MEDICINE INFORMATION

Docetaxel and prednisolone

A patient guide to docetaxel and prednisolone for prostate cancer, including the difference between the two steroids on some treatment plans.

At a glance

Treatment	Docetaxel + Prednisolone
When it may be used	This combination is used in some people with advanced prostate cancer, including selected people whose cancer continues growing despite low testosterone.
How it is given	Docetaxel is given by drip into a vein. You take prednisolone tablets by mouth.
Before you start	Tell the team about diabetes, infections, stomach ulcers, ankle swelling, liver problems and nerve symptoms.

What this treatment is and how it works

Docetaxel is chemotherapy that interferes with cell division. Prednisolone is a steroid used as part of this treatment plan. You may also receive a different steroid, dexamethasone, around the drip.

When it may be used

The team explains which hormone treatments or injections should continue.

Before treatment

Ask for a written list showing which steroid you take regularly and which you take around the infusion.

How treatment is given

Docetaxel is given by drip in hospital. Take prednisolone only as prescribed. Ask the team what to do if you cannot keep your steroid down or are too unwell to take it.

Tests and monitoring during treatment

Blood counts and liver tests are checked. The team may monitor blood sugar, symptoms, scans and the prostate-specific antigen (PSA) blood test. A decision about treatment usually takes several findings into account.

Side effects

Common or more frequent side effects

- **Changes in blood counts.** Treatment can lower the white cells that fight infection, the red cells that carry oxygen and the platelets that stop bleeding. You may feel tired or get breathless sooner than usual. Let the unit know about nosebleeds, new bruises or small red or purple spots. Fever or shaking chills needs a call to the urgent number even if your next blood test is already booked.
- **Fluid retention.** Docetaxel can cause swelling of the ankles, legs or fingers, sometimes after several cycles. Tell the team about swelling that increases, rapid weight gain or becoming more breathless with your usual activities. Follow the prescribed steroid schedule, which may help reduce fluid retention as well as infusion reactions.
- **Nail changes and hair loss.** Nails may discolour, become tender or loosen. Keep them clean and tell the team about pain, swelling or discharge, especially if your blood counts are low. Hair loss can start during treatment. Ask early about scalp cooling where appropriate, because it needs to be arranged before chemotherapy.
- **Effects of steroid medicines.** A steroid may make it harder to sleep or cause changes in appetite, mood or blood sugar. Tell the unit if thirst or urination increases, especially if you have diabetes. Do not change the dose or timing on your own. Ask before treatment which symptoms should prompt a blood sugar check.

Other reported side effects

Docetaxel can cause swelling or watery eyes. Tell your team about quick weight gain, worsening swelling or troublesome vision changes.

Serious effects to recognise

- **Infection during chemotherapy and steroid treatment.** Taking a steroid can sometimes make an infection less obvious. Call your hospital’s urgent number if you develop fever, shaking chills or feel suddenly unwell. Tell the team how long you have been taking prednisolone. Ask for advice if vomiting prevents you from taking a regular steroid dose.

Tell the nurse immediately if you develop a rash, wheezing or dizziness during the drip.

When to seek urgent help

Call your hospital’s cancer team straight away for signs of infection, sudden illness, new breathlessness, bleeding, or if you cannot take regular steroids because of vomiting. Follow your hospital’s written temperature instructions. If you have no written threshold, call at 37.5°C (99.5°F) or above, or below 36°C (96.8°F). Call if you feel very unwell even when your temperature is normal.

Seek emergency care for severe breathing difficulty, swelling of the face or throat, chest pain, collapse or bleeding that will not stop.

Practical advice for this treatment

Keep the two steroid instructions separate

Prednisolone may be taken regularly as part of your prostate cancer treatment. A separate steroid, often dexamethasone, may be prescribed around the docetaxel infusion. Ask the pharmacist to mark which is which on your medicine list. Check before changing or stopping either drug. If you have diabetes, agree what to do if your glucose rises on these medicines.

Manage changes at home

Docetaxel can make your hands and feet feel numb and may change your nails. Let the team know if these changes affect walking, gripping objects or getting dressed. Use footwear with good grip and tell the team about falls. Report progressively swollen ankles or getting breathless walking a distance you normally manage.

Keep your other prostate care appointments

Some patients continue injections or other treatment to lower testosterone. Ask which treatments and blood tests continue, including the prostate-specific antigen (PSA) test. Tell the hospital about new back or bone pain. Ask for advice if pain affects movement or sleep.

Medicines, interactions and vaccinations

Check with your team before new medicines or supplements. If you are on regular steroids, ask whether you should carry a steroid alert card and what to do when you are unwell. Do not stop prednisolone suddenly unless your team directs you.

Everyday life

Plan activities for when you have more energy. Keep steroid instructions with your other medicines. Ask about blood sugar checks if you have diabetes or high readings on steroids.

Pregnancy, fertility and breastfeeding

Ask about contraception and fertility before treatment. Tell your team if you and your partner are planning a pregnancy.

After treatment

Your team will say whether prednisolone needs to continue, change or be reduced gradually. Keep the follow-up plan for PSA, symptoms and other checks.

Frequently asked questions

Are prednisolone and dexamethasone the same?

Both are steroids. They serve different roles on this plan. Follow the separate directions on your calendar.

Do I stop my hormone injections?

Check before making changes. Hormone suppression can continue alongside chemotherapy.

What if I have diabetes?

Ask about extra blood sugar checks and who to contact if readings are high.

What should I do if I miss my pre-treatment steroid?

Call the unit before your drip appointment and tell them what was missed.

What is PSA?

Prostate-specific antigen is a protein measured in a blood test. Your team looks at the trend together with symptoms and other results.

Should I report fluid retention?

Tell the team if you develop swelling, rapid weight gain or new breathlessness.

What if I vomit after taking prednisolone?

Call for advice. Your team can explain how to manage the dose when you are unwell.

Can I stop prednisolone when my docetaxel cycle ends?

Keep taking it as agreed until the prescribing team gives you a stopping or tapering plan. Ask separately about the steroid taken around docetaxel visits, because that steroid may follow a different timetable.

Individual medicine guides

- Docetaxel
- Prednisolone

Sources and further reading

Read this guide alongside your hospital's plan. Ask your pharmacist to confirm the exact product dispensed in India and follow the instructions for that product.

Summary of Product Characteristics (SmPC) and prescribing information

- Docetaxel (Taxotere) - EU product page with SmPC
- Prednisolone tablets - UK SmPC
- Dexamethasone tablets - UK SmPC

Clinical protocols and other references

- eviQ docetaxel and prednisolone protocol for metastatic prostate cancer

Additional sources

- eviQ patient guide to docetaxel and prednisolone

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