

# **Dexamethasone**

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## Patient/Caregiver Information

#### What is Dexamethasone?

Dexamethasone is a steroid with multiple uses. It can be used in the treatment of acute lymphoblastic leukaemia (ALL), to relieve inflammation or to prevent nausea and vomiting.

#### How does it work?

Dexamethasone is a man-made steroid medicine and works like a natural steroid in the body. In high dose it induces cell death in lymphocytes and also suppresses immune function. Dexamethasone's exact mechanism is not fully understood in the prevention of nausea and vomiting.

#### How is it given?

Dexamethasone is given by mouth as a tablet. Dexamethasone can be provided as a liquid by your pharmacy or it can be given as an injection in hospital.

#### Special instructions:

- When taken by mouth, dexamethasone can irritate the stomach. Taking dexamethasone with food or milk can decrease this. Your doctor may prescribe you a medication, omeprazole or ranitidine, to limit the irritation.
- Dexamethasone can hide fevers. Watch for signs of an infection closely and inform your doctor or nurse if you see any signs.
- Your blood sugars can increase while on dexamethasone. You may be prescribed additional medications to manage this.
- Dexamethasone can cause temporary acne. Washing your face regularly can minimise this.

#### Possible Side Effects:

Listed below, but not limited to, are the more commonly experienced side effects that you may see. The side effects your child might experience may be temporary and some may be permanent.

	<b>Likely</b> Happens to 21-100 children out of every 100	Less Likely Happens to 5-20 children out of every 100	Rare but serious Happens to <5 children out of every 100
Immediate Within 1-2 days of receiving the medicine	<ul><li>Overeating</li><li>Difficulty sleeping or falling asleep</li></ul>	<ul> <li>Upset and irritated stomach with heartburn</li> </ul>	<ul> <li>High levels of uric acid in the blood</li> </ul>
Prompt Within 2-3 weeks, prior to the next course	<ul> <li>Decreased ability of the body to fight infection</li> <li>Personality changes with mood swings.</li> <li>Acne         <ul> <li>Changes in hormone production that can cause weight gain around the belly and shoulders, puffy cheeks, muscle weakness and make your body less able to deal with stress.</li> </ul> </li> </ul>	<ul> <li>High blood sugar which may require treatment</li> <li>Red face</li> <li>Wounds don't heal well</li> <li>Infections</li> <li>Fluid retention</li> </ul>	<ul> <li>Inflammation of the pancreas<sup>2</sup></li> <li>Increased pressure in the eyes<sup>2</sup></li> <li>High blood pressure</li> <li>Headache</li> <li>Dizziness</li> <li>Serious changes in personality and/or severe depression</li> </ul>



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	Happens to 21-100 children	Happens to 5-20 children out	Happens to <5 children out of	
	out of every 100	of every 100	every 100	
Delayed Anytime later during therapy, excluding the above conditions		<ul> <li>Stretch marks and easy bruising of the skin</li> <li>Muscle weakness</li> <li>Lessening of calcium in the bones making them more susceptible to fractures</li> </ul>	<ul> <li>Bone fractures<sup>^</sup></li> <li>Slowed growth</li> <li>Stomach and intestinal tract bleeding from ulcers</li> <li>Increased pressure in the brain which can lead to difficulty seeing, pressure in the eyes and headaches</li> <li>Damage to the joints which can result in pain and loss of motion usually involving the joints of the hip or knee<sup>^*</sup></li> <li>Osteonecrosis<sup>#</sup></li> <li>Kidney stones that may cause back, stomach or pelvic pain and/or main lead to blood in urine<sup>^</sup></li> </ul>	
Late Anytime later after completion of therapy		<ul> <li>Cataracts which are usually reversible in children once the dexamethasone is stopped</li> </ul>		
^Toxicity may occur later *Less common in children < 10 years				

<sup>\*</sup>Steroid is a known cause of a condition called osteonecrosis. Osteonecrosis develops due to the temporary or permanent loss of blood supply to the bones. Without blood, the bone tissue dies and begins to breakdown. This is more commonly seen in the hip joint. If the bones near a joint breakdown, it can cause the joint to collapse. Osteonecrosis can cause pain, if severe, you may require surgery.

This information sheet is a brief overview. Each individual can respond differently to the medication, it is vital that you communicate all signs and symptoms you observe to a doctor or nurse.

If you have any questions about the information provided please discuss them with your oncologist or haematologist.

Further information can be obtained from your doctor, nurse or pharmacist or at the following website: http://medsafe.govt.nz/consumers/medicine/where.asp