Initiating and ceasing corticosteroid therapy in allergic diseases

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Corticosteroids are the most potent and most effective anti-inflammatory medications available for the therapy in allergic diseases and also remarkably effective in the treatment of asthma. Even when all other forms of treatment of allergic diseases and asthma have failed, the response to adequate corticosteroids treatment is so dependable that failure of response might be considered grounds for questioning the diagnosis of allergic diseases and asthma. Despite their effectiveness, corticosteroids should not be considered primary drugs in the treatment of allergic diseases and asthma. The side effects of long-term steroid therapy must be kept in mind.

The corticosteroid dose necessary for symptom relief varies with the individual patient. After complete clearing of the diseases attack, the daily dose is reduced by slow tapering over many days or weeks to avoid a recurrence. Long-trem alternate-day maintenance therapy minimizes adrenocortical suppression. There is no guaranteed formula for steroid reduction, but in general terms, the higher the original dose and the briefer its duration, the more rapid can be the initial reductions. For example, prednisolone 200 mg daily can be reduced in decrements of 50 mg at 3- or 4-day intervals to the range of 60 mg daily; then begin decrement of 10 mg weekly to the range of 30 mg daily; then begin decrements of 5 mg at two weekly intervals to the range of 15 mg daily; then begin decrements of 2.5 mg at monthly intervals to the range of 5 mg daily. The Initiating and ceasing corticosteroid therapy in allergic diseases can be a science and an art.