

Common Name: Prednisone



What is it?

Prednisone is a corticosteroid hormone. Your body produces a form of prednisone called cortisol, which helps your body respond to stress, such as infection. When you take prednisone tablets to prevent rejection, your body produces less cortisol and relies on you to take prednisone tablets regularly. If you stop taking prednisone suddenly, your body cannot produce cortisol quickly enough and you may become ill. Your transplant team will decrease your prednisone dose gradually (taper) to allow your body to adjust. Although prednisone is used to prevent rejection in transplant recipients, it also has many other uses such as treating arthritis, asthma, allergies, and inflammation.

How should it be taken?

Prednisone is taken once daily. It is best taken in the morning to minimize the effects of insomnia. It should be taken with food or milk to prevent stomach irritation. Your doctor will tell you when to reduce your dose. **DO NOT STOP TAKING PREDNISONE SUDDENLY.** The Transplant Team will decrease your dose slowly over time. In some people, prednisone may be tapered down to every second day. You may wish to keep a calendar to remind you what days to take your prednisone.

If you miss a dose:

Take the missed dose as soon as you remember up to 14 hours after the dose was due. If it is beyond the 14-hour mark, skip the missed dose and take your next dose as scheduled. Do not double up the next dose.

If you are sick:

If you vomit within 30 minutes of taking prednisone you should take it again. If you vomit more than 30 minutes after taking prednisone, it is not necessary to take another dose. If you have diarrhea for several days or continue to vomit, you should contact your transplant team.

How should Prednisone be stored?

Keep your medications away from extremes of temperature (very hot or very cold). Keep them at room temperature, away from children. Do not keep medication in your vehicle. When you travel, take your medication in a carry-on bag and keep it with you at all times.

What are the side effects? How can I manage them?

Unfortunately, prednisone has many side effects, particularly with long-term use. Your transplant team is aware of these side effects and will try to decrease your doses as much as possible without risking rejection.

If you experience nausea, vomiting, stomach irritation, or heartburn, take this medication with food or milk. If these effects persist or your stools become black and tarry, contact your doctor.

Mood swings may occur at high doses. Acne, round face, thin skin, easy bruising, slow wound healing, headache, insomnia, weight gain, swollen feet, muscle weakness, blurred vision, cataracts, weak bones, increase appetite and thirst may also occur.

An uncommon side effect is avascular necrosis of the hip (damage to the hip bone). The risk of avascular necrosis because of prednisone increases with alcohol use.

If you are diabetic, prednisone may make it more difficult to control your blood sugar and require you to use more insulin. If you are not diabetic, prednisone may require you to temporarily or permanently take insulin or pills to control your blood sugar levels.

Cautions/ Other Advice:

Be sure to tell any doctor, dentist, surgeon, nurse, or pharmacist who is involved with your health care that you are taking prednisone.

