A difficult choice

EDITORIAL

In many chronic inflammatory diseases, systemic corticosteroid therapy attenuates and prevents relapses to some degree. Corticosteroids have been used for a very long time, and a great deal is known about their adverse effect profile. It is a burdensome profile that includes some occasionally serious harms, especially with prolonged use or high doses.

In some chronic inflammatory diseases, other drugs with immunosuppressive effects are proposed, with the aim of reducing corticosteroid use. Examples include *dupilumab* (Dupixent°) in asthma (see n° 226, p. 123) and *mepolizumab* (Nucala°) in eosinophilic granulomatosis (see this issue pp. 126-127). These drugs' adverse effects differ in part from those of corticosteroids, but some of them may not yet be known, given their shorter history of use.

Is it better to treat patients with these conditions with a corticosteroid, at the lowest possible dose for the shortest possible duration, or with a drug about which less in known, in the hope of reducing corticosteroid exposure? In other words, is it better to choose a drug with a long history of use, with well-established, frequent and sometimes serious adverse effects, or a drug with a more uncertain harm-benefit balance, especially concerning its long-term effects, and with an unclear but still burdensome adverse effect profile?

When faced with this difficult choice, it is useful to share the available data with patients, and to take into account in particular their past experiences, preferences and any factors that make them more susceptible to developing certain adverse effects.

And to review this choice later, if necessary, based on how the patient's situation evolves and on our growing knowledge of the drugs in question.

Prescrire

Downloaded from english.prescrire.org on 28/05/2026
Copyright(c)Prescrire. For personal use only.