

ERADSUNSS

CORTICOSTEROIDS

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INTRODUCTION

- Corticosteroids are a class of steroid hormones that are produced in the adrenal cortex.
- Corticosteroids are involved in a wide range of physiologic system such as:
- Stress response
- immune response & regulation of inflammation
- Carbohydrate metabolism
- protein catabolism
- Blood electrolyte level

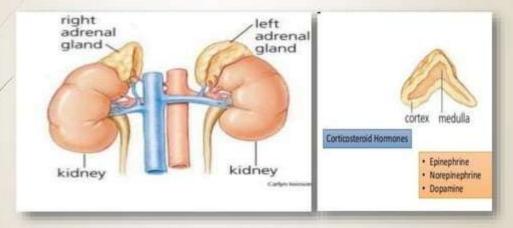
HISTORY

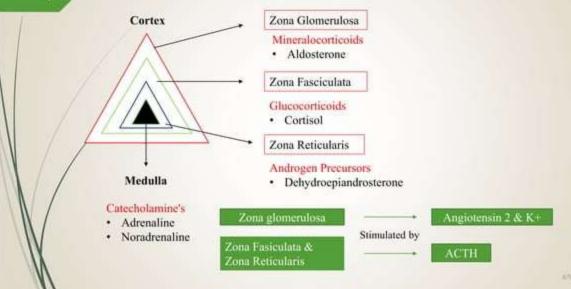
- Hench (1949) –improvement in rheumatoid arthritis by using cortisone
- In 1950 Nobel prize –Kendall and Reichstein and Hench, for developing corticosteroids
- Currently, drugs with one of the broadest spectrum of clinical utility



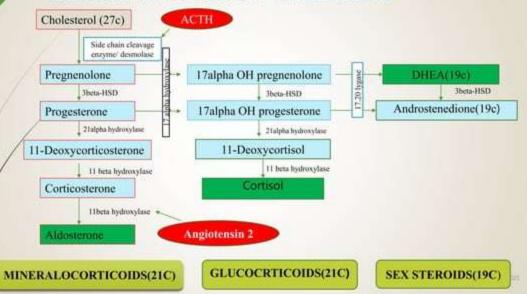


FUNCTIONAL ANATOMY & HISTOLOGY OF ADRENAL GLANDS





BIOSYNTHESIS OF STEROIDS



NORMAL ADULT DAILY PRODUCTION

Cortisol	20 mg/ day	
Corticosterone	2 mg/day	
Aldosterone	0.125 mg/day	
Dehydroepiandrosterone	30 mg/day	

GLUCOCORTICOIDS

- Source: zona fasciculata
- Cortisol: Life protecting hormone

ACTION ON	EFFECT	
On carbohydrate metabolism	Increase blood glucose level by gluconeogenesis of inhibit glucose uptake	
Protein metabolism	Promote catabolism of protein in cell. Increases plasma amino acid & protein content	
Fat metabolism	Metabolism of fatty acid from adipose tissue, increase utilization of fat for energy	
Mineral metabolism	Enhance Na retention, K excretion Decrease blood Ca	
Water metabolism	Excretion of water	
On muscles	Increase the release of amino acids from muscle by catabolism of protein	
Blood vessel	Decrease the release of eosinophil Decrease in no of lymphocyte Increase no of neutrophil, RBC & platelets	

On resistance to stress

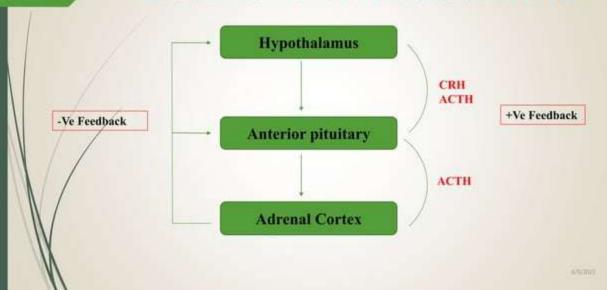
Physical or mental stress

Increase ACTH

Increase in glucocorticoid secretion

High resistance to body against stress

REGULATION OF CORTICOIDS SECRETION



Remember:

- Avoid
- Minimum period
- Minimum dose possible
 - Stop at earliest
- No abrupt stoppage

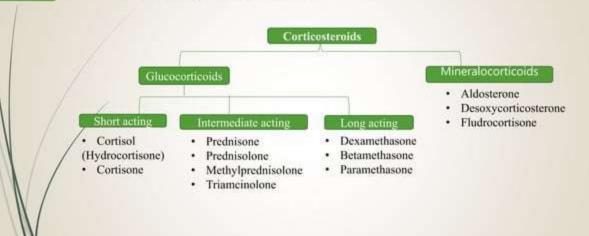
MINERALOCORTICOIDS

- Source: Zona glomerulosa
- Functions: 90% of mineralocorticoid activity is provided by aldosterone
- Aldosterone: life saving hormone

Actions	effect	
On Na+ metabolism	Increase in the reabsorption of sodium from renal tubules	
On EFC volume	Increase in EFC volume	
On BP	Increase EFC volume Increase BP	
On K+ ions	Increase execration of k+ from renal tubules	
On H+ ion concentration	Cause tubular secretion of H+ ions Essential to maintain Acid-base balance	
On intestine	Enhances Na+ absorption from intestine	

Anome

CLASSIFICATION



USES

Pharmacotherapy

ARTHRITIS

Rheumatoid Arthritis Gout Osteoarthritis

ALLERGIC REACTIONS

Anaphylaxis Serum sickness Allergic rhinitis

O AUTOIMMUNE DIASEASE

Hemolytic anemia Idiopathic thrombocytopenic purpura Active chronic hepatitis

BRONCHIAL ASTHMA

Status asthmatics Acute asthma exacerbation Sever chronic asthma





LUNG DISEASES

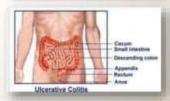
Aspiration pneumonia Pulmonary edema Lung maturation in fetus

INFECTION Severe Tuberculosis Bacterial meningitis

- EYE DISEASE
- SKIN DISEASE
 Steven Johnson Syndrome
- INTESTINAL DISEASE Ulcerative colitis Crohns' syndrome
- O ORGAN TRANSPLANT







ADVERSE EFFECTS

- Effects resulting from continued used of large doses
- Cushing's syndrome: central obesity (moon face), Truncal obesity, Muscle wasting, Fine hair grow over the face.
- Hyperglycemia
- Increase chance of infection- because of immunosuppression
- Osteoporosis
- Peptic ulcer
- Mental disturbance-Insomnia, Anxiety, Nervousness, Euphoria
- Cataract
- Hypertension
- Inhibition or arrest of growth in children

CONTRAINDIACTION

- Peptic ulcer
- Live vaccination
- Hypertension
- T.B infection
- Diabetes
- Osteoporosis
- Glaucoma
- Epilepsy

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