

FIGURE 4.

PATIENT EDUCATION TIP SHEET: COMMON SIDE EFFECTS OF CORTICOSTEROIDS RELATED TO DISTRESS, FATIGUE, AND SEXUALITY

NEUROPSYCHIATRIC

Cognitive, behavioral, and mood changes

- Risk factors include higher doses and a history of neuropsychiatric effects from steroids and older age.
- Mania-like symptoms are more commonly associated with short-term use and depressive symptoms with long-term use.
- Hyperactivity and jitters are more closely associated with days taking steroids, and they abate on nonsteroid days.
- Steroid psychosis is rare, but patients with overt mood changes are at risk for suicide and should be monitored.
- Early recognition, diagnosis, and treatment of neuropsychiatric complications in patients receiving steroids are key to management.
- Educate patient and family to possible neuropsychiatric effects.
- Monitor patients for changes in mood, cognition, or behavior using an appropriate screening tool, such as the Hospital Anxiety and Depression Scale.
- Dose reduction or discontinuation in the presence of neuropsychiatric effects is the most effective management.
- Tapering doses can be useful to minimize the severity of mood changes (steroid “highs and lows”).
- The use of antipsychotic or mood stabilizers may be indicated.
- Avoid concomitant clarithromycin, which can increase circulating levels of corticosteroids and increase risk of neuropsychiatric effects.
- Consider referral to support groups and psychosocial services to aid coping.
- Relaxation, mindfulness techniques, and exercise may aid coping.

CONSTITUTIONAL

“Let-down effect”

- More commonly associated with days immediately after taking steroids
 - Characterized by weakness and fatigue
 - Tapering steroid doses may help.
 - Educate patient to adapt lifestyle and activities around energy levels.
- Flushing or sweating
- Assess for other causes, such as infection or cardiovascular abnormalities, and manage appropriately.
 - Educate on appropriate clothing and maintaining hydration.

Insomnia

- More common on nights after taking steroids
- Educate to take dose in the morning.
- Educate patients about sleep hygiene practices (e.g., avoiding caffeine, alcohol, and electronic screens before bedtime). Establish an appropriate sleep environment, and suggest meditation or relaxation techniques.
- Consider pharmacologic interventions if insomnia is severe or ongoing.

SEXUAL DYSFUNCTION

Lowered libido

- Initiate assessments or conversations around sexual function and intimacy to help identify potential issues.
- May require dose reduction or hormone therapy

Note. From “Steroid-Associated Side Effects: A Symptom Management Update on Multiple Myeloma Treatment,” by T. King & B. Faiman, 2017, *Clinical Journal of Oncology Nursing*, 21, pp. 242–243. Copyright 2017 by Oncology Nursing Society. Adapted with permission.