

# Prednisolone for nephrotic syndrome

This leaflet is about the use of prednisolone for nephrotic syndrome.



This leaflet is for parents and carers about how to use this medicine in children. Our information sometimes differs from that provided by the manufacturers, because their information is usually aimed at adults. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again.

Do not stop giving prednisolone suddenly, as your child is likely to become unwell.

## Name of drug

**Prednisolone**

**Brand names:** Deltacortril

## Why is it important for my child to take this medicine?

In nephrotic syndrome, the kidneys leak protein into the urine (wee). This causes oedema (swelling of the tissues due to extra water), often in the face and legs. Although it is often painless, the swelling may become uncomfortable or cause breathlessness and can cause high blood pressure. Prednisolone is a steroid medicine that will get rid of the protein in the urine and the extra water but it needs to be taken over a long period of time (months).

## What is prednisolone available as?

- **Tablets:** 1 mg, 5 mg, 25 mg; these contain lactose
- **Enteric-coated tablets:** 2.5 mg, 5 mg; these contain lactose
- **Dispersible tablets:** 5 mg

If you have any concerns or questions, speak with your child's doctor or pharmacist.

## When should I give prednisolone?


- Prednisolone is usually given **once** each day. This is usually in the morning.

Give the medicine at about the same time each day so that this becomes part of your child's daily routine, which will help you to remember.

## How much should I give?

Your doctor will work out the amount of prednisolone (the dose) that is right for *your* child. The dose will be shown on the medicine label.

After your child has taken prednisolone for some months, your doctor may prescribe gradually smaller doses and/or tell you to give the medicine on alternate days.

 **It is important that you follow your doctor's instructions about how much to give.**

## How should I give it?



**Tablets** should be swallowed with a glass of water, milk or juice. Your child should not chew the tablet. You can crush the tablet and mix it

with a small amount of soft food such as yogurt, jam or mashed potato. Make sure your child swallows it straight away without chewing. **Do not crush enteric-coated tablets.** These have a coating to protect the stomach and need to be swallowed whole.



**Dispersible tablets:** Dissolve the tablet(s) in water or fruit juice. Your doctor or pharmacist will have told you how much liquid to use, and how much to give to your child. Make sure your child drinks it all straight away, using a medicine spoon or oral syringe. Alternatively, these can be swallowed as normal tablets. The solution is very bitter and a strong tasting juice mixed with the solution or ready to take straight after may help.

## When should the medicine start working?

Prednisolone will not work straight away. After a few weeks, the protein in the urine (seen on a urine dipstick test) and any swelling will have gone. However, your child should not stop taking the medicine, as continuing the treatment will reduce the chance that their symptoms will come back.

Continue to give the medicine to your child during this time. If you are worried about whether it is helping, contact your doctor.

 **Do not stop giving prednisolone suddenly.**

## What if my child is sick (vomits)?

- If your child is sick less than 30 minutes after having a dose of prednisolone, give them the same dose again.
- If your child is sick more than 30 minutes after having a dose of prednisolone, you do not need to give them another dose. Wait until the next normal dose.

If your child is sick again, seek advice from your GP, pharmacist or hospital. They will decide what to do based on your child's condition and the specific medicine involved.

## What if I forget to give it?

Give the missed dose when you remember during the day, as long as this is at least 12 hours before the next dose is due.

 **Never give a double dose of prednisolone.**

## What if I give too much?

 **It can be dangerous to give too much prednisolone.**

If you think you may have given your child too much prednisolone, contact your doctor or local NHS services (details at end of leaflet).

Have the medicine or packaging with you if you telephone for advice.

## Are there any possible side-effects?

We use medicines to make our children better, but sometimes they have other effects that we don't want (side-effects).

### Side-effects you must do something about

- ⚠️ Prednisolone can cause ulcers in the stomach. Tell your doctor straight away if your child has bad stomach pain or repeated vomiting (being sick).**
- ⚠️ If your child develops a rash or severe/unexplained bruising, contact your doctor straight away, as there may be a problem with your child's blood.**
- ⚠️ If your child has eye pain or changes in their vision, contact your doctor straight away.**

### Other side-effects you need to know about

- Your child may have stomach ache, feel sick (nausea) or be sick (vomit) or may have indigestion (heartburn). Giving the medicine with some food may help.
- Your child may have an increased appetite and gain weight while taking prednisolone. You can help by making sure your child has plenty of physical activity, and by offering fruit and vegetables and low-calorie food, rather than food that is high in calories (e.g. cakes, biscuits, sweets, crisps).
- Your child may have trouble sleeping and nightmares and may feel depressed, or their behaviour may change in other ways. Contact your doctor for advice if you are concerned.
- All steroid medicines, including prednisolone, may affect the adrenal glands so that they produce less of a hormone called cortisol when the body is stressed (e.g. during illness or injury). This means that your child may have more difficulty fighting off an infection, or may recover less quickly from injury or after surgery.

### Side-effects with high doses or long courses

- Prednisolone can slow growth and affect puberty. It can also cause growth of body hair and irregular periods in girls. Your doctor will check your child's growth and development. If you have any concerns, talk to your doctor.
- Your child may be more at risk of severe infections. They should stay away from anyone with an infection (such as chicken pox, shingles, measles) if they have not had these illnesses or have not been vaccinated. Contact your doctor for advice if they have been in contact with someone who has an infection, as they may need preventative treatment
- If your child is unwell and you are worried about an infection, contact your doctor straight away.
- Your child's skin may become thinner, and heal more slowly than usual. Acne (spots) may become worse or your child may develop mouth ulcers or thrush (candidiasis). If you are concerned, contact your doctor.
- Your child may develop problems with their hip bones or their bones may become weaker (osteoporosis). The muscles around the hips and shoulders may also become weaker. If your child has any difficulty walking or moving around, contact your doctor.

- Occasionally, prednisolone causes diabetes. If your child seems more thirsty than normal, needs to pass urine (wee) often, or starts wetting the bed at night, contact your doctor.

There may, sometimes, be other side-effects that are not listed above. If you notice anything unusual and are concerned, contact your doctor. You can report any suspected side-effects to a UK safety scheme at <http://yellowcard.mhra.gov.uk>.

## Can other medicines be given at the same time as prednisolone?

- You can give your child medicines that contain paracetamol or ibuprofen, unless your doctor has told you not to.
- Prednisolone should not be taken with some medicines that you get on prescription. Tell your doctor and pharmacist about any other medicines your child is taking before giving prednisolone.
- Check with your doctor or pharmacist **before** giving any other medicines to your child. This includes herbal or complementary medicines.

## Is there anything else I need to know about this medicine?

**⚠️ In a very few cases, children become very unwell when they stop or reduce the amount of any steroid medicine they are taking, including prednisolone (in high doses). If you are at all worried about this, contact your doctor.**

- The use of steroids in children receives a lot of bad press. However, use of prednisolone in nephrotic syndrome provides a lot of benefit, and is unlikely to cause any long-term harm as long as you use the medicine as your doctor has told you to. If you are at all worried, talk to your doctor or pharmacist.


**⚠️ If your child has been taking prednisolone for longer than 3 weeks, they should not usually stop taking the medicine suddenly because they will get withdrawal symptoms: they will feel unwell, dizzy and thirsty and may be sick (vomit). Your doctor will give you more advice.**

- If your doctor wants to stop prednisolone, they will reduce the dose gradually before stopping it completely. Make sure you follow your doctor's instructions.
- The doctor or pharmacist may give your child a steroid card, which contains useful information about what to do if your child becomes unwell. Your child should keep this with them at all times.
- Your child usually cannot have live vaccines while on prednisolone. If your child is due to have an immunisation (vaccination), tell the nurse or doctor that they are taking prednisolone.
- Your child may need to take an antibiotic called penicillin V to prevent pneumococcal infection – see the [Medicines for Children website](#) for a leaflet.



## General advice about medicines

- Try to give medicines at about the same times each day, to help you remember.
- If you are not sure a medicine is working, contact your doctor but continue to give the medicine as usual in the meantime. Do not give extra doses, as you may do harm.
- Only give this medicine to your child. Never give it to anyone else, even if their condition appears to be the same, as this could do harm.

 **If you think someone else may have taken the medicine by accident, contact your doctor straight away.**

- Make sure that you always have enough medicine. Order a new prescription at least 2 weeks before you will run out.
- Make sure that the medicine you have at home has not reached the 'best before' or 'use by' date on the packaging. Give old medicines to your pharmacist to dispose of.

## Where should I keep this medicine?

- Keep the medicine in a cupboard, away from heat and direct sunlight. It does not need to be kept in the fridge.
- Make sure that children cannot see or reach the medicine.
- Keep the medicine in the container it came in.

## Who to contact for more information

Your doctor, pharmacist or nurse will be able to give you more information about prednisolone and about other medicines used to treat nephrotic syndrome.

You can also get useful information from:

**England: NHS 111**

Tel 111 - [www.nhs.uk](http://www.nhs.uk)

**Scotland: NHS 24**

Tel 111 - [www.nhs24.scot](http://www.nhs24.scot)

**Wales: NHS Direct**

Tel 111 - [www.111.wales.nhs.uk](http://www.111.wales.nhs.uk)

**Northern Ireland: NI Direct**

[www.nidirect.gov.uk](http://www.nidirect.gov.uk)

**infoKID: Information for parents and carers about children's kidney conditions**

[www.infoKID.org.uk](http://www.infoKID.org.uk)

**Nephrotic Syndrome in Children Support Group**

01823 652 886 - [www.nephrotic.co.uk](http://www.nephrotic.co.uk)

**British Kidney Patient Association**

01420 541 424 - [www.britishkidney-pa.co.uk](http://www.britishkidney-pa.co.uk)

**National Kidney Federation**

0845 601 02 09 - [www.kidney.org.uk](http://www.kidney.org.uk)

[www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)



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The primary source for the information in this leaflet is the British National Formulary for Children. For details on any other sources used for this leaflet, please contact us through our website, [www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)

We take great care to make sure that the information in this leaflet is correct and up-to-date. However, medicines can be used in different ways for different patients. It is important that you ask the advice of your doctor or pharmacist if you are not sure about something. This leaflet is about the use of these medicines in the UK, and may not apply to other countries. The Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG), WellChild and the contributors and editors cannot be held responsible for the accuracy of information, omissions of information, or any actions that may be taken as a consequence of reading this leaflet.