Prednisone vs Methylprednisolone Transcript

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Introduction to Prednisone vs. Methylprednisolone

Prednisone vs Methyl Pernicillone. It's a mouthful and it's confusing. Most people think they are just different names for the same pill, but choosing the wrong one can change how you feel and how your body reacts to these medications.

I'm going to take away the confusion with those long names and tell you exactly what sets them apart and how they help you. Hello Rheumatoid Arthritis Warrior, this is Dr.

Ananda Subedi, your rheumatologist at The Room Doc, as well as a practicing rheometologist here at Empower Artheritis and Rhematology Center. Today, I am going tell about two commonly used drugs in rheuma arthritis treatment.

prednisone and methylprednisolone, which are typically used in flare management. Before I go further, please like and subscribe to our videos.

Why Corticosteroids Are Used in Rheumatoid Arthritis

Also put some comments so that we can understand what you need, what are your current struggles with managing with rheumatoid arthritis. Accept our gifts.

There are two gifts we have created just for you. The number one is the free copy of the Holistic Rheumatoid Arthritis Guidebook and a recipe of a smoothie that you can create every morning.

And if you do that every day, you may not need to use these Fortico steroids. Now, let me quickly recap from our prior video where we talk about corticosteroids.

As we have discussed, corticoid steroids are a powerful tool. They are powerful anti-inflammatory that reduce severe pain and severe swelling associated with rheumatoid arthritis.

And we can also use them as a breeze therapy when you are initially diagnosed with RA and you're waiting for the long term medication to kick in. There are two main reasons we use corticosteroids, for layer management and as a bridge therapy.

They suppress your immune system that is overactive and it also helps prevent the attack into your joints and your other body parts. they typically help control overactive immune system and the good thing about them is they work fast.

They work within hours to days so that you can feel better faster till those disease-mortifying anti-aromatic drugs are demarked which will take long time to work.

So they are fast-acting medications.

Prednisone: Oral Form and How It Works

And there are many different types of corticosteroids. One of them, the most common one, being the pernisone, which is the oral pill that you take by mouth.

When you get the Pernisome, your body changes it to different forms, in particular the liver, convert the prednisone into Prednisolone and this is the most active ingredient of the Prednisone.

And Prednosone is commonly used in many chronic inflammatory conditions such as rheumatoid arthritis. One pro tip, if you take Prednasone, take it with meal so that it can minimize the risk of gastric irritations.

Now the other commonly used corticosteroid is methylprednisolone which can be taken either IV or even in the injection form and you might also see this in your medril dose pack which is commonly found in US as a tapering dose steroid which your primary doctor or your rheumatologist might prescribe.

So there are different routes as we discussed. It can be given IV or it can given as an injection into your joint. So methylprednisolone is the one that is given in IV, or in the form of injection.

Prednisoline is already an active form compared to prednisone which needs to be converted into an activity form. That's why it works fast. And particularly for those people who have liver-related problems, this might be a better preparation to help your arthritis better and faster.

That's why we typically use methylquernisolone in the acute situations, such as in ER.

Methylprednisolone: Faster-Acting Forms and Uses

If you go to the emergency room, they might give you this form of medication so that it can work faster It is also used when you have severe flares, which means you many joints that are inflamed and you are in severe pain and typically given in the emergency room setting or in a hospital setting.

When we compare the pernisone versus methylpernisolone, there is a subtle difference. the methylprednisone is more potent compared to prednisolone. If you see the table, it's 1.25 times stronger than predniol.

And the prednison is converted to an active form in your liver, as we discussed earlier. But the methylprenicillin is already in the active forms, so it does not need to be changed by your livers.

Prednison is typically given by mouth in a pill form, and the Methylpregnusone could be pill like medrol dose pack it could be ivy or it Could be injection directly into your joints.

The half life means how long the medication stays in your body. Overall the half-life of the Medication is quite similar between prednisone and methylprednisolone that means it stays In your Body for similar duration of time.

The other common question you might ask is when does your doctor choose which form of the corticosteroids. So prednisone is typically used more for longer term oral tapering dose typically after a flare.

Occasionally Some of you RA warriors might need a lower dose of maintenance treatment of prednisol.

Potency, Half-Life, and When Doctors Choose Each

In particular, when you are not doing well despite using a lot of other medication like disease-modifying anti-aromatic drugs or even biologics. So some of our RA Warriors might a need lower-dose long-term prednisol to manage a good quality of life.

On the other hand, methylprednisalone is typically used in more severe and acute flares. If you go to the ER, your ER doctor might give you the IV form of methylprednisolone.

And occasionally your rheumatologist might also inject methyl prednisoline into your joint if you have one or two joints that are flaring. As with any of the corticosteroids, both prednison and prednesolones share the common side effects, which includes weight gain, sleep related problems, increased infection risk, mood changes, weakening of your bone even causing osteoporosis and the risk of diabetes.

That's why we choose the prednisone or predisolone just for short duration of time and then lowest dose possible. Thats the rule of the game. Always ask your rheumatologist do you really need the Prednisones or not and always

ask them how long do expect to be on the predator zone.

and ask them to do shorter duration, the lowest strength of the artichosteroid and that can help you minimize these type of side effects.

Side Effects and Safe Steroid Use

As you are listening to this video, I hope you're learning from these important information and it will help make your informed decision. If you like this video, give us a thumbs up and also tell us what type of video do you want in the comment below and we'll be coming up with those useful health information related with rheumatoid arthritis.

And this helps you make your informed choices when it comes to taking these medications because these medication are powerful. They are essential to help you feel better faster, but we need to be very careful how we use it.

And we talk about two types of steroids today that includes the prednisone, the pill form, and the methylprednisolone which would be pill injection or into the joint.

Wrap-Up and Rheumatology Advice

Always work closely with your rheumatologist and your primary care doctor so that you can use the right dose for the duration of time when you are having a flare or as a bridge therapy.

By listening to this video, I hope you learn more about steroids and you can now better take control of your rheumatoid arthritis in partnership with your Rheumatologist and your primary care doctor.

If you like this Video, please give us a thumbs up and I'll come back next time with other videos similar to these. I will see you next Time. Bye Bye.