URGENT CARE COLLEGE OF PHYSICIANS™

COLLEGE OF URGENT CARE MEDICINE

Corticosteroid Stewardship

Why is this important in the Urgent Care setting –

- High frequency of steroid use in the Urgent Care setting
- Even short-term use can result in negative outcomes – including increased risk of sepsis, fractures, venous thromboembolism, gastrointestinal bleeding, and heart failure.
- Inappropriate use exposes patients to the same potential complications with no expected clinical benefit.
- Risk to the patient and clinician alike

Education is key – best practice for appropriate use -

Proven Benefit to Balance Any Harm	May be beneficial depending on clinical situation	Potential Harm > Benefits
• Bell's Palsy, including Ramsay-Hunt Syndrome • Flares of diagnosed rheumatologic conditions • Asthma exacerbations • Significant COPD exacerbations • Croup • Presumptive diagnosis of polymyalgia rheumatica, pending confirmation • Presumptive diagnosis of temporal arteritis, pending confirmation	• Severe or significant contact dermatitis where topical steroids may be insufficient or contraindicated* • Pericarditis • Gout • Pharyngitis with severe pain, swelling • Urticaria/angioedema • Anaphylaxis	• Symptom relief in URI, RTI, cough • Pneumonia • "Pick me up" • Allergic or other rhinitis • Sinusitis • Otitis media • Varicella zoster (shingles), except Ramsay-Hunt • Mild to moderate severity strep/viral pharyngitis • Acute musculoskeletal injuries including back and neck pain • Acute radiculopathy • Osteoarthritis • Tendonitis • Non-rheumatologic arthralgia • Aphthous stomatitis (consider topical)

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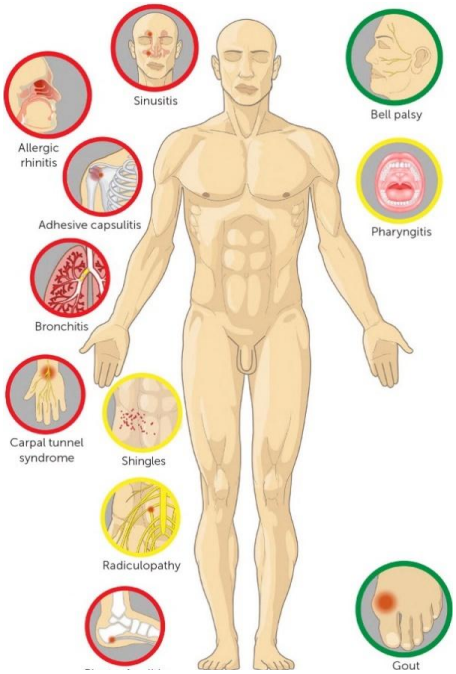


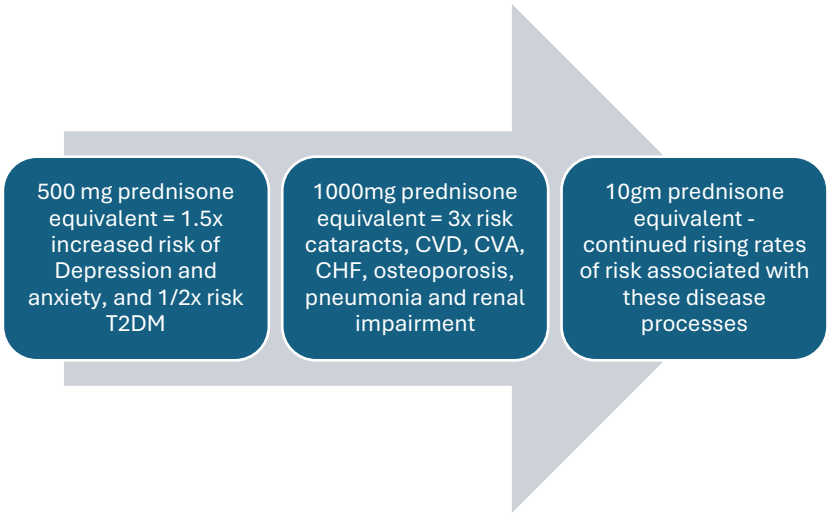
Understanding the Risks –

Immediate Effects	Long Term Risks
Increased blood sugar levels	**Diabetes, DKA**
Platelet aggression and coagulation protein changes	**Thrombus – DVT, PE, MI, CVA**
Vitamin D/ Calcium Homeostasis	**Fractures, osteopenia/osteoporosis, growth delays**
Immunosuppression	**Sepsis, bacterial infections, acne**
Fluid Retention	**CHF, Hypertension**
Growth factor and cytokine antagonism	**Ulcerations, delayed wound healing, surgical wound dehiscence**
Increased ocular pressure	**Glaucoma, cataracts**
Fat redistribution, increased appetite	**Weight gain, moon face**
Cortisol pathway disturbance	**Psychosis, anxiety, insomnia**

Know the numbers -

Infection	Cardiovascular	Musculoskelatal	Gastrointestinal
•Increased risk of sepsis up to 3 months •Increased pediatric pneumonia risk for 90 days	•250% increase in CHF risk for first 30 days post use, baseline by 90 days •300% increased risk of DVT for months	•2x risk of fracture for 1 month, baseline by 60 days •AVN risk increases	•2x Increased risk of GI bleed for 30 days, baseline by 90 days

Cumulative lifetime risk – the more use over a lifetime, the greater the risk:



What can <u>you</u> do now to effect change in your practice?

- Only prescribe corticosteroids to patients when the benefits outweigh the risks.
- Discuss risk with patients to foster joint decision-making and increased patient safety while maintaining a positive patient experience
- Communicating tangible risk values to your patients may help them better understand why inappropriate use is not benign
- Utilize the lowest effective dosing and duration
- Educate patients on risks vs benefits and offer alternatives to target the same goals

References

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