**Therapeutic Use**

**Administration**

**Long-term management of chronic asthma**
- Inhaled: Use on a regular schedule rather than PRN.
- Short-term management of post-exacerbation symptoms (oral)
- Reduction of inflammation (nasal)

- Prevention and treatment of rhinitis (nasal)

**Therapeutic Use Administration**

- Long-term management of chronic asthma
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**Inhaled:**
- Use on a regular schedule rather than PRN.
- Do not use these drugs for an acute attack.
- When using concurrently with a beta2-adrenergic agonist inhaler, use the beta agonist first to dilate the airway before using the glucocorticoid.

**Oral:**
- Use oral therapy twice daily for 3 to 10 days.
- For long-term use (10 days or more), take once daily using alternate-day dosing.
- Taper the dose slowly when symptoms are controlled to establish the lowest possible oral dose.
- Use supplemental doses as needed in times of stress (illness, surgery).

**Nasal:**
- Use a nasal metered-dose spray device.
- Use the full dose initially and taper to the lowest effective dose. Expect the full therapeutic effect to take 2 to 3 weeks.
- Use a nasal decongestant first if the nares are completely blocked.

**Side/Adverse Effects Interventions Patient Instructions**

**Inhaled:**
- Oral candidiasis, hoarseness, difficulty speaking
  - Provide/prescribe a spacer.
  - Initiate antifungal therapy as needed.
  - Use a spacer (on most glucocorticoid MDIs) to deposit less drug in the oropharynx.
  - Rinse the mouth and/or gargle after using the glucocorticoid inhaler to prevent candidiasis.

**Oral:**
- Suppression of adrenal function
  - Monitor plasma drug levels.
  - Recommend alternate day dosing.
  - Explain the schedule of alternate-day therapy.
  - Taper the dose before discontinuing it - NEVER stop abruptly
  - Bone demineralization, muscle wasting
    - Monitor for signs of bone demineralization, muscle wasting.
    - Recommend the lowest possible effective dose and alternate-day dosing.
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    - Recommend the lowest possible effective dose and alternate-day dosing.
  - Hyperglycemia
    - Monitor blood glucose levels, especially for patients who have diabetes mellitus.
    - Recommend adjust of dosages of insulin/hypoglycemic drugs accordingly.
    - Report polyphagia, polydipsia, and polyuria.
  - Peptic ulcer disease
    - Avoid taking NSAIDs.
    - Take the drug with food or meals.
    - Report indigestion or bloody vomitus as well as black, tarry stools.
    - Infection
      - Observe for signs of infection that may not include fever or inflammation (sore throat, fatigue, tachycardia, and discharge from a wound).
      - Recommend initiation of appropriate antimicrobial therapy.
    - Headache
      - Administer non-NSAID analgesic such as acetaminophen.

**Contraindications Precautions Interactions**

- Recent live virus immunization (oral)
- Systemic fungal infection (oral)
- Oral candidiasis (inhaled)
  - Peptic ulcer disease
  - Diabetes mellitus
  - Hypertension
  - Renal dysfunction
  - Use of NSAIDs.
  - Potassium-depleting diuretics, such as furosemide (Lasix) increase risk of hypokalemia.
  - NSAIDs increase risk of gastrointestinal bleeding.
  - Effects of insulin and oral hypoglycemics are decreased.