.



Ophthalmologic

Cataracts (posterior subcapsular), glaucoma (increased IOP), exophthalmos.



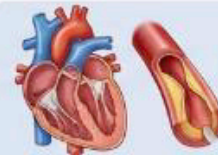
Dermatologic

Skin atrophy, ecchymosis, striae, acne, hirsutism, hair loss, impaired wound healing, telangiectasia.



Cardiovascular

Hypertension, coronary heart disease, ischemic heart disease, heart failure, dyslipidemia, fluid retention.



Gastrointestinal

Nausea, vomiting, peptic ulcers, pancreatitis.



Metabolic/Endocrine

Hyperglycemia, dyslipidemia, weight gain (central obesity), adrenal suppression (HPA axis dysfunction), cushingoid features (moon face, buffalo hump), insulin resistance.



Musculoskeletal

Osteoporosis, fracture, myopathy (muscle weakness and wasting), osteonecrosis.

