

Stop taking steroids: Kidney transplant recipients may not need long-term prednisone

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Rapid discontinuation of the immunosuppressive steroid prednisone after a kidney transplant can help prevent serious side effects, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society Nephrology (CJASN)*. Also, doing so does not appear to jeopardize the long-term survival of transplant patients and their new organs.

Historically, most [kidney transplant patients](#) have taken large doses of the immunosuppressive steroid prednisone to help keep their bodies from rejecting their new organ. Unfortunately, though, prolonged use of high-dose prednisone can cause serious side effects including high blood pressure, high cholesterol, diabetes, cataracts, bone loss, increased [bone fractures](#), mood swings, and, in children, growth retardation.

Because of these side effects, numerous recent clinical studies have tested whether it's safe to use other [immunosuppressive drugs](#) and to minimize or eliminate prednisone after a kidney transplant.

Because the majority of these clinical trials followed patients for less than five years, Arthur Matas, MD (University of Minnesota, Minneapolis) and his colleagues conducted a long term, 10-year study that followed 1,241 [kidney transplant recipients](#) on a [treatment regimen](#) that included rapid discontinuation of prednisone (within five days of transplantation). The study included 791 patients who received kidneys from live donors and 450 who received kidneys from deceased donors.

Among the major findings after 10 years:

- 71% of patients who received kidneys from living donors and 62% of those who received kidneys from deceased donors survived.
- 61% of kidneys from living donors and 51% of kidneys from deceased donors survived.
- Early organ rejection rates were 25% and 31% for deceased and living donor kidneys respectively.
- Chronic organ rejection rates were 39% and 47% for deceased and living [donor kidneys](#) respectively.
- The incidence rates of new-onset diabetes and several other complications were significantly lower than rates typically seen in transplant patients on prednisone.

These findings indicate that the long-term patient and kidney survival rates are similar for transplant recipients who quickly stop taking prednisone and recipients who continue to take it (based on national averages). Importantly, rapid prednisone discontinuation significantly reduced the rate of steroid-related side effects. However, this was not a randomized trial so additional studies are needed.

"Because prednisone use is associated with numerous side effects, transplant recipients say it is the drug they would most like to avoid. Our data suggest that long-term prednisone may not be necessary after a kidney transplant," said Dr. Matas. "About 30% of new kidney transplants in the United States are now done with a protocol similar to ours," he added.

More information: The article, entitled "Ten-Year Outcome after Rapid Discontinuation of Prednisone in Adult Primary Kidney Transplantation," will appear online on January 26, 2012, [doi:](#)

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