REVISED NATIONAL STEROID TREATMENT CARD

To: Health Authority (England) Chief Executives
    Health Authority (England) Directors of Primary Care
    Health Authority (England) Pharmaceutical Advisers
    Health Authority (England) Chief Nurses
    NHS Trust Chief Executives
    NHS Trust Medical Directors
    NHS Trust Chief Pharmacists
    NHS Trust Nurse Executive Directors

Cc: Regional Directors of Public Health
    Community Health Council Chief Officers

Further details from: Alan Bell
    Health Services Directorate
    Room 311
    Wellington House
    133-155 Waterloo Road
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    SE1 8UG
    0171 972 4924

Additional copies of this document can be obtained from:

Department of Health
PO Box 410
Wetherby
LS23 7LL

Fax 01937 845 381

It is also available on the Department of Health website at
http://www.open.gov.uk/doh/outlook.htm

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Summary

This Circular informs you of the publication of the revised national steroid treatment card. You are asked to bring this to the attention of GPs, relevant hospital clinicians, nurses and hospital and community pharmacists.

Background

1. Hospital Memorandum HM(61)39 (May 1961) introduced a standard card to be carried by patients receiving steroid therapy. The card is needed because treatment with systemic corticosteroids suppresses the adrenal and immune responses. This has a number of potentially serious consequences including adrenal crisis if steroid treatment is stopped abruptly or there is some other physiological stress, or of overwhelming infection.

2. The steroid treatment card carries a series of instructions for the patient and informs health professionals to whom the patient shows the card that they are receiving systemic corticosteroid treatment, the name of the drug concerned and its dose.

3. The card introduced in 1961 is widely considered to have become outdated, as new systemic corticosteroid treatments have since been developed and the ways in which they are used have changed. In addition, deaths in patients who caught chickenpox whilst on systemic steroids raised awareness that patients on steroids needed to be specifically warned of their increased susceptibility to chickenpox and other infections. It has been agreed that a warning regarding this should be added to the steroid treatment card.

4. In consultation with the relevant professional and patient interests, the national steroid treatment card has therefore been revised. Specimens of the new card are being distributed with this Circular. The text of the card is also reproduced in the annex.

Which patients should be given the steroid treatment card

5. All patients prescribed systemic corticosteroids for periods of more than three weeks should receive a steroid treatment card at the outset of treatment. For patients on systemic corticosteroids for less than three weeks, a card may be issued at the discretion of the doctor or pharmacist. It is not recommended that steroid treatment cards be issued to patients prescribed topical, inhaled or nasal corticosteroids unless considered necessary by the prescribing doctor.

6. Guidance on prescribing issues, including the use of systemic corticosteroids, is available to doctors and pharmacists from a variety of sources. The British National Formulary, which the Department of Health sends to all doctors every six months, provides advice on the choice and safe use of systemic corticosteroids. Since February 1994 three articles have appeared in Current Problems in Pharmacovigilance, the drug safety bulletin of the Medicines Control Agency and Committee on Safety of Medicines, about systemic corticosteroids. These articles have reminded doctors and pharmacists about the risks associated with systemic corticosteroids and how to minimise them. In addition, the recommendations of an Expert Working Group on the withdrawal of systemic...
Corticosteroids will be included in a forthcoming edition of *Current Problems in Pharmacovigilance*.

**What the doctor and the pharmacist should do**

7. It is the responsibility of a patient’s doctor to issue a steroid treatment card if appropriate, and to discuss its purpose with the patient. The new card is similar to the old one in having space for details of the patient, the GP, the hospital and consultant to be written in. In addition, there is space for information on drugs and doses prescribed. The doctor should try to ensure that this information is kept up to date. When the card is full, a new one should be issued.

8. Patients prescribed systemic corticosteroids should be given sufficient information, in a way that they can understand, about the proposed treatment, the possible alternatives and any substantial risks. The doctor should explain the instructions on the steroid treatment card when issuing one to the patient. As systemic corticosteroids suppress immune function, their use increases susceptibility to and the severity of infection. Patients should be warned specifically about this and about the urgent need to seek medical advice in these circumstances. They should understand that the warning applies to all infectious diseases. Patients must be warned to seek medical advice if they have not had chickenpox and have been in contact with someone suffering from chickenpox or shingles, or if they develop either condition.

9. Pharmacists dispensing systemic corticosteroids should check that the patient has received a steroid treatment card and, if not, issue one if they consider it appropriate. They should inform the prescribing doctor that they have done so.

**Patient information leaflets**

10. Patient information leaflets are an additional important way of providing information to patients about the medicines they are taking, and are intended to supplement discussions with the patient’s doctor. These leaflets are issued whenever a systemic corticosteroid is dispensed and are distinct from the steroid treatment card. Doctors and pharmacists should advise patients to read the patient information leaflet and to keep it for future reference.

**How to obtain copies of the new card**

11. Health authorities and NHS trusts used to purchase supplies of the old steroid treatment card from the Stationery Office, while community pharmacists could obtain supplies either from health authorities or from the Royal Pharmaceutical Society of Great Britain. We have taken the opportunity provided by the revision of the card to introduce new arrangements for its distribution. Doctors or pharmacists may obtain stocks of the new steroid treatment card, free of charge, from:

Department of Health  
PO Box 410  
Wetherby  
LS23 7LL  
Fax 01937 845 381.
This circular has been issued by:

Dr Graham Winyard  
Director of Health Services
STEROID TREATMENT CARD

I am a patient on STEROID treatment which must not be stopped suddenly

* If you have been taking this medicine for more than three weeks, the dose should be reduced gradually when you stop taking steroids unless your doctor says otherwise.

* Read the patient information leaflet given with the medicine.

* Always carry this card with you and show it to anyone who treats you (for example a doctor, nurse, pharmacist or dentist). For one year after you stop the treatment, you must mention that you have taken steroids.

* If you become ill, or if you come into contact with anyone who has an infectious disease, consult your doctor promptly. If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you do come into contact with chickenpox, see your doctor urgently.

* Make sure that the information on the card is kept up to date

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