

TYPE 2 DIABETES AND STEROID TABLETS

➤ WHY IS THIS LEAFLET FOR YOU?

Taking steroid treatment when you have diabetes can make your glucose levels more difficult to control. This leaflet will give you essential information on:

- What are steroids?
- Managing raised glucose levels
- Diabetes treatments
- Stopping steroid treatment
- After care



> WHAT ARE STEROIDS?

Corticosteroids (also known as steroids) are hormones that occur naturally in the body. They can be artificially manufactured for a range of medicinal uses, such as reducing inflammation.

Steroids are used to help treat many conditions such as, rheumatoid arthritis and joint related inflammation/inflammatory conditions, chronic obstructive pulmonary disease, cancer and COVID-19.



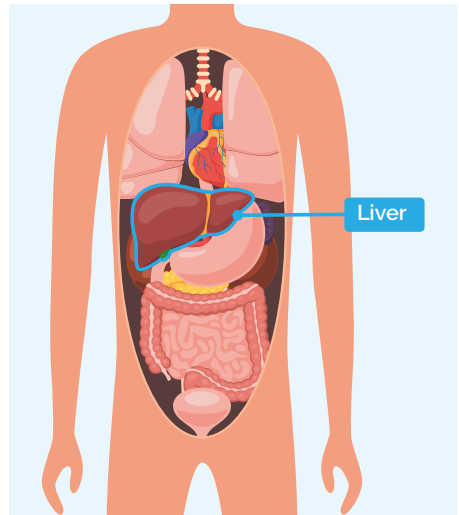
There are a number of different types of steroids and they vary in how long a single dose lasts from approximately 8 hours to over 2-5 days - with potential impact on overall glucose for up to two weeks depending on type of steroid administered/taken.

The dosing schedule of steroid treatment will be adjusted depending on the type of steroid you have been prescribed. You may have been prescribed a dose regimen which is tapered down over a period of time, a continuous course of steroid therapy over a prolonged period of time or occasionally you may need to receive steroids for certain conditions via injection. If you require a steroid injection or infusion, the specialist team or GP can advise you on how often this injection should be given.

> HOW DO STEROIDS AFFECT GLUCOSE LEVELS?

Steroid treatment increases the amount of glucose produced by the liver. Steroids can also make your body produce less insulin than usual. Insulin is the hormone that controls glucose levels in the blood. If your body is unable to make enough insulin to deal with the increased production of glucose by the liver, your glucose levels may rise **above normal**.

If you were monitoring your glucose levels before starting steroids, you may notice your glucose levels are raised or more difficult to control. This is called **"Steroid-induced hyperglycaemia"**.



> MANAGING RAISED GLUCOSE LEVELS

While taking steroids, monitor your glucose level before each meal and at bedtime

Aim for glucose readings of 6 to 10 mmol/L

Depending on the type and timing of the steroid treatment, you may see a pattern of higher than usual glucose readings rising during the day that reverts to single figures the next morning. The symptoms of raised glucose levels include the following:

- ❗ Tiredness or fatigue
- ❗ Thirst or dry mouth
- ❗ Genital thrush
- ❗ Blurred vision
- ❗ Frequent need to pass large volumes of urine

⚠️ If you experience these symptoms or have higher than usual glucose readings, or both, contact your GP promptly for advice. Never stop taking the steroid medication abruptly as this can cause you to feel more unwell - contact your GP if you think you may need to stop.

A doctor or nurse may advise you to:



✓ Drink plenty of sugar-free fluids to prevent dehydration.



✓ Cut down on sugary and starchy foods and drinks (carbohydrates), as these will make the glucose levels higher.



✓ Rest

⚠️ If the glucose level is higher than 12 mmol/L on more than two occasions in a 24-hour period, your doctor or nurse may need to start or increase diabetes treatments.

> DIABETES TREATMENTS

Elevated glucose levels caused by steroids are usually treated with **gliclazide tablets** or **insulin injections**. All work to lower glucose levels. Occasionally insulin infusions are used in in-patient settings especially, if you are having a planned procedure and your glucose levels are elevated.

- > **Gliclazide tablets:** If you are already taking gliclazide tablets, the dose may need to be increased in the morning. If you are starting gliclazide, the initial dose is usually 40mg taken each morning with breakfast. This may need to be increased to 240mg each morning. You may also need 80mg with your evening meal (320mg daily is the maximum dose). You will need to discuss this with your doctor or nurse.



- > **Insulin injections:** If gliclazide tablets do not control the glucose levels or is contra-indicated, your doctor, your doctor or nurse will suggest injecting insulin. There are many types of insulin. If you require insulin, you are likely to need a daily injection. Initially you may be commenced on a slow acting insulin with breakfast, this may be adjusted according to your glucose levels and response to therapies. Your HCP will advise you regarding this. A nurse will show you how to inject, adjust the dose, and will support you through this process.



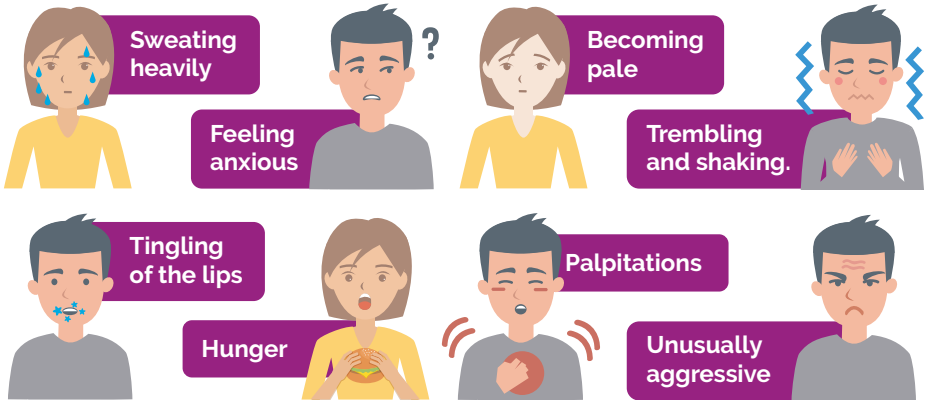
⚠️ If you have been injecting insulin for more than 3 months and you are a driver, you should contact the DVLA and your insurance company, even if the insulin treatment is temporary. Contact the DVLA at www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency

- > **If you have diabetes and you are already taking insulin, you may need a larger dose or additional injections to cope with the higher glucose levels. Discuss this with the doctor or nurse who usually supports you with your diabetes management. In some cases you may require an alternative Insulin dose for steroid days versus non steroid days.**

> REDUCING AND STOPPING STEROID TREATMENT

As your steroid treatment is reduced or stopped, your glucose levels will fall. If you are taking gliclazide or insulin, you may be at risk of hypoglycaemia (low glucose) commonly called "hypos". You will probably need to reduce your diabetes medication as your steroid tablets are reduced and your glucose levels fall.

The symptoms of hypoglycaemia include:



Treating a "hypo"

- If you are able to test your glucose, a reading **lower than 4 mmol/L** will confirm you are having a "hypo".
- If you recognise that you are having a "hypo", **treat** it immediately with something that will raise your glucose levels quickly such as 5-6 dextrose tablets or 4 standard jelly babies. If you do not feel better after 10 to 15 minutes, **repeat this treatment**.
- Once you feel better and your glucose level has risen to 4 mmol/L or higher, have a small starchy snack such as a banana or a sandwich.

> STOPPING EXTRA DIABETES TREATMENT

You may need to reduce or stop your gliclazide tablets or insulin if you are having regular "hypos". Your doctor or nurse will advise you how to do this.

> AFTER CARE:

- ❗ Continue to monitor your glucose once daily until your glucose levels return to normal (between 4 and 7 mmol/L). However, if your readings are higher than 12 mmol/L, test more often and contact your doctor or nurse.
- ❗ If you are due to start steroids and do not have access to a blood glucose meter ask your GP if you need to testing during this time.
- ❗ It is advisable to **delay having your HbA1c checked for 3 months** to exclude the effect of the steroid treatment.
- ❗ Some people will require intermittent steroid treatment and will need insulin injections each time they have steroids. In this instance, keep unopened insulin in the fridge and check the expiry date before using.
- ❗ Once steroid therapy is completed, discard any partially used or open insulin cartridges or pens.



> USEFUL RESOURCES:

Trend Diabetes: www.trenddiabetes.online

Diabetes UK: www.diabetes.org.uk

Diabetes UK: ☎ 0345 123 2399



™ Trend Diabetes Limited. Content to be reviewed July 2028