WHC 2021/008

WELSH HEALTH CIRCULAR

Llywodraeth Cymru
Welsh Government

Issue Date: June 2021

STATUS: COMPLIANCE / ACTION

CATEGORY
QUALITY AND SAFETY / HEALTH PROFESSIONAL LETTER

Title: Revised National Steroid Treatment Card

Date of Expiry / Review: June 2022

For Action by: All organisations providing NHS funded healthcare

Action required by: Actions to be implemented from 1 June 2021

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Enclosure(s): Letter

Prif Swyddog Fferyllol
Chief Pharmaceutical Officer

Llywodraeth Cymru
Welsh Government

27 May 2021

Dear Colleagues,

Revised National Steroid Treatment Card

Health Service Circular 1998/056 required a standard steroid treatment card to be issued to patients prescribed steroid treatment (adults and children). 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, there is physiological stress (acute illness, trauma or surgery), or overwhelming infection.

In response to concerns of patient harm from delayed diagnosis and treatment of adrenal insufficiency and crisis, the national steroid treatment card has been updated to include information to healthcare practitioners on the emergency treatment of adrenal crisis in adults and children.

Who should be given a steroid treatment card?

Based on guidance from an expert working group,[1] a steroid treatment card should be given to those patients receiving exogenous glucocorticoids at risk of adrenal insufficiency. This is defined as all patients receiving:

- Long-term courses (i.e. three weeks or longer) of glucocorticoids at a dose equivalent or higher than prednisolone 5mg;
- Three or more short-course of high-dose oral glucocorticoids within the last 12 months, and for 12 months after stopping;
- Three or more intra-articular/intramuscular injections within the last 12 months, and for 12 months after stopping;

1 Erskine D & Simpson H (on behalf of Specialist Pharmacy Service & Society for Endocrinology). Exogenous steroids, adrenal insufficiency and adrenal crisis – who is at risk and how should they be managed safely. 2021. https://www.endocrinology.org/media/4030/spssfe_supporting_sec_-final_hls-19022021-2-1.pdf

- Repeated courses of dexamethasone as an antiemetic in oncology regimens, and for 12 months after stopping (steroid card should be given on first cycle of dexamethasone) when future cycles are anticipated;
- Prolonged courses of dexamethasone (>10 days) for the treatment of COVID-19
- Inhaled steroids >1000microgram/day beclometasone or >500microgram/day fluticasone (or equivalent dose of another glucocorticoid), and for 12 months after stopping;
- Use of inhaled steroids (beclometasone as non-proprietary, Clenil, Easihaler or Soprobec) ≥800microgram/day; beclometasone as Qvar, Kelhale or Fostair ≥400microgram/day; budesonide ≥400microgram/day; ciclesonide ≥320microgram/per day; fluticasone ≥400microgram/day; mometasone ≥400micorgram per day) **and** other forms of glucocorticoid treatment (including potent/very potent topical glucocorticoids, intra-articular injection, regular nasal glucocorticoids);
- Topical high-dose (≥200g/week) potent or very potent glucocorticoids used across a large area of skin for four-weeks or more, or factors increasing absorption assessed on a case-by-case basis, and for 12 months after stopping.
- Potent or very potent topical glucocorticoids applied to the rectal or genital areas and used at high dose (more than 30g per month) for more than four weeks, and for 12 months after stopping; or
- Patients prescribed any form of ongoing glucocorticoid treatment (except small amounts of mild or moderate topical glucocorticoid which should be assessed on case-by-case basis) in conjunction with medicines known to be potent CYP 3A4 inhibitors (e.g. protease inhibitors, antifungals (itraconazole, ketoconazole, voriconazole, posaconazole), long-term course of clarithromycin).

<u>Responsibilities of the Prescriber and Dispensing</u>

It is the responsibility of the prescriber and dispenser (pharmacist or dispensing doctor) to, in the circumstances described above, issue a steroid treatment card and to discuss its purpose with the patient. Patients prescribed steroids should be given sufficient information regarding the proposed treatment, the possible alternatives and any substantial risks. The prescriber and dispenser should explain the instructions on the steroid treatment card when issuing one to the patient.

The NHS Wales Adult Emergency Steroid Card can also be provided as a supplement to, but not a replacement for, the National Steroid Treatment Card.

Obtaining copies of the new card

Health boards can obtain copies of the updated steroid treatment card from NHS Wales Shared Services Partnership using the Oracle ordering system. General practitioners and community pharmacies can obtain supplies from their Health boards.

Copies of the cards are available in portable document format (pdf) on the Welsh Endocrine and Diabetes Society website. The National Steroid Treatment Card contains a QR code, which when scanned provides patients with access to electronic copies of both the National Steroid Treatment Card and the Adult Emergency Steroid Card that can be downloaded to a mobile device such as phone or tablet device.

Yours sincerely,

Andrew Evans
Chief Pharmaceutical Officer