5 Prednisone Myths You Must Stop Believing Transcript

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Prednisone myths and what to expect

Has anybody ever told you that prednisone will destroy your bone, you will gain 20 pounds and your blood sugar will go up? Many of my patients come to me with those type of concerns.

But the truth is very different. Today, I'm going to tell you what is the truth and what's the myth about Prednisone. I'll focus on 5 most important myths about prednisones.

Please stick around. Before I go further, Don't forget to like and subscribe to our channel so that you can get more content like this. Also accept our gift, the holistic rheumatoid arthritis guidebook, as well as a recipe for anti-inflammatory smoothie that we can prepare every morning.

Myth 1: Prednisone as a long-term solution

So the number one myth is the prednisone is a long-term solution. Let me debunk this myth. And here is truth. Prednisones is like a bridge, it's not a destination.

It's a breeze that will help you across your path of rheumatoid arthritis control. If you have rheuma arthritis, you might have felt a severe pain when you were initially diagnosed with rheoma arthritis.

Or if you established RA, You might those episodes where you had flares. So in those two moments, when have an initial diagnosis and when we have a flare, we use prednisone as a bridge so that you can manage those symptoms quickly.

You can manager your pain symptoms faster before your long-term medication kicks in, those disease-modifying anti-rheumatic drugs, which typically take few weeks to months.

That's why we use Prednisone as a short- term solution, but not a long term destination. Here is the myth number two, you will be on Prednison forever.

But that is also a myth. And here's the truth. Predniison is a temporary option. It is one of our options to help you feel better faster.

Myth 2: Being on prednisone forever

And the goal on using prednisone is to use the lowest dose possible and the shortest duration of time. And, the reason is because of those long-term side effects.

Many of you might have been on predisone for a long period of times and you have already experienced those symptoms. we had extensively discussed on the side effects of prednisone in our earlier videos, so if you are not aware of those side-effects, please watch those videos.

But in general, long-term predisone has a lot of side effect, that's why we use prednison just for a short period of time to minimize those effects. And as I mentioned earlier, we used Prednisones as a bridge from your initial diagnosis to the long term management of rheumatoid arthritis.

So let's Use Prednisone as a temporary option. It's a Temporary tool to make you feel better. The myth number three, the myth that Prednison will always have side effects and they are unavoidable.

Myth 3: Side effects are unavoidable

Many of my patients who go on prednisones because of different reasons, they're always worried that they not able to control or they aren't able prevent the side effect.

But the truth is, we can. We can minimize, We Can manage those symptoms of side-effects of Prednosone. And here's the truth. The side effects of prednisone can be managed.

And to help you manage the side-effects, we have created a very easy framework. We call that NESCAR, N-E-S- S-C-A-R, which includes many of the pillars of lifestyle changes.

Most important, your nutrition, what you eat, sleep, exercise. Those are important tools that you can use to manage side effect of Prednisones. Using those lifestyle changes, you can minimize the side effects such as weight gain, the effects of anxiety, we can manage those with those changes.

So the truth is, side-effects of Prednisone can be managed. And when you are on prednisones, always ask your rheumatologist. When they put you on prevention, ask them how we can prevent the risk and how can we manage the side effects.

There are many tools in our toolkit that will help us minimize and manage side effect effectively. But you have to be proactive in this journey. You have be proactively asking your rheumatologist.

If you are putting on prednisone, what can I do to minimize those side effects?

Myth 4: Prednisone is dangerous and should be avoided

Now the myth number four, and this is a very common myth among many of my rheumatoid arthritis patients as well as patients on other autoimmune diseases.

And that myth is prednison is dangerous and should be avoided. I'll tell you why this a myth. Pregnation is a powerful tool. It's a power tool anti-inflammatory that help control inflammation much faster compared to the long-term medication.

Those long term medication I'm referring is the disease modifying anti rheumatic drugs. They are very helpful, but they don't work fast. Some of them take a few weeks, some of the even take few months to be affected.

So we need to find some tool that can help you feel better faster and Perniceone is that pill. The truth is Preniceones is a powerful tool to control inflammation faster so that the inflammation does not cause organ damage such as joint damage in rheumatoid arthritis.

But the important factor is we need to use the right dose and right duration of time. That's why we always use lowest dose possible and the lowest duration.

If we do that it could be a powerful tool but not a dangerous medication. Myth number five and that's very critical. Myth is very critical because it can cause severe medical issues if you are not aware of this myth.

And the myth is you can't stop prednisone suddenly. So you think of prednison like climbing the stairs. If you go from one step to the top you might fall and same thing happens if your trying to go top to bottom.

Myth 5: Never stop prednisone suddenly

You have to have a better plan on how you come down the steps otherwise you could fall. Same thing applies to Prednisones. If you are on a higher dose of prednisone for at least more than three to four weeks, you need to have a better plan on how you can slowly come off of the prednison.

Otherwise, there could be a fall and that fall could the medical crisis we call adenyl crisis. And you might wonder why that happens. I have explained this in much further detail in our earlier video, but let me quickly explain.

When you are taking Prednisone, your body does not make the cortisol hormone, which is typically a hormone important for our bodily function. when you're taking external prednisones, you body stop making cortisol.

And if you suddenly stop in the prednison, Your body don't have any steroid, any cortisol and it can cause adenyl crisis leading to severe health consequences.

Even going to the ER might be the next consequence. So don't stop the prednisone suddenly if you are taking high dose for at least more than three to four weeks.

That's why the tapering is essential. You need to work closely with your rheumatologist to help you guide on slowly coming off of steroids. Now, let me summarize the five most important truth that you need to understand about prednisone.

Number one is, Prednisones is a bridge for long term control of rheumatoid arthritis. It's not the destination. it's a Bridge to get you to the long-term destination Number two, it is temporary options and we need a better tapering plan when you are taking Prednison.

number three, the side effect of Prednosone can be managed with effective lifestyle changes. You need talk with your rheumeatologist regarding what are those changes?

Number four, it is a safe tool when used correctly.

Key takeaways and closing summary

So use it lowest dose possible and shortest duration of time. And number five, tapering is essential for safely coming of a steroid. Otherwise it will cause medical emergency.

Please remember this five important truth about prednisone. And thank you all of you rheumatoid arthritis warrior for watching this video. If you have any other questions, please put them in the comment below so that we can answer those questions.

And don't forget to like and subscribe to our channel so you can continue to get this content related with rheuma arthritis and other autoimmune diseases.

I'll see you in next video, bye bye.