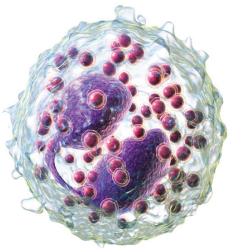
Oral Corticosteroid Stewardship

OCS TREATMENT REDUCES AIRWAY INFLAMMATION
(PRIMARILY TYPE-2 / EOSINOPHILIC INFLAMMATION)



WHEN ARE ORAL CORTICOSTEROIDS USED?

During treatment of acute asthma attacks

- Duration of treatment = 5 - 10 days (2-5 days for paediatric patients)

As maintenance treatment only when essential

- A small proportion of patients are prescribed maintenance OCS when their asthma cannot be controlled by high dose ICS + controller

LONG-TERM OCS USE MAY HAVE SERIOUS SIDE EFFECTS

MOST ADVERSE EFFECTS OCCUR AT A CUMULATIVE DOSE AS LOW AS 1.0G

EQUIVALENT TO 4 SHORT OCS COURSES

- Bone density loss
- Weight gain
- Adrenal suppression
- Hypertension
- Impaired immunity
- Trouble sleeping
- Metabolic syndrome
- Facial swelling
- Skin damage / bruising
- Cataracts / glaucoma
- Increased appetite
- Acid reflux
- Irritability
- Depression
- Mood disturbances

AIM TO REDUCE MAINTENANCE OCS USE TO MINIMUM REQUIRED DOSE

(E.g. 25% dose reduction; <6mg/day pred.)

STRATEGIES FOR OCS STEWARDSHIP

- Add-on therapy to reduce eosinophilic inflammation (e.g. monoclonal antibodies)
- Prescription protocols (e.g. lower pill doses to support minimal dosing)
- Exacerbation / attack prevention (e.g. trigger avoidance) and clear guidance on OCS dosing in written action plan
- Multidimensional assessment & management in severe asthma clinic

MONITORING FOR SIDE EFFECTS

Patients using OCS >2 times / year should be monitored for:

- Bone density loss
- Hypertension
- Blood lipids & glucose
- Adrenal insufficiency

References: Ramsahai & Wark 2018, Lefebvre et al 2015, Price et al. 2018, Blakey et al 2021.

Developed as part of the: SEVERE ASTHMA TOOLKIT
toolkit.severeasthma.org.au