Your doctor has prescribed a **steroid (Dexamethasone/Decadron®)** for you. We have written this pamphlet to help you understand how it will help you. If you have any questions about this medication after reading the pamphlet, please speak to a member of your health care team.

**In this pamphlet, Steroid = Dexamethasone = Decadron®.**

### What are steroids?
- Steroids are medications **often used** for patients with a brain tumour. **Dexamethasone (Decadron®)** is the most commonly used steroid.
- Dexamethasone (Decadron®) acts like a steroid/hormone normally made in your body to maintain the body salts and blood sugars. Decadron® is **not** the same as the muscle-building steroids used by athletes.
- Dexamethasone (Decadron®) **reduces swelling or fluid build-up (edema) in the brain.**
- Dexamethasone (Decadron®) can be used at diagnosis, during treatment or follow-up after treatment of a brain tumour to reduce brain edema (swelling).

### What is brain edema?
- Edema is the buildup of fluid (swelling) in the normal tissue around brain tumours. This is common in patients with brain tumours.
- Edema can cause pressure on the normal brain.
- Brain edema can sometimes cause more symptoms than the tumour itself.

### Why are steroids (Dexamethasone/Decadron®) used for brain edema?
- Steroids are often used and are **very effective** in controlling brain edema.
- Steroids do not destroy tumour cells but can still improve your symptoms by reducing brain edema.
- Steroids **can improve symptoms** caused by brain edema such as headache, nausea, seizures, speech problems, or arm or leg weakness.
- Without treatment of brain edema, the symptoms can become worse or permanent. You should report any new or progressing symptom so that the steroid dose can be adjusted.
How are steroids taken?

• **Dexamethasone (Decadron®)** (the most commonly used steroid) is a tablet which is taken by mouth.

• Your doctor will choose a **starting dose** and may need to **change the dose** (either up or down) depending on how you respond to the drug.

• It is important to take the dose (how many milligrams [mg] or number of tablets) **exactly** as the doctor has ordered. It should be **taken with food or milk**.

• You should expect instructions about your dose of steroids on a weekly basis.

• **Do not stop** taking the tablets without the doctor telling you to do so. The body normally produces some steroids on its own. When you take additional steroids by mouth, the body does not produce as much steroids. It is important to not stop steroids suddenly because you may feel very ill. The dose must be “tapered” (reduced slowly over a few days or weeks).

• You should **let your doctor know** if you are taking other medications; for example aspirin, Coumadin® (warfarin), or anti-seizure medication such as Dilantin®.

• Make sure you **always have enough tablets**. Contact your doctor or pharmacist for a refill a few days before you run out.

What are the possible side effects of steroids?

You **may** have some of these side effects from the steroids. Please report to your nurse or doctor if you have any of the side effects below:

**With Short Term Use (days – weeks) of steroids**

• increased appetite and weight gain
• swelling of face; facial flushing
• heartburn or indigestion
• increased blood sugar level (symptoms of increased thirst, frequent urination)
• increased risk of infection (fevers, sore mouth, yeast infections)
• trouble sleeping; restlessness
• personality and mood changes

These side effects usually go away when the steroids are decreased or stopped.

**With Long Term Use (weeks – months) of steroids**

(may include the short term side effects as well)

• “moon” face and shoulders may become rounded
• high blood pressure
• decrease in bone density which could lead to bone fractures
• weakness in legs; loss of muscle mass
• joint pain or damage, especially the hip
• glaucoma
• stomach ulcers
• diabetes
• depression
What are some of the important things to look out for?

Your health care team should talk to you about your other medical conditions or your medications that steroids may interact with.

Steroids can be used safely if you and your health care team look out for these important things:

• History of stomach ulcers: Steroids can irritate the stomach lining and this may be worse if you have a history of ulcers.

• Diabetes: Steroids can cause an increase in your blood sugar especially if you have a history of diabetes. Your blood sugar may need to be checked more often.

• Infections: Steroids can decrease your immune defense to infections. It can also decrease the signs of infections. If you think you may have an infection, you should report this to a member of your health care team.

• Previous bad reaction to steroids: Some people have reactions to steroids such as confusion or agitation or even psychiatric symptoms.

• Anti-seizure medications: Steroids can lower the blood levels of seizure medications. Your drug levels may need to be checked more often.

• Blood thinners: Steroids can affect the amount of blood thinner that you need. Blood tests will need to be done more often if you take blood thinners.

• Complementary or alternative therapies: There may be interactions between these therapies and steroids. Be sure to let your health care team know if you are taking any complementary or alternative therapies.

Tell any doctor or dentist you visit that you are taking steroids (Dexamethasone/Decadron®).

Steroid Diary

Bring this steroid diary to every doctor’s appointment.

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Looking for more information on this topic?
You can contact the Canadian Cancer Society at [www.cancer.ca](http://www.cancer.ca) or call the Cancer Information Service of the Cancer Society at 1-888-939-3333. You can also contact your local public library for books, videos, magazine articles and online health information. For a list of public libraries in Nova Scotia go to [http://publiclibraries.ns.ca](http://publiclibraries.ns.ca).

For more information visit [Cancer Care Nova Scotia’s website](http://www.cancercare.ns.ca)

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Approved by: Nova Scotia Cancer Patient Education Committee, Cancer Care Nova Scotia Provincial Neuro Oncology Site Team.

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