



Prednisolone

Information for people with inflammatory bowel disease

PE-IBD-05

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Prednisolone is a steroid tablet used to bring a flare of Crohn's disease or ulcerative colitis under control quickly. It is a short-term treatment, not a medicine to stay on.

Why you are taking it

Steroids switch off inflammation faster than anything else we have, so they are used to settle an active flare while a longer-term medicine is started or adjusted. They do not keep the disease settled, and they are not safe to take continuously, which is why every course is planned with an end point.

How to take it

The usual starting dose is 40 mg once daily, taken in the morning with or after food. The dose is then reduced step by step, usually by 5 mg each week over about eight weeks, following the written plan we give you. Take the whole dose in the morning – this matches the body's own rhythm and helps you sleep. Never stop prednisolone suddenly after more than about three weeks of treatment: the body stops making its own steroid while you take it, and needs time to restart.

How long it takes to work

Most people notice an improvement within a few days, and the greatest benefit is seen in the first one to two weeks. If you are no better after two weeks on the full dose, contact your doctor rather than waiting for the next appointment.

Blood tests and monitoring

We check your blood pressure, weight and blood glucose during the course, and more often if you have diabetes. If you have needed two or more courses in a year, or

a long course, we assess your bone health and usually prescribe calcium and vitamin D, sometimes with a bone-protecting medicine.

Side effects

Side effect	What it means and what to do
Increased appetite, weight gain, round face	Very common. Reverses after the course finishes.
Difficulty sleeping, irritability, low or high mood	Common. Take the dose in the morning. Tell your doctor if mood changes are severe.
Raised blood sugar	Common, and may need treatment if you are diabetic. Report excessive thirst or passing a lot of urine.
Indigestion, acne, fluid retention, raised blood pressure	Common. Take with food; tell your doctor if indigestion is troublesome.
Infection	Steroids mask fever and pain. Report any infection early – see sheet PE-IBD-04 .
Thinning of the bones, cataract, glaucoma	Risks of repeated or prolonged courses, which is why courses are kept short.

Important precautions

- Carry a steroid treatment card and show it to any doctor, dentist or pharmacist.
- If you cannot keep tablets down because of vomiting, or you are seriously unwell, contact your doctor the same day – you may need steroid by injection.
- Tell any surgeon or anaesthetist that you take, or have recently taken, steroids.
- Avoid anti-inflammatory painkillers such as ibuprofen and diclofenac. Paracetamol is safe.
- If your disease flares every time the dose is reduced, or you cannot get below 10 mg within three months, you are steroid dependent and need a different maintenance medicine – tell your doctor rather than staying on a low dose.

- For a repeat prescription, message the clinic. If there is no reply after 48 hours send the message again, and if there is still no reply, come to the clinic.

Pregnancy and breastfeeding

Prednisolone can be used in pregnancy and while breastfeeding when it is needed, at the lowest effective dose. An untreated flare is more dangerous to the pregnancy than the steroid. Tell your doctor if you are pregnant or planning to be.

Tell your doctor straight away if

- You have a fever, or any sign of infection.
- You have severe abdominal pain, or black or bloody stools.
- You develop blurred vision or eye pain.
- You have severe mood disturbance, confusion or thoughts of harming yourself.
- You have missed doses or run out of tablets.

Tell your doctor so they know and can bring your appointment forward. But if you feel seriously unwell, go to the Emergency Department first — do not wait for a reply.

Contact your doctor using the numbers your clinic has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. Brand names and preparations may differ — check the label on your own medicine. General safety advice is in sheet [PE-IBD-04](#). Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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