



Local steroid injections

Drug information

Steroid injections are used to treat rheumatoid arthritis and other inflammatory conditions.

Local steroid injections can be a rapid and effective treatment for joint pain and inflammation, although the improvement is usually temporary. These injections have been tested and have helped many people. However, as with all drugs some people will have side-effects. This leaflet sets out what you need to know.

What are steroids and how are steroid injections used?

Some steroids occur naturally in the human body. Man-made steroids act like natural steroids to reduce inflammation. They're not the same as the steroids used by body builders to increase their muscle size and strength.

They can be taken as tablets or given as injections into the affected area (a 'local' injection). Steroid injections are often recommended for people with rheumatoid arthritis and other types of inflammatory arthritis. They may also be recommended for osteoarthritis if your joints are very painful or if you need additional pain relief for a time. The injection should reduce inflammation, which in turn reduces pain.

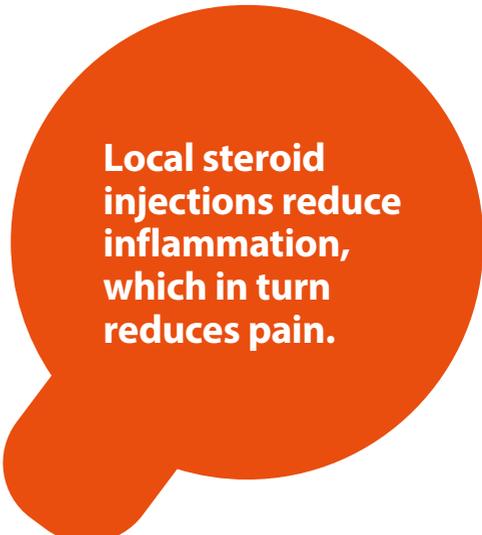
A number of different steroids are available for injection. Short-acting soluble steroids can give relief within hours and should last for at least a week. The longer-acting, less soluble steroids may take around a week to become effective but can ease your symptoms for two months or longer.

How do I have local steroid injections?

A GP, rheumatologist, orthopaedic surgeon, rheumatology nurse or physiotherapist will choose the most appropriate steroid mixture and dose for your condition and symptoms. They may want to check your blood pressure and blood sugar before your first injection as steroid injections can cause these to rise. They might delay the injection if either is raised.

Depending on where the pain and inflammation is, steroids can be injected:

- directly into an inflamed joint (intra-articular injection)
- into the soft tissues close to the joint (peri-articular injection)
- into a muscle (intra-muscular injection).



Local steroid injections reduce inflammation, which in turn reduces pain.

Most injections are quick and easy to perform. An ultrasound scan, however, may be used to find exactly where the inflammation is so the steroid can be injected into a precise spot. However, many injections can be given without the need for ultrasound.

Sometimes you'll be given a local anaesthetic with the steroid to reduce the discomfort of the injection. If you do have a local anaesthetic, your pain should be relieved within minutes but it'll usually wear off within half an hour unless the anaesthetic selected is long acting. You may have some numbness from the anaesthetic which may last up to 24 hours.

You may want to arrange transport home after the injection, especially if you've had a local anaesthetic, because numbness from the anaesthetic can make it difficult to drive.

If you have an injection into a joint, you should rest it, or at least avoid strenuous exercise, for the first 1–2 days. It's also important, however, not to rest for too long. If you're having a course of physiotherapy, the physiotherapist may be keen to give more intensive mobilisation treatment after the injection, while your joint is less painful.

If the injection is very helpful, and other treatments are either unsuitable or less effective for you, it may be repeated if necessary. However, injections are often most



Some injections can give relief in hours, others may take a week to take effect but then work for a couple of months.

useful in buying time while you and your doctor are finding the right medications to control your arthritis in the long term. Once your arthritis is well controlled the need for injections should be reduced.

Possible risks and side-effects

Most people have steroid injections without any side-effects. They can be a little uncomfortable at the time of injection but many people find that they're not as bad as they had feared. Occasionally people notice a flare-up in their joint pain within the first 24 hours after an injection. This usually settles by itself within a couple of days, but taking simple painkillers like paracetamol will help.

The risk of side-effects is greatest with the stronger mixtures. The mildest mixture is hydrocortisone. Methylprednisolone and triamcinolone are stronger and tend to be less soluble (dissolve less easily), so they stay in your joint for longer.

Injections can occasionally cause some thinning or changes in the colour of the skin at the injection site, particularly with stronger preparations. In very rare cases an injection of steroids into the muscle can lead to an indentation in the skin around the area.

Very rarely you may get an infection in the joint at the time of an injection. If your joint becomes more painful and hot you should see your doctor immediately, especially if you feel unwell.

People are often concerned about the possibility of other steroid-related side-effects such as weight gain. One of the advantages of steroid injections compared to tablets is that often the dose can be kept low. This means that these other side-effects are very rare unless injections are given frequently (more than a few times per year).

Other possible side-effects are facial flushing, temporary changes in women's periods and changes in mood – you may feel very high or very low. This may be more common in people with a previous history of mood disturbance. If you're worried please discuss this with your doctor.



**Most injections
are quick and
easy to perform.**

It's also usual to see a rise in blood sugar levels for a few days after the injection if you have diabetes.

Can I take other medicines along with local steroid injections?

You can take other medicines with local steroid injections. However, if you're taking a drug that thins the blood (an anticoagulant) such as warfarin, you may need an extra blood test to make sure that your blood is not too thin to have the injection. This is because of the risk of bleeding into the joint. You should mention that you take anticoagulants to the person giving the injection to make sure that they're aware. If you discuss this beforehand, you may be advised to adjust your warfarin dose before having the steroid injection.

Vaccinations

You can have vaccinations after local steroid injections.

Alcohol

There's no particular reason to avoid alcohol after local steroid injections.

Fertility, pregnancy and breastfeeding

Current guidelines state that steroids are not harmful in pregnancy or breastfeeding so single steroid injections shouldn't affect fertility, pregnancy or breastfeeding and can be useful treatments in this situation. If however, you're pregnant or breastfeeding you should discuss it with your doctor before having a local steroid injection.



**Most people
have steroid
injections without
any side-effects.**

Arthritis Research UK

Arthritis Research UK works to improve the quality of life for people with arthritis so that they can say they are **in control, independent and recognised.**

We're dedicated to funding research into the cause, treatment and cure of arthritis so that people can live pain-free lives.

For more expert information visit our website or if you would like to tell us what you think about our booklets email bookletfeedback@arthritisresearchuk.org or write to the address below.

Arthritis Research UK

Copeman House
St Mary's Gate
Chesterfield
S41 7TD

0300 790 0400

www.arthritisresearchuk.org

 **@ArthritisRUK**

 **/arthritisresearchuk**

Date published: 2015.

Registered charity in England and Wales no. 207711, Scotland no. SC041156.
A Company registered in England and Wales. Limited by Guarantee no. 490500.

Thank you for supporting Arthritis Research UK. With your generosity we can keep doing our vital work.

To **donate** visit

www.arthritisresearchuk.org/donate

A team of people contributed to this booklet. It was written by Prof. Ariane Herrick and updated by Dr Ian Giles. An **Arthritis Research UK** medical advisor, Dr Ben Thompson, is responsible for the overall content.

Please note: we have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change. This information sheet is for general education only and does not list all the uses and side-effects associated with this drug.

©Arthritis Research UK 2015
2250/D-SI/15-1