



## **Autoimmune Resource and Research Centre**

### **Information Sheet**

#### **MANAGING THE STEROID DIET**

When cortisone was introduced in the 1950's it was widely hailed as a 'wonder drug' for people with arthritis. As more and more people started using the drug, however, they found that it brought with it some not-so-wonderful side effects. One of those is a voracious appetite.

If you have been on corticosteroids for any length of time, you probably know the feeling. You have likely fought the urge to put away a packet of biscuits chased down by a litre of milk. You may have found yourself in front of the opened refrigerator, praying for the strength to close the door before you polish off the leftover pizza and part of tonight's dinner as well. You have likely endured the frustration of feeling hungry after appetisers, dinner and dessert. Don't despair – you can fight that steroid appetite.

#### **Appetite Control Gone Awry**

'The insatiable hunger experienced by people on cortisone is real, not psychological in nature', confirms ADA spokesperson Karen Miller-Kovach, MRSD. She explains that cortisone suppresses the normal activity of two of the body's hormone producing glands, the hypothalamus and the pituitary. Consequently, the body's delicate hormone balance is upset. Among many other things, a proper hormone balance is necessary to regulate appetite. Cortisone then, basically takes away the body's control food intake by taking away the appetite signal.

'The idea of eating until you are satisfied which works well for most people, goes right out the window when cortisone comes into the picture,' continued Miller-Kovach. 'Because your body can no longer provide internal signals to control your appetite, you have to take the initiative of controlling what you eat through careful menu planning.'

#### **Getting Started: Plan a Healthy Diet**

The first step in any effective weight management programme is to develop a healthy and satisfying meal plan. The proper diet is one that will accommodate your lifestyle and food preferences while also providing optimal nutrition in just enough calories to prevent weight gain. For most people on cortisone, finding that delicate balance of nutrients and calories requires a trip to a registered dietitian, either through the free service provided at the local public hospital or by seeing a dietitian in private practice.

Using a standardised tear-sheet diet from a doctor or a magazine does not work for several reasons. First, these standardised plans don't take into account what you like to eat or what you are able to eat. In addition, the kilojoule/energy requirements in these generalised diets have not been assessed and based specifically on your activity, medications and age.

A dietitian has the expertise to gather and assess all information relevant to prescribing a meal plan that meets your needs: he/she can determine how many kilojoules you need and translate these into the number of servings from each food group you should have each day. An added bonus is that the dietitian can help you learn to recognise an appropriate serving size.

Following a prescribed meal plan may seem awkward or perhaps even confining – you'll be trying to control what you eat without the assistance of a 'control panel'. Think of the meal plan as your external appetite-control signal!

## **Appetite Control Tactics**

Here are some specific tips that can help you cope with and beat your voracious appetite.

### **Plan Ahead**

Plan your meals before you eat – preferably on a full stomach when you are better able to think about food rationally.

### **Control Portions**

This is just as important as choosing appropriate foods. You'll need a food scale and measuring cups to help you serve up health sized portions. Remember that you can overeat even on food that is 'good for you' such as lean beef and chicken.

### **Don't Skip Meals**

Eat regularly, preferably three small meals and three nutritious snacks each day. Skipping meals may leave you insatiably hungry and less able to stick to your meal plan when you finally do eat. The three small snacks, preferably of fruits, raw vegetables or plain popcorn, help satisfy that never-ending urge to nibble.

### **Avoid Concentrated Sweets**

While an occasional sweet treat is fine, avoid concentrated sources of sugar. A breakfast of sweet rolls, for example, may leave you hungrier an hour or two later. That is because such sweets cause your blood sugar to increase rapidly and then drop very quickly. This rapidly plummeting blood sugar is what leaves you so hungry.

Don't tempt yourself by keeping high calorie treats around your home or office. Rid your surroundings of all those things you have trouble passing up under normal circumstances, biscuits, cakes, crisps, etc and replace them with acceptable munchies. Keep a container of chopped raw vegetables in the refrigerator to grab when you are about to chew through your fingernails.

### **Rethink 'Comfort Food'**

Remember too that steroids can have a psychological effect, sometimes leaving you a little down in the dumps. It is common for people who are feeling down to turn to 'comfort foods', usually fattening choices like cheese, french fries, pies, chips, sausage rolls, cake and chocolate. You can bypass these disastrous comfort foods. Again, only have available what you can safely 'afford' to eat. You may try some of the flavourful herbal teas for these difficult moments.

Reprinted with thanks to the Hawaii Lupus Foundation Newsletter March 1992.

### **© ARRC 2016**

The Autoimmune Resource and Research Centre (ARRC) is a Not for Profit registered health promotion charity. ARRC provides education, support and research services for people living with a range of systemic and organ-specific autoimmune diseases. For more information, education and support contact ARRC

[HNELHD-arcc@health.nsw.gov.au](mailto:HNELHD-arcc@health.nsw.gov.au)

Pathology North Building, John Hunter Hospital, New Lambton Heights, NSW Australia 2305

### **ARRC information for patients, carers & Health Professionals**

#### **Disclaimer**

This document has been developed and peer reviewed by ARRC and is based on expert opinion and the available published literature at the time of review. Information contained in this document is not intended to replace medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner. The development of this document is not funded by any commercial sources and is not influenced by commercial organisations. For more information about ARRC and its *policies & procedures* please refer to our website.

### **Content last updated October 2016 Reviewed by Judy Knapp, Clinical Trial Nurse**

For more information education and support contact the Autoimmune Resource and Research Centre (ARRC) (02) 49214095 [www.autoimmune.org.au](http://www.autoimmune.org.au)