The survey perception by 85 specialist's physician of the corticosteroid adverse events

K.Nassar, S.Janani, W.Rachidi, N.Etaouil, O.Mkinsi Rheumatology department, Ibn Rochd University Hospital, Casablanca, Morocco

INTRODUCTION

- ☐ Corticosteroids (CTC): Semisynthetic derivatives of adrenocortical hormones
- ☐ They are the standard treatment for most inflammatory diseases
- ☐ However, the number and severity of side effects:

 Major issues of concern during long-term use
- ☐ A good management process requires a balance between:
 - Inflammatory activity sufficient
 - Adverse tolerable
- ☐ CTC are anti-inflammatory not only powerful but rapidly effective
- ☐ Widely prescribed, both by medical specialists as generalists
- Our work objective is to evaluate the perception by specialist's medicine physician of the impact of the discomfort caused by corticosteroid induced adverse events.

MATERIALS AND METHODS

- ☐ Descriptive survey with 85 specialist's medicine physician from the University Hospital of Casablanca
- ☐ Survey compound single or multiple questions choose
- ☐ Accordance with proposed rules by the department of Biostatistics-Epidemiology and Medical Informatics.
- ☐ Mainly, the perception by specialist's medicine physician of the impact of the discomfort caused by corticosteroid induced adverse events.

RESULTATS

- □85 specialist's medicine physician answered to the questionnaire
- ☐ These were respectively: 12 rheumatologists and nephrologists, 10 dermatologists, 10 gastroenterologist, 9 dermatologists, 8 internists, 8 neurologists, 6 pulmonologists, 5 infectiologists, 3 oncologists and 2 pediatric.
- ☐ 44.7% have answered seen more than 10 patients receiving long-term corticosteroid in consultation during the last months.
- ☐ The pattern initiation of corticosteroid therapy was connectivity (40%), Rheumatoid Arthritis (29.5%).
- ☐ The prescriptions duration was more than a year in 62.3% of cases.
- ☐ More than 30 mg /day in 82.35 %.
- ☐ The most troublesome adverse event considered by practitioners are reported in table
- ☐ Degression protocol was gradualy for the majority of patients, only 8 cases were fast and measures adjuddantes were prescribed for all patients

DISCUSSION

- Our study showed, as reported in the literature results, that the side effects corticosteroids is common, but rarely given systemically
- ☐ Mainly represented by weight gain, diabetes, trophic disorders, lipodystrophy and imbalance blood pressure.
- ☐ Systemic corticosteroids: Used in treatment for 60 years, upsetting the prognosis of most inflammatory diseases
- ☐ It is estimated that 0.2% to 0.5% of the population receives a systemic corticosteroids, prescribed for at least three months
- ☐ Corticosteroids may have cerebral pharmacological effects, acting on: mood, memory and sleep-wake regulation
- → Possible actions: Sleep disorders, psychotic or confusional episodes, depression, mania
- ☐ Real-induced cortical depression have been described, with suicide risk, as was recently shown by the study Fardet et al
- ☐ Some predictors: initial dose of corticosteroids, duration of treatment, age, female
- ☐ The signs usually regress upon discontinuation of treatment.

CONCLUSION

- ☐ Corticosteroids is a common prescription
- ☐ Better care for patients corticosteroid long-term, requires regular control of systemic side effects for the optimize therapeutic compliance.
- ☐ Tha's necessary for better exchanges doctors sick
- ☐ This imposes the need for regular monitoring of side effects, specific support for patients, which should be allocated so systemically.

Corticosteroid adverse events	(%)
Weight gain	63.5%
Diabetes	50.6%
Trophic skin	41%
Lipodystrophy	38.8%
Imbalance blood pressure	7
Neuropsychiatric complications:	
Irritability	5,8
Insomnia	3,5
Depression	2,3
Anxiety	8,2
Asthenia	4.5
Myopathy	15.2
Lower limb edema	12.9
Changing eating habits	10.5
Osteoporosis	32
Osteonecrosis	18.2
Epigastric pain or heartburn	12
Sweating	18.8
Amenorrhea	10.5

BIBLIOGRAPHIE

- 1- Glycocorticoid treatment and aimpaired mood, memory and metabolism in people with diabetes: The Edinburgh Type 2 diabetes Study.Rebecca M Reynolds, Javier Labad, Alison V Sears. European Journal of Endocrinology(2012) 166 861-868.
- 2-Effects of glycocorticoid on mood, memory and hippocampus. Treatment and preventive therapy. Annals of the New York Academy of Sciences 2009 1179 41-55.