

Safety of inhaled corticosteroids

Inhaled steroids are the most important and useful drugs in the management of people with asthma. They have been used extensively around the world for over 20 years and there is an enormous body of research showing that they are effective and very safe even when taken in the long term. However, like all drugs there can be side effects and in general these are more likely to occur at high doses.

Local irritation in the mouth and throat are the most common side effects. More general side effects occur infrequently. These are due to tiny amounts of the drug being absorbed into the blood stream. The liver will clean up most of this but if very high doses of inhaled steroids are used there may be some side effects which include:

- thinning of the bones called osteoporosis
- thinning of the skin giving rise to easy bruising
- a reduction in the body's ability to respond to a severe medical illness.

For children an additional problem can be minor growth suppression.

These problems are unlikely in children when moderate doses of up to 250mcg per day of Becotide/Pulmicort or 500mcg of Flixotide.

For everyone on higher doses side effects can be minimised through the use of a spacer device and rinsing the mouth after inhalation.

Anyone who is concerned about possible side effects from their medication should discuss this with their doctor. Those on higher doses can discuss with their doctor whether or not a reduction in the dose might be appropriate.

Remember the risk of poorly treated asthma is far greater than the risk of serious side effect from inhaled corticosteroids.

The Foundation emphasises the need to use the lowest effective dose of these medicines.

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Reference: Toogood JH. Side effects of inhaled corticosteroids. Journal of Allergy and Clinical Immunology 1998; 102: 705