

# Information for the treatment of Immune Thrombocytopenia in Adults

## Prednisolone

### First-line treatment

Corticosteroids or Steroids are the standard first-line treatment approach for Immune Thrombocytopenia (ITP) and usually include Prednisone or Dexamethasone.

Corticosteroids are treatments based on a naturally occurring hormone produced by the adrenal glands involved in controlling inflammation, stress response, metabolism, behaviour, electrolyte balance and more.

Corticosteroids work by suppressing the immune system to raise the platelet count.

Corticosteroids are widely used as an initial therapy in ITP, and it is recommended, based on the Consensus Guidelines for the management of adult Immune Thrombocytopenia in Australia and New Zealand, that this treatment not be used for longer than six to eight weeks to minimise toxicity.



**BRAND NAMES** Predsolone, Predsone / Panafcortelone, Solone



### HOW DOES THE TREATMENT WORK?

Prednisolone reduces the destruction of antibody-coated platelets in the blood and the bone marrow, thereby increasing effective platelet production.

It may reduce ITP bleeding through a direct impact on the blood vessels.



### HOW IS IT ADMINISTERED?

Prednisolone is taken orally and comes in both tablet and liquid form.

It is recommended to:

- take this medication after meals or with food or milk to decrease gastrointestinal upset.
- prescribe a Proton Pump Inhibitor (PPI) with this medication to reduce gastrointestinal acid-related side effects.



### DOSAGE

A recommended starting dose of 1 mg/kg/day for the first two weeks (usually rounded to the nearest 25mg), followed by a tapering plan over 6 weeks.

It is recommended to cap the dose to 75 to 80 mg once daily, even for patients weighing more than 80 kg.



### COMMON SIDE EFFECTS

The side effects vary with dose and duration of administration.

Common side effects can include mood swings, anger, anxiety, insomnia (difficulty sleeping), weight gain, cushingoid face (also known as moon face and appears as a puffy face and rounded facial features), stomach irritation, ulcers, high blood pressure, high blood sugar, and fluid retention.

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### RARE SIDE EFFECTS

With repetitive cycles, side effects can include osteoporosis (weakening of bones), skin changes including thinning and senile purpura, hair loss, avascular necrosis (death of bone) of joints, psychosis, cataracts, infections, and adrenal insufficiency.

A rapid decline in platelet count may occur between cycles.



### TREATMENT RESPONSE

Initial response time is between 5 and 14 days, with a peak response of 7 to 21 days.



### LIKELIHOOD OF AN INITIAL RESPONSE

Approximately 75%. The response rate can be increased when combined with other agents, such as IVIg.



### LIKELIHOOD OF A LONG-TERM RESPONSE? 3-5 years

Around a third of adult patients treated with steroids will have sustained normal platelet counts. The majority of patients will experience a fall in platelet count as the dose is reduced or the drug is discontinued. There is no evidence that long-term use leads to sustained response.



### OTHER CONSIDERATIONS

Mood alterations have been widely reported.

Use with caution if an existing mental health condition is present.

Prednisolone can be used in pregnancy.

Prednisolone is favoured in older patients who are less likely to tolerate the side effects of Dexamethasone.

Patients requiring longer-term steroid therapy (steroid dependent after more than 8-10 weeks) or repeated courses of steroid therapy should be referred to a Haematologist specialising in Immune Thrombocytopenia. Visit [ITPAustralia.org.au](https://itpaustralia.org.au) for more details.

### REFERENCES

<https://itpaustralia.org.au/thanz-aus-nz-itp-guidelines/>

<https://www.mja.com.au/journal/2021/216/1/consensus-guidelines-management-adult-immune-thrombocytopenia-australia-and-new>

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