

## Drug Information Table

**Glucocorticoids - inhalation: beclomethasone dipropionate (QVAR);  
oral: prednisone; nasal: beclomethasone (Beconase AQ)**

Therapeutic Use	Administration	
<ul style="list-style-type: none"> <li>Long-term management of chronic asthma</li> <li>Short-term management of post-exacerbation symptoms (oral)</li> <li>Reduction of inflammation (nasal)</li> <li>Prevention and treatment of rhinitis (nasal)</li> </ul>	<p>Inhaled:</p> <ul style="list-style-type: none"> <li>Use on a regular schedule rather than PRN.</li> <li>Do not use these drugs for an acute attack.</li> <li>When using concurrently with a beta<sub>2</sub>-adrenergic agonist inhaler, use the beta<sub>2</sub> agonist first to dilate the airway before using the glucocorticoid.</li> </ul> <p>Oral:</p> <ul style="list-style-type: none"> <li>Use oral therapy twice daily for 3 to 10 days.</li> <li>For long-term use (10 days or more), take once daily using alternate-day dosing.</li> <li>Taper the dose slowly when symptoms are controlled to establish the lowest possible oral dose.</li> <li>Take supplemental doses as needed in times of stress (illness, surgery).</li> </ul> <p>Nasal:</p> <ul style="list-style-type: none"> <li>Use a nasal metered-dose spray device.</li> <li>Use the full dose initially and taper to the lowest effective dose. Expect the full therapeutic effect to take 2 to 3 weeks.</li> <li>Use a nasal decongestant first if the nares are completely blocked.</li> </ul>	
Side/Adverse Effects	Interventions	Patient Instructions
<p>Inhaled:</p> <ul style="list-style-type: none"> <li>Oral candidiasis, hoarseness, difficulty speaking</li> </ul>	<ul style="list-style-type: none"> <li>Provide/prescribe a spacer.</li> <li>Initiate antifungal therapy as needed.</li> </ul>	<ul style="list-style-type: none"> <li>Use a spacer (on most glucocorticoid MDIs) to deposit less drug in the oropharynx.</li> <li>Rinse the mouth and/or gargle after using the glucocorticoid inhaler to prevent candidiasis.</li> </ul>
<p>Oral:</p> <ul style="list-style-type: none"> <li>Suppression of adrenal function</li> </ul>	<ul style="list-style-type: none"> <li>Observe for suppression of adrenal function</li> <li>Monitor plasma drug levels.</li> <li>Recommend alternate day dosing</li> </ul>	<ul style="list-style-type: none"> <li>Explain the schedule of alternate-day therapy.</li> <li>Taper the dose before discontinuing it - NEVER stop abruptly</li> </ul>
<ul style="list-style-type: none"> <li>Bone demineralization, muscle wasting</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for signs of bone demineralization, muscle wasting</li> <li>Recommend the lowest possible effective dose and alternate-day dosing.</li> </ul>	<ul style="list-style-type: none"> <li>Take the drug on alternate days.</li> <li>Perform weight-bearing exercise daily.</li> <li>Consume adequate calcium and vitamin D.</li> </ul>
<ul style="list-style-type: none"> <li>Hyperglycemia</li> </ul>	<ul style="list-style-type: none"> <li>Monitor blood glucose levels, especially for patients who have diabetes mellitus.</li> <li>Recommend adjust of dosages of insulin/ hypoglycemic drugs accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>Report polyphagia, polydipsia, and polyuria.</li> </ul>
<ul style="list-style-type: none"> <li>Peptic ulcer disease</li> </ul>	<ul style="list-style-type: none"> <li>Observe for gastrointestinal bleeding (bloody vomitus as well as black, tarry stools)</li> <li>Implement gastric protective measures                             <ul style="list-style-type: none"> <li>Give drug with food or meals</li> <li>Recommend analgesic substitute if NSAID is prescribed</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Avoid taking NSAIDs.</li> <li>Take the drug with food or meals.</li> <li>Report or indigestion or bloody vomitus as well as black, tarry stools</li> </ul>
<ul style="list-style-type: none"> <li>Infection</li> </ul>	<ul style="list-style-type: none"> <li>Observe for signs of infection that may not include fever or inflammation (sore throat, fatigue, tachycardia, and discharge from a wound)</li> <li>Recommend initiation of appropriate antimicrobial therapy.</li> </ul>	<ul style="list-style-type: none"> <li>Report signs of infection, such as a sore throat, that may not be accompanied by fever or inflammation</li> <li>Report painful mucous membranes with white patches</li> </ul>
<ul style="list-style-type: none"> <li>Fluid and electrolyte imbalances</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for weight gain or edema (hypernatremia)</li> <li>Monitor for generalized weakness (hypokalemia)</li> <li>Recommend initiation of appropriate fluid and electrolyte replacement therapy.</li> </ul>	<ul style="list-style-type: none"> <li>Report weight gain or edema</li> <li>Report weakness</li> </ul>
<p>Nasal:</p> <ul style="list-style-type: none"> <li>Dry mucous membranes, epistaxis, sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Provide patient with water and hard candy or throat lozenges to suck on</li> <li>Provide humidified air for epistaxis and sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Use a humidifier during sleep.</li> <li>Increase fluid intake.</li> <li>Suck on hard candy or lozenges.</li> </ul>
<ul style="list-style-type: none"> <li>Headache</li> </ul>	<ul style="list-style-type: none"> <li>Administer non-NSAID analgesic such as acetaminophen</li> </ul>	<ul style="list-style-type: none"> <li>Take over-the-counter, non-NSAID analgesics as needed.</li> </ul>
Contraindications	Precautions	Interactions
<ul style="list-style-type: none"> <li>Recent live virus immunization (oral)</li> <li>Systemic fungal infection (oral)</li> <li>Oral candidiasis (inhaled)</li> </ul>	<ul style="list-style-type: none"> <li>Peptic ulcer disease</li> <li>Diabetes mellitus</li> <li>Hypertension</li> <li>Renal dysfunction</li> <li>Use of NSAIDs</li> </ul>	<ul style="list-style-type: none"> <li>Potassium-depleting diuretics, such as furosemide (Lasix) increase risk of hypokalemia.</li> <li>NSAIDs increase risk of gastrointestinal bleeding.</li> <li>Effects of insulin and oral hypoglycemics are decreased.</li> </ul>