No. 32 - Book Review: Coping with



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Title: Book Review: Coping with Prednisolone

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As a past ITP patient on prednisone (the common oral steroid in America), I found Coping with Prednisone to be a thorough and quite realistic account of a day (or months) in the life of a patient who is being treated with steroids. In fact, I am quite jealous of those who were blessed with this book prior to their own steroid treatment. However, my view of this book in hindsight (four years removed from treatment) may be much different than the view of an untouched patient. The positives of this book are copious, magnified especially by the unique dualistic approach of the two sibling authors – one a patient and one a physician. Through their perspectives, Coping almost seamlessly blends the aspects of patient understanding, including the subjective and emotional issues, and a more technical, scientific perspective. Julie, the doctor sister, offers the bulk of the information, including a history of the use of steroid medications, lists of expected side effects, and scientific accounts of treatment expectations. However, the strength of the book is carried on the clever shoulders of the patient sister, Eugenia. Her insights into the more mundane aspects of living as a prednisone patient offer a sense of experience and familiarity with the struggles she endured.

For all the book's positives, I could only find one complaint of it being less-than-stellar. One of Coping's strengths is in the details. The book has all the information a prednisone novice could want, formatted in an easy discussion of even the most complex medical details. However, this very strongpoint could, I fear, be terribly overwhelming for those patients just beginning their treatment. Not only are new prednisone patients battling the emotions associated with being diagnosed with a more serious disease, but they also have to deal with the side effects of this medication. I completed my prednisone treatment almost four years ago to this very day; therefore, it is easy for me to flip through the fifteen pages of listed known side effects of prednisone with ease, only partially skimming down the columns. For a new patient, the same fifteen pages which I had just breezed through would be an anxiety-ridden, terrifying account of all the possibilities for their future. Information is vital; therefore, these details are both a strength and a weakness. Patients embarking on prednisone treatment who read Coping should remember that the list is not a predictable, individualized account of what will happen to them on treatment. Most patients do not experience most of these side effects – unless they are treated with steroids for a very long time or at very high doses.

The positives in this book are plenty, including tips on combating the probable mood swings, perfect prednisone dieting suggestions, and emphasizing the importance of patient-physician communication. However, Coping takes it one step further than any internet resource or insurance-formulated diagnosis guide could ever do by offering two specific perspectives. First, Eugenia's descriptions are a perfect account of the emotions experienced while on prednisone treatment. Even now, I often find it difficult to succinctly or even understandably describe the emotions that I experienced while taking prednisone. Eugenia does it splendidly, while still reinforcing that "knowing that a feeling had been induced by medication did not make that feeling less real, nor did it necessarily make it go away." The second unique strength of Coping is its realistic description of prednisone treatment along with an emphasis on the positive attitude necessary to see you through. Eugenia tells the reader, "the day I took my last little dose of prednisone, I celebrated, thinking, "Now I'll instantly be back to my old energetic self!" But it took another two months before I felt I had even begun to regain my vigor and my emotional balance." Often, prednisone treatment doesn't work out even that easily and full recovery from the side effects may take even longer, but Coping does not lull you into a sense of calm by sugarcoating the realities of treatment.

Finally, the book does a fantastic job of highlighting one of the biggest problems with steroid treatment. Julie says, "Many doctors neither communicate the potential magnitude of the side effects nor understand how profoundly these effects may upset their patients." This was both my experience as a patient and a trend that I believe is all too common during the prescribing stages of treatment with prednisone. Julie explains it best by stating, "As practitioners, we concentrate on the illness and mention in passing, at best, that this kind of medicine 'may affect your mood.' On reflections, I think we do our patients and their families a big disservice by sweeping this...under the rug." After my own stint with prednisone, I was so curious about this disparity that I developed a research project to study these differences in patient and physician perspectives. My project, now in its final stages, is about both the side effects associated with steroid treatment and the risk for bleeding in patients with ITP. I told readers of The Platelet about this project in the March 2008 issue, and I'll tell you about the final results in a future issue.