GLUCOCORTICOSTEROIDS IN PHARMACOTHERAPY FOR PULMONARY SARCOIDOSIS

Krivonos K. A., Kolodeznaya T. Yu., Savokhina M.V.
The National University of Pharmacy, Kharkov, Ukraine
kateryna2007@hotmail.ru

Sarcoidosis is a multisystem inflammatory disease of unknown etiology that manifests as noncaseating granulomas, predominantly in the lungs and intrathoracic lymph nodes, but it also influences the eyes, skin, nervous system and other organs, and it largely affects the young.

Every year 700 new cases of the disease are registered in Ukraine. In recent years there has been a tendency toward the increasing incidence and prevalence of sarcoidosis of the respiratory organs, which constitutes 90% of sarcoidosis in all cases. The cases of the combination of respiratory sarcoidosis with extrapulmonary manifestations have become more frequent.

According to Thoracic Society clinical practice guideline to the diagnosis and treatment of interstitial lung disease of Great Britain, Ireland, Australia and New Zealand in 2008 the new approaches to the treatment of sarcoidosis were formed. As far as the amount of spontaneous remissions is rather high, the patients with asymptomatic stage I sarcoidosis do not need the therapy.

Only the extrapulmonary disease progression or injury in vital organs is an indication for hormonal or cytostatic therapy. Oral corticosteroids are the first-line drugs for patients with progressive disease according to the chest radiographic and functional studies of the respiratory system, and the patients with several symptoms or extrapulmonary manifestations that require the proper treatment.

The treatment with prednisolone (or another equivalent dose of a glucocorticosteroid (GCS)) is prescribed in a dosage of 0.5 mg/kg/day for 4 weeks, then the dose is decreased to 5 mg/month to control the symptoms and disease progression within 6-24 months.

A high efficiency and good tolerability of methylprednisolone in comparison with other glucocorticoids can be clearly identified. Methylprednisolone is registered in Ukraine under the trade name Medrol Tabs and Metipred. The dosage ranges from 4 to 32 mg daily, in the morning. After achieving the desired therapeutic effect, the dosage can be gradually reduced by 4 mg every month. A maintenance dose may vary from 4 to 12mg of the drug once per day.

The corticosteroid therapy is a leading approach to the current treatment of sarcoidosis and, apparently, it will retain its value as long as the origin of disease does not allow the use of etiotropic drugs.