

Evidence-Based Medical Decision Making Guide for Prescribing Systemic Steroids

Do not prescribe systemic corticosteroids for patients with **acute sinusitis**.¹⁻³

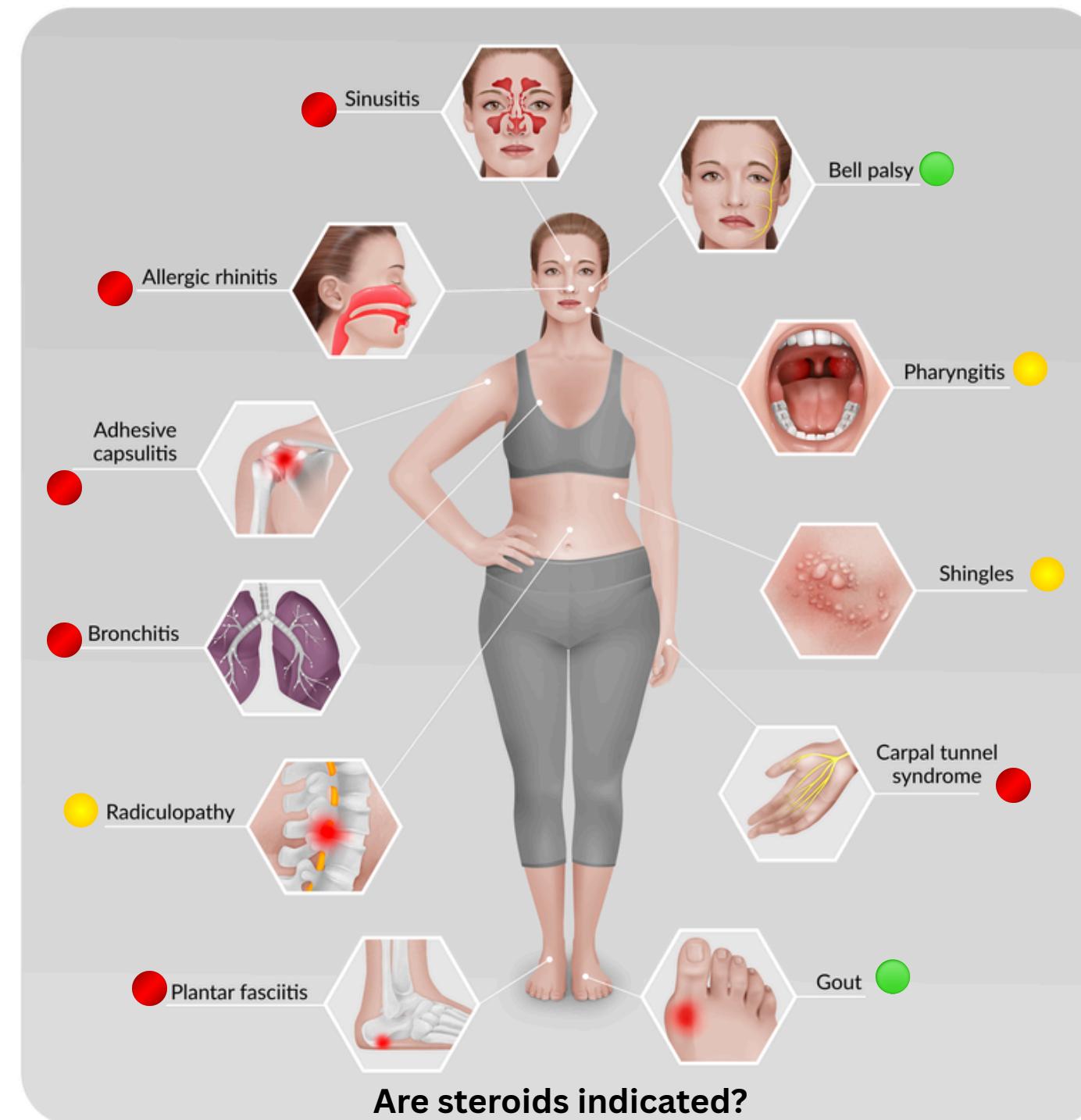
Do not prescribe systemic corticosteroids for patients with **allergic rhinitis**.^{1,4-6}

Systemic corticosteroids are not recommended for **adhesive capsulitis**.⁷

Do not prescribe systemic corticosteroids for patients with **acute bronchitis**.¹⁻³

There is insufficient evidence to support routine use of systemic corticosteroids for patients with **lumbar radiculopathy**.^{1,8,9}

Systemic corticosteroids have not been studied and are not recommended for **plantar fasciitis**.¹



For reference only. Clinicians are responsible for all prescribing decisions.



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Many thanks to Evan Dvorin, MD, for his contribution to this resource.

Systemic corticosteroids are recommended for patients within 3 days of the onset of symptoms of **Bell palsy**.^{1,10-12}

There is insufficient evidence to support routine use of systemic corticosteroids for patients with **acute pharyngitis**.^{1,13,14}

There is insufficient evidence to support routine adjunct use of systemic corticosteroids for patients with **herpes zoster**.^{1,15,16}

Do not prescribe systemic corticosteroids for patients with **carpal tunnel syndrome**.^{1,17-19}

Treatment with systemic corticosteroids appears to be a safe and effective alternative to nonsteroidal anti-inflammatory drugs in patients with **acute gout**.^{1,20,21}

Evidence-Based Medical Decision Making Guide for Alternatives to Systemic Steroids

Acute Sinusitis and/or Acute Bronchitis

Alternatives: Ask about most bothersome symptoms and tailor treatment accordingly. Guide patients on over-the-counter treatments tailored to symptoms and educate that typical duration of cough is 10 to 20 days.

Allergic Rhinitis

Alternatives: Intranasal corticosteroids are first line. Educate patients on need to take nasal sprays daily for at least 14 days.

Adhesive Capsulitis

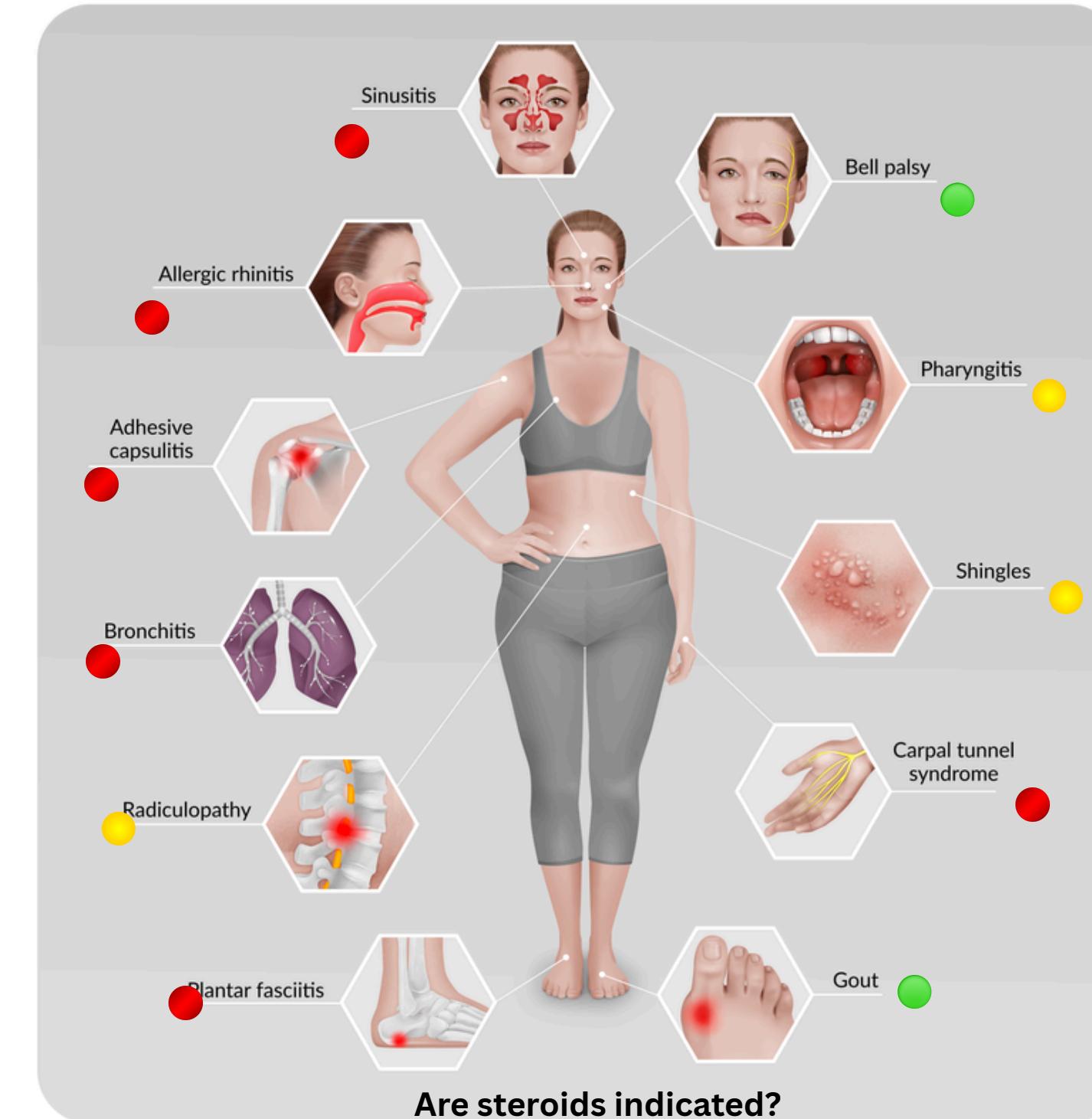
Alternatives: Intra-articular corticosteroid therapy, physical therapy, acupuncture, and suprascapular nerve blocks.

Lumbar Radiculopathy

Alternatives: Pain control, physical therapy. Evaluate for acute neurological impairment. Educate patients that acute sciatica symptoms usually resolve in 1 to 2 months.

Plantar Fasciitis

Alternatives: Rest, activity modification, stretching, strengthening exercises, physical activity, ice, and nonsteroidal anti-inflammatory drugs.



Bell Palsy

Alternatives: No current effective alternatives to systemic corticosteroids within 3 days of symptom onset.

Acute Pharyngitis

Alternatives: Help with pain control, favoring over-the-counter medications. Evaluate for streptococcal pharyngitis.

Shingles (Herpes Zoster)

Alternatives: Antiviral agents for varicella-zoster virus, pain control.

Carpal Tunnel Syndrome

Alternatives: Wrist splints. Educate patients that mild symptoms often resolve within 2 months. Occasionally, patients need surgical decompression.

Gout

Alternatives: Nonsteroidal anti-inflammatory drugs, colchicine.



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References: Evidence-Based Medical Decision Making Guide for Prescribing Systemic Steroids

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