Prednisone – The Two Edged Sword

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*Transforming patient information into patient understanding.*

In my Orthopaedic Surgery practice I don’t have occasion to be prescribing Prednisone very often. The reason to be writing about it is that a lot of my patients are taking it. Prednisone has been prescribed for them by other physicians for different conditions that it is designed to help.

Prednisone has a higher risk-reward ratio than most other drugs my patients are taking.

**What Is It?**

Prednisone belongs to the family of drugs known as corticosteroids. Corticosteroids are used to suppress inflammation. Prednisone is the most commonly prescribed corticosteroid and is the one doctors and patients are the most familiar with. It is easy to dose because it comes in pill form, which makes it convenient for patients to take.

**Rheumatoid Arthritis**

Prednisone is very commonly used to treat rheumatoid arthritis. Since rheumatoid arthritis profoundly affects the lining in joints, Prednisone can reduce swelling and pain in RA joints and is often a mainstay of treatment. Family physicians and Internal Medicine specialists prescribe it for many other medical conditions such as asthma to name but one.

In RA it is often prescribed along with other medications. Prednisone is definitely fast acting.

**Risks**

Prednisone and corticosteroids in general can aggravate underlying problems notably hypertension, diabetes and osteoporosis. People who don’t have these conditions can get them.

A particularly disastrous orthopaedic consequence is avascular necrosis of bone. In this condition the bone basically dies or becomes necrotic due to loss of blood supply. It commonly occurs in the hip joint. The deteriorating bone leads to arthritis, which often requires a total hip replacement.
There are patients who take Prednisone long term and experience no side effects. There are those who experience many side effects especially to bone and they all seem to end up in my office.

**What You Should Do**

- Have a bone density test when you start Prednisone if you are not sure how long you will be taking it.
- Hypertension, diabetes, osteoporosis require close monitoring by your doctor.
- Discuss with your doctor which osteoporosis therapy you can take to prevent or slow osteoporosis. I don’t mean just increasing Calcium intake.

**IN THE KNOW**

This is our 72nd Orthopaedic Connection article in the Gratiot County Herald! With the redesign of our office website [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com) there will be a section of the website where all the articles that have appeared in the Gratiot County Herald will be cataloged by title. You will be able to easily retrieve the entire text of every article electronically online.

I am really happy that all the information I have written for you will be available instantly to anyone who wants to refer to an article in the Gratiot County Herald archive. I will definitely let you know when it is available.

Our goal is simple – To help people return to more pain free, functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush