

Steroids and Growth: **FAQ'S**

Q: Will you get big and muscular using an inhaled long-term controller steroid medicine?

A: NO. The corticosteroids used in your controller medicine are different than the anabolic steroids people use to build large muscles, and work in a different way. The corticosteroids in your inhaler are a lot like those made naturally in your body. When you inhale them, they go down your airway to get rid of the inflammation (swelling) that causes asthma symptoms. You only need a small dose of corticosteroids because they are working directly on your lungs, and have fewer side effects than oral steroids.

Q: Will I gain weight by taking inhaled steroids or steroid tablets?

A: NO. Your inhaler contains such a low dose of steroids that it will not make you put on weight. Sometimes steroid tablets can make you feel hungry, and eating more will make you start to gain weight. The tablets themselves don't make you gain, so eat your normal amounts while you take them and you should be fine.

Q: What are the side-effects from inhaled steroids or steroid tablets?

A: Your controller inhaler might make you a little hoarse every now and then, because some of the medicine can stay in your mouth and throat if you don't use a valved-holding chamber or spacer. It's also possible to get thrush in the back of your throat or tongue from this medicine. You can prevent this by making it a practice to rinse out your mouth with water and spit it out after each use of your inhaled steroid medication (controller inhaler).

Steroid tablets give you a higher dose of steroids than your controller inhaler. You need this higher dose if your asthma gets really bad. When you only need to take them for a week or so, there are no serious side effects. You might get a little indigestion or heartburn, and if you do, tell your doctor. If your asthma is so serious that you need to be on steroid tablets for months or years, there can be side effects like weight gain, thinning of the bones and skin and increased blood pressure. Before you start long-term treatment with steroid tablets, you and your doctor or asthma counselor should have a talk about the risks and benefits of this kind of medicine.

Q: Will inhaled steroids or steroid tablets stunt my child's growth?

A: Most studies have shown that children grow normally when they take low-dose inhaled steroids. Long-term steroid tablet use shows the most risk for growth problems. The doctor will carefully track how your child is growing while he or she is on these medications, and may try to step-down (decrease the dosage) this therapy when possible. On the other hand, having your child's asthma out of control itself can lead to growth problems. Recent studies have shown that there is no known long-term growth delays associated with inhaled steroids. At the present time, there are many studies being done on steroids; not only on how they work, but also on the possible side-effects from them. Talk with your child's doctor about any concerns you have about steroids or any other medications.

Q: Can people with asthma use steroid medicines, including inhaled steroids or steroid tablets, while participating in team sports?

A: YES. The tests that are sometimes given to athletes to find out if they use performance enhancing anabolic steroids do not look for corticosteroids, the kind of steroids used to treat asthma. There is no ban on inhaled corticosteroids by the NCAA (National Collegiate Athletic Association) or the IOC (International Olympic Committee). However, the IOC does require prior notification if the athlete is taking steroids for asthma.

CAMP study proves that inhaled corticosteroids are safe and effective

According to the "Childhood Asthma Management Program (CAMP)," a 5-year, 8-center study funded by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) inhaled corticosteroids are safe and effective for the long-term treatment of children with mild to moderate asthma.

CAMP is the longest and largest controlled study of treatments for childhood asthma to date. It showed that inhaled corticosteroids provide superior asthma control. Their only side effect was a temporary one—a small reduction in the children's rate of growth observed just in the first year of treatment. The inhaled corticosteroids greatly reduced airway sensitivity that leads to asthma symptoms after exposure to certain triggers.

Reference

The Childhood Asthma Management Program Research Group. "Long-Term Effects of Budesonide or Nedocromil in Children with Asthma." *New England Journal of Medicine*. 2000; 343:1054-1063.