

# Steroids

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**This Infosheet explains what steroids are, how they are used in AL amyloidosis, how they are given and possible side-effects.**

## What are steroids?

Steroids are drugs which mimic certain hormones in the body that help to regulate and control the way the body develops and functions. There are several types of steroids. Those used in the treatment of AL amyloidosis are known as glucocorticoids. These steroids can suppress the immune system and prevent inflammation. These are not the

same as anabolic steroids which are sometimes used illegally by bodybuilders or people in sports.

Glucocorticoid steroids are known to be effective in killing abnormal plasma cells in the bone marrow. Their ability to control disease activity without damaging normal bone marrow function can be of great value.

## What steroids are available to treat AL amyloidosis?

Dexamethasone and prednisolone are the steroids most commonly used in treating AL amyloidosis.

While they may be used on their own (as a monotherapy) steroids are most commonly used in combination with other AL amyloidosis treatments. Steroid containing treatment combinations include: melphalan and dexamethasone (Mel-Dex), melphalan and prednisolone (MP), cyclophosphamide, thalidomide and dexamethasone (CTD), and vincristine, adriamycin (also known as doxorubicin) and dexamethasone (VAD).

Steroids may be used to treat and control newly-diagnosed AL amyloidosis, relapsed and/or refractory AL amyloidosis and as a form of maintenance treatment to sustain response to treatments.

## How are steroids given?

Steroids can be given either orally (in tablet form) or intravenously (into a vein). It is usually oral steroids used in the treatment of AL amyloidosis.

Tablets should be taken with food or milk to help protect the lining of the stomach from irritation. As the doses used in AL amyloidosis

are often high, several tablets may need to be taken at once.

## What are the possible side-effects of steroids?

Side-effects of steroids vary according to the dose, and each individual patient's reaction to steroids may be different. It is important to remember that side-effects, if any, are usually temporary and can often be prevented or well managed. They should resolve when the steroids are stopped.

Common side-effects include:

- **Stomach pain:** steroids can damage or irritate the lining of the stomach and can sometimes cause stomach ulcers. You may be given medication to prevent stomach problems. If you experience any stomach pain or vomit blood you must inform your doctor immediately
- **Fluid retention:** steroids can lead to increased fluid retention for patients with AL amyloidosis. This usually happens after you have taken the first couple of doses. Your doctor will discuss with you how to treat this fluid retention. This will usually involve increasing your diuretics (water tablets) for a few days to help compensate for the increased fluid retention

- **Increased blood sugar:** steroids may increase the levels of sugar in the blood temporarily. This is important for those who are also diabetic – these patients may require more frequent monitoring
- **Increased risk of infection:** steroids can suppress the immune system, particularly if given in high doses or long-term. It is important to report any signs of infection such as a high temperature, productive cough or any area of swelling or inflammation to your doctor or nurse
- **Increased appetite:** steroid treatment can make people feel hungrier and want to eat more. It is therefore possible to put on weight during steroid treatment. If this is a particular problem it might be worth asking to see a dietician at the hospital
- **Mood changes:** mood swings, anxiety, tearfulness, irritability and perhaps some difficulty in sleeping because of a feeling of hyperactivity can occur when on steroid treatment. This can be more apparent when taking the high doses, and when alternating between periods on and off steroids. If steroid tablets are taken in the morning it may help with any sleep problems

- **Muscle wasting and muscle weakness:** steroids can cause muscle weakness and muscle wasting in some patients. Muscle cramps can occur for a short time after stopping steroids. You should report any unusual side-effects or symptoms to your doctor or nurse

Other less common side-effects include blurred vision.

It is best not to stop taking steroids suddenly and without advice from your doctor as withdrawal effects can occur e.g. a drop in blood pressure, fever, weight loss, itchy eyes or skin, nausea or depression.

### In summary

Steroids form an important part of the management of AL amyloidosis. As steroids can often increase the response rate of other drugs, they have proved useful in combination with established treatments for AL amyloidosis, such as thalidomide, Velcade® (bortezomib), and Revlimid® (lenalidomide). Their use continues to be studied in combination with other AL amyloidosis treatments in clinical trials.

## About this Infosheet

The information in this Infosheet is not meant to replace the advice of your medical team. They are the people to ask if you have questions about your individual situation. All Myeloma UK publications are extensively reviewed by patients and healthcare professionals prior to publication.

## Other information available from Myeloma UK

Myeloma UK provides a wide range of information covering all aspects of the treatment and management of AL amyloidosis.

For a full publication list visit [www.myeloma.org.uk/publications](http://www.myeloma.org.uk/publications)

To order your free copies contact Myeloma UK. Our information is also available to download at [www.myeloma.org.uk](http://www.myeloma.org.uk)

To talk to one of our Myeloma Information Specialists about any aspect of AL amyloidosis, call the Myeloma Infoline on **0800 980 3332** or **1800 937 773** from Ireland.

Information and support about AL amyloidosis is also available around the clock at [www.myeloma.org.uk/amyloidosis](http://www.myeloma.org.uk/amyloidosis)

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**Myeloma Awareness Week 21 - 28 June**