

Methylprednisolone



Information for patients

Ophthalmology



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What is methylprednisolone?

Corticosteroids (steroids) are naturally produced by the body and have a wide variety of roles important for normal bodily functioning. Methylprednisolone is a synthetic drug, which is a type of corticosteroid. It has anti-inflammatory and immunosuppressive effects, which allow us to treat inflammatory or allergic conditions affecting the body. It does this by reducing the activity of the immune system.

How is methylprednisolone therapy used in eye conditions?

Methylprednisolone can be delivered into your bloodstream. This is called an intravenous infusion.

Intravenous methylprednisolone infusions are used to treat inflammatory eye conditions, particularly when there is active disease threatening your eyesight or severely affecting your quality of life. A small plastic tube (cannula) will be inserted into one of your blood vessels (veins) to allow the drug to be given intravenously. Methylprednisolone may be given in one dose only or in divided doses over a period of time. The infusion itself normally lasts for approximately 30 minutes; however you should plan to be in hospital for 1-2 hours. Inflammatory eye conditions which may require the use of methylprednisolone include the following:

- Thyroid eye disease
- Other causes of orbital inflammation (inflammation of the eye socket)
- Scleritis
- Uveitis
- Occasionally before or immediately after eye surgery in some patients with existing inflammatory eye conditions

What are the expected benefits?

Thyroid eye disease / Orbital inflammation

In thyroid eye disease and occasionally in other causes of orbital inflammation, the inflammation causes the eye muscles and soft tissues around the eye to swell. This may:

- cause double vision by affecting the way the eye muscles work,
- cause discomfort to varying degrees,
- alter the appearance of the eyes and the tissues around the eyes, or
- threaten your eyesight by causing compression on the nerve supplying the eye.

Methylprednisolone should help prevent worsening of this swelling and inflammation of the tissues around your eyes. It may also help your eye muscles work better, and this may improve the double vision. However if you have had symptoms for a long time, the restriction of your eye movements and your double vision may not completely resolve with methylprednisolone alone.

Unfortunately, methylprednisolone is unlikely to significantly improve the amount by which your eyes are protruding. Once your thyroid disease is under control, surgery can help to improve these problems. If you have concerns about your appearance or the reaction of other people to your appearance, please do not hesitate to discuss this with us. We understand that the change in your appearance can be quite distressing.

Scleritis

In scleritis, inflammation causes pain and thinning of the outer lining of the eye. Very occasionally the inflammation can be so severe that it threatens the sight and/or the integrity of the eyeball (globe). In these cases, methylprednisolone is used to rapidly control the inflammation and stabilise things.

Uveitis

In uveitis, inflammation of the middle layer lining the eye causes pain and possibly a reduction in your vision. Methylprednisolone may occasionally be given in more severe cases where your vision is likely to be affected, in order to rapidly control the inflammation to stabilise things.

Are there any side effects?

Because methylprednisolone reduces the activity of the immune system, you may be prone to developing infections. If you have been exposed to tuberculosis in the past, steroid treatment may cause this to become an active infection. We will arrange for you to have blood tests and a chest x-ray before you begin your steroid treatment. We will also need to know before you start your treatment if you have been exposed to chickenpox or suffered from shingles in the past. If you develop a cold during a time you are due for a methylprednisolone infusion, please let us know, and we may choose to reschedule your methylprednisolone infusion for when you are better.

Steroids can cause a number of side effects. In the short term, you may experience:

- difficulty sleeping
- agitation
- low or altered mood
- flushing of the neck/face
- headaches

These are usually short-lived.

With prolonged use of steroids, there is a small risk of developing:

- diabetes
- liver problems
- stomach ulcers

- rash / puffiness of the face or legs
- osteoporosis (thinning of the bones)
- weight gain due to an increased appetite

We normally give you tablets to protect the lining of your stomach and to protect your bones while you are on high dose steroid treatment.

Methylprednisolone treatment can increase your blood pressure. Your GP practice is best placed to monitor and manage this for you.

If you have diabetes, steroid treatment can affect the control of your blood sugar. We advise you to tell your diabetes doctor or nurse that you are having steroid treatment with methylprednisolone. They can adjust your medication if required. We would also advise that you monitor your blood sugar more regularly while you are receiving steroid treatment. We routinely check your blood pressure, blood sugar, and weight when you see us while you are receiving methylprednisolone treatment.

In addition, steroids may uncover underlying mental health problems. If you experience extremely low mood during your treatment, where you feel you may be a risk to yourself, please seek help as soon as possible, either with us or your GP practice. We have also included the Samaritans free-to-call anonymous helpline number on this leaflet, should you require it.

If you feel unwell when you stop steroid treatment, please let us know. It may mean that you require your steroid dose to be brought down more slowly before stopping it completely.

Will this affect other conditions I am receiving treatment for?

In patients with thyroid eye disease, methylprednisolone is not expected to affect your thyroid function. However, it is important for your thyroid function to remain stable, as an overactive or underactive thyroid can

worsen thyroid eye disease. Your endocrinologist or GP is the best person to manage this, so it is important to keep your regular appointments with them.

Who should I contact if I have any concerns?

If you have further questions, please do not hesitate to get in touch with us.

Sian Clarke Uveitis nurse specialist	0114 271 2947 or 0114 271 1900 bleep 2646
Medicines Advice Line	0114 271 3296
Emergency Eye Centre	0114 271 2495 , option 2
Samaritans free-to-call helpline (anonymous)	116 123

For urgent concerns

If you are very unwell with:

- rash
- difficulty breathing, or
- swelling of the face / tongue,

please go to your **nearest A&E** immediately.

If you have:

- any deterioration in your vision, or
- significantly increased pain and redness in your eye,

please go to the **Emergency Eye Centre** which is open 8.30am - 4.30pm Monday to Friday.

However, if you are from out of the area, your local emergency eye service may be better suited to help you for urgent concerns.

If you are feeling **unwell**, your GP or your local A&E would be best suited to help you.

Your methylprednisolone treatment plan

Please report to the Eye Clinic situated on A floor at the Royal Hallamshire Hospital, at the time below.

Please arrive on time. If you are going to be late, please call the Eye Clinic on **0114 271 2495**

Date

Time

Further information

If you have further questions, please do not hesitate to discuss these with any member of staff.



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