



# Inhaled and Intranasal Corticosteroids and Your Child

If your child has asthma or allergic rhinitis (hay fever), your pediatrician may prescribe a *corticosteroid*, also commonly referred to as a *steroid*. These medicines are the best available to decrease the swelling and irritation (inflammation) that occurs with persistent asthma or allergy. They are not the same as the *anabolic steroids* that are used illegally by some athletes to build muscles.

In general, corticosteroids are safe and have few side effects if used correctly and as recommended by your pediatrician. Millions of children have safely taken steroids to help their noses and lungs, some for many years in a row. However, you may still have concerns about steroids. Read on about the benefits and risks of this kind of medicine.

## What are corticosteroids?

*Corticosteroid medicine* can be useful in reducing inflammation in the body. It's medicine based on cortisol. Cortisol is a substance that your body makes to control many of its functions.

The medicine works in 2 ways. *Systemic corticosteroids* must go through the body to treat the inflammation. *Inhaled or intranasal corticosteroids* go directly to where the inflammation is.

## What will be prescribed?

Your pediatrician will decide which medicine is best for your child.

### Systemic corticosteroids

**May be given** for a short period if your child has a bad asthma attack. In some cases, these medicines can save lives.

**Form**—Your child may take a pill, tablet, or liquid. Medicine may also be given by a shot or through the vein (IV).

### Inhaled corticosteroids

**May be given** to prevent or control asthma symptoms. Inflammation inside the bronchial tubes of the lungs is felt to be an important cause of asthma. Inhaled corticosteroids work by decreasing this inflammation. Inhaled corticosteroids are the most effective long-term medicine for the control and prevention of asthma. They can reduce asthma symptoms, and your child may not need to take as many other medicines. Inhaled corticosteroids also can improve sleep and activity and prevent asthma attacks.

**Form**—Medicine is breathed in through an inhaler.

### Intranasal corticosteroids

**May be given** to prevent or control a runny nose and congestion from allergies. Intranasal corticosteroids work very well in treating allergy symptoms, and your child may not need to take as many other allergy medicines.

**Form**—Medicine is sprayed into the nose.

## Are corticosteroids safe?

In general, corticosteroids are safe and work well if the medicine is taken as recommended by your pediatrician. However, as with all medicines, you should know about the possible side effects. There are far fewer risks with inhaled or intranasal corticosteroids than with the side effects of systemic corticosteroids because much less medicine is given. The amount of medicine given in a systemic corticosteroid can be 10 to 100 times more.

### Systemic corticosteroids

Side effects can be seen when a child is on this type of steroid for a short period. Side effects can include behavior change, increased appetite, acne, thrush (a yeast infection in the mouth), stomach upset, or trouble sleeping. These all go away when the medicine is stopped. More serious side effects can happen if this medicine is used often or for 2 weeks or longer. They include cataracts (clouding of the lens of the eye), weight gain, worsening of diabetes, bone thinning, slowing of growth, reduced ability to fight off infections, stomach ulcers, and high blood pressure.

### Inhaled corticosteroids

There are few side effects, and they are much less common and less serious than those that occur from long-term systemic use. They may include a yeast infection in the mouth or hoarseness. The risk can be reduced using a spacer or holding chamber, rinsing the mouth after use, or using the lowest dose needed.

### Intranasal corticosteroids

Side effects are not common. They may include irritation of the nose, or feeling that something is “running down the throat” at the time the nose spray is used. Occasionally, a child can have nosebleeds from using the spray. If this occurs, stopping the nose spray for a few days often allows the child to be able to restart the medicine and continue using it.

## What about my child's growth?

Recent studies have shown that inhaled corticosteroids for asthma may slow down growth in some children during the first year of treatment, but this is only temporary. These children ended up with their normal expected heights as adults.

To reduce the risk of any side effects, your pediatrician will prescribe the lowest dose needed to control the symptoms. Your child's height will also be measured regularly during office visits.

## Remember

Corticosteroids are the most powerful medicines available to reduce your child's asthma and allergy symptoms. They can greatly improve the overall quality of your child's life. All experts agree that the benefits of corticosteroids, when used correctly, are greater than the possible risks. Your pediatrician will make sure that they are given as safely as possible. If you have any questions or concerns about these medicines, talk with your pediatrician.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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