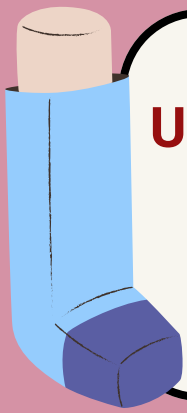


# INHALED CORTICOSTEROIDS (ICS) VS ORAL STEROIDS (OCS)



Using blue inhaler alone results to requiring more courses of oral steroids such as dexamethasone and prednisolone.

We know In our adult population, who have had 4–5 course of OCS in their lifetime, increases the risk of long-term conditions including osteoporosis, diabetes, cataract, heart failure, pneumonia and even cancer.

ICS is delivered to the lungs whereas OCS is absorbed systemically causing severe side effects.

ICS allows effective delivery of high concentration of corticosteroids to the lungs, while minimizing systemic exposure.

Oral steroids (OCS) side effects:  
headaches, oral thrush, voice alteration, bronchospasm, cataract, blurred vision, adrenal insufficiency, Cushing syndrome (increase of cortisol levels), anxiety, abnormal behavior, weight gain, glaucoma, growth suppression, sleep disturbances, cognitive impairment, electrolyte imbalance, fatigue, fluid retention, gastrointestinal discomfort, healing impairment, hypertension, increased risk of infection, excessive body hair growth, menstrual cycle irregularities, nausea, osteoporosis, bone fractures, peptic ulcers, psychosis, skin reactions and pneumonia.



Inhaled Corticosteroids (ICS) side effects:  
Common: headache, oral thrush, altered taste and voice.

Rare: Adrenal suppression, anxiety, abnormal behaviour, glaucoma, grown suppression and sleep disturbances.