



**THE 6-DAY MEDROL® DOSE PAK
AND LOW DOSE CORTICOSTEROIDS**

I almost daily receive a case to review that is very unstable. The person's pain is out of control, emergency visits, doctors wanting surgery or epidurals, poor mental and physical functions, a lousy life. A common recommendation given for someone who is unstable due to AA or other intractable pain condition is usually a 6-day Medro Dose Pak followed by regular low dose of a corticosteroid.

Rationale:

Clinical instability is almost always inflammation that is out-of-control. The inflammation may be due to disease in the cauda equina and arachnoid but also in the glial cells of the brain/spinal cord. Inflammation needs to be immediately controlled in both anatomic areas and then suppressed on an ongoing basis.

Corticoids are Superior:

To date, no class of drugs or medicinals have shown the ability to suppress and control inflammation like the corticosteroids.

6-Day Medrol (Methylprednisolone) Dose Pak:

The 6-day remedy will suppress a great deal of inflammation but only on a temporary basis. If one improves with the dose pak, a diagnosis of uncontrolled inflammation is made, and ongoing corticosteroid therapy should be started.

Low Dose Therapy:

One excellent study shows that prednisone 2.5 to 5.0 mg on 2 to 3 days a week can be taken without complications for a long period. (See reference below) Besides prednisone, methylprednisolone 2 to 4 mg or dexamethasone 0.5 mg can be used on 2 to 3 days a week.

Summary:

Persons with AA or other intractable pain condition and who are unstable should consider a 6-day Medrol® Dose Pak followed by a low dose, intermittent corticosteroid. Readers of this bulletin should be aware that to date we have seen few cases of AA do really well without low dose corticosteroids.

References

1. Strohl C, Biglana JW, et al. Defining conditions where long term glucocorticoid treatment has an acceptable low level of harm to facilitate implementation of existing recommendation: viewpoint from an EULAR task force. *Ann Rheum Dis* 2016;75:952-957.
2. Tanaka J, Fugita H, Mostsudos S, et al. Glucocorticoid and mineral corticoid receptors in microglial cells: the two receptors mediate differentiation effect of corticosteroids. *Glia* 1997;20:23-37.