STEROIDS: The GOOD and the BAD

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Question: I've had growing neck and upper back pain for six months. My doctor is talking neck surgery. He has suggested that I first try steroids. I have read that steroids are not recommended for polio survivors. How do I decide?

Response: The issue of whether polio survivors should take steroids comes up often and can be both complicated and confusing. Here's a simple overview that hopefully will decrease the confusion.

WHAT ARE STEROIDS? Steroids are *the* super anti-inflammatory drugs used to treat rheumatoid arthritis, lupus, multiple sclerosis, asthma, chronic obstructive pulmonary disease, sarcoidosis and other serious inflammatory conditions. Examples of steroids are cortisone, methylprednisolone and dexamethasone.

Steroids can be administered orally, intravenously, intramuscularly or by local injection. When used to decrease inflammation associated with bursitis or a pinched spinal nerve (caused by arthritis or a herniated disc) steroids can often be almost immediately effective in reducing inflammation that is causing pain.

ORAL STEROIDS. As helpful as oral steroids can be to treat inflammation, they also can have significant side effects in anyone taking them, not just in polio survivors. Side effects can include weight gain, diabetes, cataracts, glaucoma, increased susceptibility to infections, depression, delayed wound healing, easy bruising and stomach ulcers.

Notable for polio survivors, steroids also can cause fatigue, muscle weakness, muscle atrophy, osteoporosis with increasing the risk of fractures and even bone death. What's more, steroids have been found to impair and even damage brain neurons, which likely explains findings of difficulty maintaining concentration and impaired memory, especially with long-term treatment using high doses of steroids. (mayoclinic.org/steroids/art-20045692)

For polio survivors, it's the long-term use of oral steroids for the treatment of pain that we found problematic. Post-Polio Institute patients taking oral steroids, most often for hip pain, reported increased weakness, fatigue and trouble with attention and memory. These side effects unfortunately amplified PPS symptoms patients already had.

Given the side effects, long-term use of oral steroids to treat pain is not appropriate. See a rehabilitation doctor and discuss treatment for acute, significant inflammation-related pain (ex: bursitis, pinched nerve) with 6 days of a self-tapering oral steroid - the Medrol dosepak - as a first treatment step. (drugs.com/mtm/medrol-dosepak.html)

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STEROID INJECTIONS. If oral medication does not manage pain, steroids can be injected locally, for example into the hip bursa, into the neck or back spinal facet joints or as an epidural.

Since the amount of steroid injected is limited, and since it's targeted to the area where inflammation is causing pain, there are many fewer side effects. But local injections shouldn't be overdone. Repeated local steroid injections also can cause bone death. The general recommendation is for no more than three injections in the same location per year. (mayoclinic.org/tests-procedures/cortisone-shots/about/pac-20384794)