

MUSCULOSKELETAL

Myopathy ^[1]

- Reduction or, ideally, discontinuation of the corticosteroid is the mainstay of treatment, with close monitoring for adrenal insufficiency and exacerbation of the primary illness during the discontinuation process.
- For patients unable to taper off steroids, usage of fluorinated glucocorticoids “dexamethasone” instead of non-fluorinated glucocorticoids “prednisone or hydrocortisone”
- For patients with primary brain tumors on the fluorinated glucocorticoid dexamethasone, use the anticonvulsant phenytoin with dexamethasone to reduce the risk of developing corticosteroid-induced myopathy,
- supportive management with an emphasis on physical therapy should be considered for both prevention and treatment
- Physical therapy with aerobic and resistance exercises is effective at modulating muscle atrophy in patients who have corticosteroid-induced myopathy.

[1]- Surmachevska N, Tiwari V. Corticosteroid Induced Myopathy. [Updated 2021 Jul 28]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK557731/>

