

TYPE 2 DIABETES AND STEROID TABLETS

> WHY IS THIS LEAFLET FOR YOU?

Taking steroid treatment when you have diabetes can make your glucose levels more difficult to control. This leaflet will give you essential information on:

- What are steroids?
- Managing raised glucose levels
- Diabetes treatments
- Stopping steroid treatment
- After care

MEDICATION

> WHAT ARE STEROIDS?

Corticosteroids (also known as steroids) are hormones that occur naturally in the body. They can be artificially manufactured for a range of medicinal uses, such as reducing inflammation.

Steroids are used to help treat many conditions such as, rheumatoid arthritis, chronic obstructive pulmonary disease, cancer and COVID-19.

There are a number of different types of steroids and they vary in how long a single dose lasts from approximately 8 hours to over 2 days.

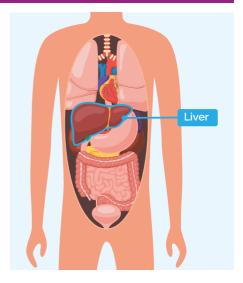


Depending on the type of steroid you have been prescribed, you may need to take a tablet daily, several times a day or once weekly. You may have been prescribed steroids as a 5 day course, one where the dose reduces over time, or a continuous course for many years.

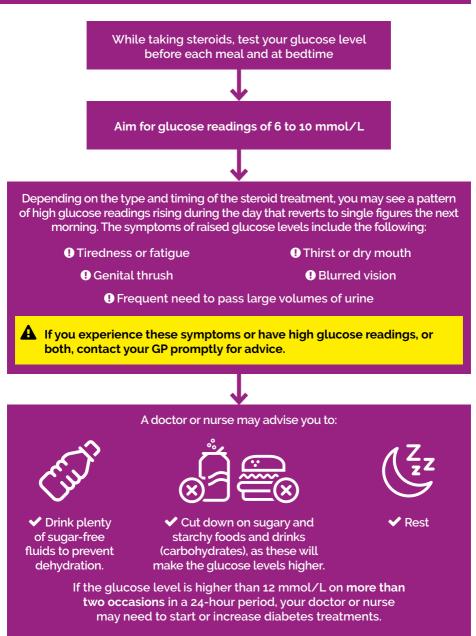
> HOW DO STEROIDS AFFECT GLUCOSE LEVELS?

Steroid treatment increases the amount of glucose produced by the liver. Steroids can also make your body produce less insulin than usual, which is the hormone that controls glucose levels in the blood. If your body is unable to make enough insulin to deal with the increased production of glucose by the liver, your glucose levels will rise **above normal**.

If you were testing your glucose levels before starting steroids, you may notice your glucose levels are raised or more difficult to control. This is called "Steroid-induced hyperglycaemia".



> MANAGING RAISED GLUCOSE LEVELS



> DIABETES TREATMENTS

Steroid-induced high glucose levels are usually treated with **gliclazide tablets** or **insulin injections**. Both work to lower glucose levels.

- Gliclazide tablets: If you are already taking gliclazide tablets, the dose may need to be increased in the morning. If you are starting gliclazide, the initial dose is usually 40mg taken each morning with breakfast. This may need to be increased to 240mg each morning. You may also need 80mg with your evening meal (320mg daily is the maximum dose). You will need to discuss this with your doctor or nurse.
- Insulin injections: If gliclazide tablets do not control the glucose levels, your doctor or nurse will suggest injecting insulin. There are many types of insulin. If you require insulin, you are likely to need a daily injection of a slow-acting insulin with breakfast, at least to start with. A nurse will show you how to inject, adjust the dose, and will support you through this process.





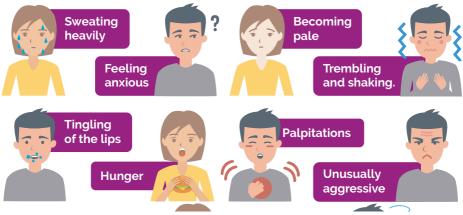
A If you have been injecting insulin for more than 3 months and you are a driver, you should contact the DVLA and your insurance company, even if the insulin treatment is temporary.

If you have diabetes and you are already taking insulin, you may need a larger dose or more injections to cope with the high glucose levels. Discuss this with the doctor or nurse who usually supports you with your diabetes management.

> REDUCING AND STOPPING STEROID TREATMENT

As your steroid treatment is reduced or stopped, your glucose levels will fall. If you are taking gliclazide or insulin, you may be at risk of hypoglycaemia (low glucose) commonly called "hypos". You will probably need to reduce your diabetes medication as your steroid tablets are reduced and your glucose levels fall.

The symptoms of hypoglycaemia include:



Treating a "hypo"

- If you are able to test your glucose, a reading **lower than 4 mmol/L** will confirm you are having a "hypo".
- If you recognise that you are having a "hypo", treat it immediately with something that will raise your glucose levels quickly such as 6 dextrose tablets or 5 standard jelly babies. If you do not feel better after 10 to 15 minutes, repeat this treatment.
- Once you feel better and your glucose level has risen to 4 mmol/L or higher, have a small starchy snack such as a banana or a sandwich.

> STOPPING EXTRA DIABETES TREATMENT

You may need to reduce or stop your gliclazide tablets or insulin if you are having regular "hypos". Your doctor or nurse will advise you how to do this.

> AFTER CARE:

- Continue to monitor your glucose once daily until your glucose levels return to normal (between 4 and 7 mmol/L). However, if your readings are higher than 12 mmol/L, test more often and contact your doctor or nurse.
- It is advisable to delay having your
 HbA1c checked for 3 months to exclude the effect of the steroid treatment.
- Some people will require intermittent steroid treatment and will need insulin injections each time they have steroids. In this instance, keep unopened insulin in the fridge and check the expiry date before using.



Once steroid therapy is completed, discard any partially used or open insulin cartridges or pens.

> USEFUL RESOURCES:

Trend Diabetes: www.trenddiabetes.online Diabetes UK: www.diabetes.org.uk Diabetes UK: **\\$** 0345 123 2399



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