

Prednisolone

First Line Treatment

Corticosteroids or steroids are the standard first-line treatment approach for Immune Thrombocytopenia (ITP) and usually include prednisone or dexamethasone.

These treatments are 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.



BRAND NAMES Predsolone, Predsone/ Panafcortelone, Solone and Redipred (liquid formula).



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 comes in tablet or liquid form.

It is recommended to:

- be taken 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

2-4 mg/kg per day; maximum, 120 mg daily, for 4 days.



COMMON SIDE EFFECTS

The side effects vary with dose and duration of administration.

Common side effects include mood swings, anger, anxiety, insomnia (difficulty sleeping), weight gain, cushingoid face (puffy and rounder facial features), stomach irritation, ulcers, high blood pressure, high blood sugar, and fluid retention.

In younger children, an increased appetite and irritability is also common.

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RARE SIDE EFFECTS

Corticosteroids can lead to reduced growth when used long-term in paediatric patients. Other rare 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, adrenal insufficiency with repetitive cycles.

A rapid decline in platelet count may occur between cycles.



TREATMENT RESPONSE

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



LIKELIHOOD OF AN INITIAL RESPONSE

Approximately 75% and an even higher response rate when combined with other agents such as IVIg.



LIKELIHOOD OF A LONG-TERM RESPONSE?

Platelet counts generally fall 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 are widely reported.

Corticosteroids are widely used as an initial therapy in ITP, and the American Society of Hematology (ASH) Guidelines panel recommends that children who:

- have non-life threatening mucosal bleeding and/or diminished HRQoL, against courses of corticosteroids longer than 7 days and in favour of courses 7 days or shorter.
- have non-life threatening mucosal bleeding and/or diminished HRQoL, suggests prednisolone rather than dexamethasone.
- are newly diagnosed with no or minor bleeding, recommends observation rather than corticosteroids.

REFERENCES

<https://itpaustralia.org.au/itp-in-children/>

<http://itpaustralia.org.au/wp-content/uploads/2024/10/2023-ANZCHOG-Paediatric-ITP-Treatment-Guidelines.pdf>

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