

Steroid injections

arthritis-uk.org

Steroid injections are used to treat soft tissue conditions as well as joint pain and inflammation

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

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Introduction

Steroid injections can be a quick and effective treatment for soft tissue conditions, joint pain and inflammation, although the improvement is usually temporary. They're normally given as part of a wider rehabilitation programme. You can discuss the benefits and risks of steroid injections with healthcare professionals before you start treatment, so you're able to make an informed decision.

What are steroid injections and how are they used?

Some steroids occur naturally in the human body. Artificial steroids act like natural steroids to reduce inflammation. They're not the same as anabolic steroids used by body builders to increase their muscle size and strength.

Steroid treatment for arthritis and related conditions can be taken as tablets or given as injections into the affected area.

Steroid injections are often recommended for people with rheumatoid arthritis and other types of inflammatory arthritis. They may also be recommended for osteoarthritis if your joints are very painful or if you need extra pain relief for a time. The injection can reduce inflammation, which in turn should reduce pain.

Steroid injections can't treat the underlying cause of your condition, but they can treat the symptoms.

A number of different steroids are available for injection. Common examples of steroid injections are:

- hydrocortisone (hi-dro-cor-tee-zone)
- triamcinolone (try-am-sin-o-lone)
- methylprednisolone (meth-al-pred-niss-o-lone).

Some steroid injections start to relieve pain within hours and the effects should last about a week. Your doctor or other healthcare professional might call these short-acting soluble steroids. Soluble means that the drug dissolves quickly in your body and starts working quickly.

Other steroid injections take around a week to become effective but can ease your symptoms for two months or longer. These are described as less soluble, because the drug takes longer to get into your system.

How quick the treatment works, and how long it lasts will also depend on your condition.

Steroid injections can be given to people of all ages, including children and teenagers with juvenile idiopathic arthritis (JIA). However, steroid injections should be used with care in young people.

Only the lowest effective dose should be given, and for the shortest possible time. Too much steroid treatment for children could affect their growth.

How do I have steroid injections?

Your doctor or nurse will talk to you about the most appropriate steroid mixture and dose for you. This will depend on your condition and symptoms.

They may want to check your blood pressure and blood sugar levels before your first injection as steroid injections can cause these to rise. They might delay the injection if either is raised.

Depending on where the pain and inflammation is, steroids can be injected:

- directly into an inflamed joint, this is known as an intra-articular injection
- into the soft tissue close to the joint, which is called a peri-articular injection
- into a muscle, which is called an intra-muscular injection.

Most injections are quick and easy to perform. They will be carried out by a healthcare professional in a hospital, clinic or doctors' surgery.

You may need an ultrasound scan to find where the inflammation is, so the steroid can be injected into a precise spot and have maximum benefit. An ultrasound scan uses high-frequency sound waves to create an image of part of the inside of a body. Many injections can be given without the need for ultrasound.

Sometimes you'll be given a local anaesthetic with the steroid to reduce the discomfort of the injection. This would mean your pain should be relieved within minutes. The effects of local anaesthetics can

wear off within half an hour, unless you've been given one that is long acting. You may have some numbness from the anaesthetic that could last up to 24 hours.

Loose-fitting clothes may be more comfortable if you're going for a steroid injection.

You might be advised to wait for 10 to 15 minutes in the clinic after your steroid injection. If you do have any kind of reaction to the injection, it would be helpful to be around healthcare professionals.

You may want to arrange transport home after the injection, especially if you're going to have a local anaesthetic, because numbness from the anaesthetic can make it difficult to drive.

For some conditions, such as inflammatory types of arthritis, steroid injections are often useful in the short term while you and your doctor find the right medications to control your arthritis in the long term. In this case, once your arthritis is well controlled, the need for injections should be reduced.

Is there anything else I need to know before I have a steroid injection?

You will not be able to have a steroid injection if you have an infection, particularly if it's in the part of the body that needs treating.

If you have diabetes you'll need to discuss this with your doctor or other healthcare professional, because having a steroid injection can raise

your blood sugar levels for a few days after the injection. It is important you monitor your blood sugar levels after a steroid injection.

There is evidence that having too many steroid injections into the same area can cause damage to the tissue inside the body. Your doctor will probably recommend you don't have more than three steroid injections into the same part of the body within a year. You may be advised to have less than that depending on your symptoms.

If you have a condition called haemophilia (he-mur-fill-ee-ur), which means your blood doesn't clot properly, you'll need to discuss this with your doctor, as you could be at an increased risk of bleeding into the joint.

It's important not to overdo it for the first two weeks after a steroid injection. There is a small risk that if you exercise a joint too much immediately after a steroid injection you could damage the tendon. Tendons are strong cords that attach muscles to bones.

After this time, it's important to continue with any exercises given to you by your health professional. Start off gently and gradually increase the amount you do.

If you're having physiotherapy, your physiotherapist will help you find the right balance between rest and exercise.

Possible risks and side effects

Most people have steroid injections without any side effects. They can be a little uncomfortable at the time of injection, but many people feel that this is not as bad as they feared.

Occasionally people notice a flare-up in their joint pain within the first 24 hours after an injection. This usually settles by itself within a couple of days, but taking simple painkillers like paracetamol will help.

The risk of side effects is greatest with the stronger mixtures – methylprednisolone and triamcinolone.

Injections can occasionally cause some thinning or changes in the colour of the skin at the injection site, particularly with the stronger ones.

Very rarely you may get an infection in the joint at the time of an injection. If your joint becomes more painful and hot you should see your doctor immediately, especially if you feel unwell.

People are often concerned about the possibility of other steroid-related side effects such as weight gain. One of the advantages of steroid injections compared to tablets is that often the dose can be kept low. This means that these other side effects are very rare unless injections are given frequently, more than a few times per year.

Steroid injections can sometimes cause temporary changes to women's periods. They can also cause changes in people's mood – you may feel very high or very low. This may be more likely if you have a history of mood disturbance. If you're worried please discuss this with your doctor.

Carrying a steroid card

If you've had a steroid injection into a joint or muscle, your healthcare professional may give you a steroid card for you to carry around. This will have details of the treatment you've had.

Steroid injections can stop the body producing natural hormones, which can be dangerous if you get ill, have an accident or need an operation. There is evidence that this can be a risk for up to one month after just one steroid injection. If you've had three steroid injections over the course of 12 months, this risk could last for a further 12 months.

Keeping the card with you will help any other doctor who treats you to manage your care correctly.

If you have any questions or concerns about this, talk to the healthcare professional who prescribed your steroids.

Can I take other medicines along with steroid injections?

You can take other medicines with steroid injections. However, if you're taking a drug that thins the blood, known as an anticoagulant (for example, warfarin), you may need an extra blood test to make sure that your blood is not too thin to have the injection. This is because of the risk of bleeding into the joint.

You should mention that you take anticoagulants to the person giving the injection. You may be advised to adjust your warfarin dose before having the steroid injection.

Vaccinations

Steroid injections reduce the effect of your body's immune system in the short term. This is how they reduce inflammation.

Some vaccines work by giving you a very small dose of a particular disease, so that you then become immune to it. You won't be able to have a steroid injection close to the time you have certain vaccinations. Talk to your healthcare team about when you'll be able to have a steroid injection if you've recently had a vaccination, or if you're due to have one soon.

Alcohol

There's no reason to avoid alcohol after steroid injections.

Government guidelines recommend that men and women shouldn't regularly drink more than 14 units of alcohol a week. It's a good idea to space your units out over the course of a week. Having at least two alcohol-free days a week is good for your health.

Fertility, pregnancy and breastfeeding

Current guidelines state that steroids are not harmful in pregnancy or breastfeeding.

Single steroid injections shouldn't affect fertility, pregnancy or breastfeeding and can be useful treatments in these situations. If, however, you're pregnant or breastfeeding, you should discuss it with your doctor before having a steroid injection.

This leaflet is a guide to steroid injections, their benefits and potential side effects. If there's anything else you'd like to know about this drug, just ask the healthcare professionals in charge of your care.

Notes

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