Steroids as recreational drugs

Stephen B Hanauer

As readers who peruse my brief editorials will be aware, I like to personalize (not just individualize) medical practice. My most recent medical adventure began, again, with misfortune. As a long-standing fan of fitness, I thought I was in the best physical shape of my life. I had substituted a primarily jogging-based fitness routine with a more diverse schedule that included core exercises and work with a personal trainer. I felt great, though my wife thought I was a bit 'bulked-up'. All was going well until I developed a partial C6–7 disc herniation, which began with nondescript shoulder pain that progressed to excruciating neck and arm pain associated with a variety of paresthesias. NSAIDs provided minimal relief and, while awaiting the return of my neurosurgeon, who has a travel schedule as extensive as my own, I was offered a short, tapered course of methylprednisolone.

I was wary of taking steroids. I've spent much of my career trying to avoid prescribing them for IBD patients, and have communicated the litany of adverse effects of glucocorticoids. As I found out, however, pain is a great motivator and I decided to take the steroids. Within 24 h of taking the first morning dose of methylprednisolone the shoulder, neck and arm pain was gone, allowing me to explore the spectrum of neurologic signals created by the range of movement of my neck. I felt great! That day I was the attending physician for our (busier than usual) in-patient service and was amazingly energized, much to the chagrin of my fellows who were required to keep up with

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me. I tolerated the taper of steroid doses over the week, but, truthfully, I was sorry to see the daily number of pills in the packet diminishing. Once I had completed my course of treatment, the pain returned and surgery was scheduled for 10 days hence.

Now what to do? I was committed to a quick trip to Japan and, because of the pending micro-discectomy and foramenotomy, I was prohibited from taking NSAIDs and getting even a modicum of pain relief. Need I say that there was little disappointment on my part when I requested, and was granted, permission for one more course of steroids? This time I had grand illusions and began to plan how I would distribute the tablets optimally throughout the week, while ensuring I had completely tapered them to zero 24 h before surgery. My focal points were the 13 h flight to Japan and the day-long conference and meeting agenda. I manipulated the dosing schedule to minimize dosing during sleep and to maximize dosing when I was awake in the appropriate time zone. What jet lag? I easily 'flew' through the 72 h trip and returned home to my usual schedule full of energy and exuberance.

The only thing better than the pain relief provided by the steroids was awakening in the recovery room after surgery. I was exhilarated, pain- and neuropathy-free, ready to resume my usual routine, and back exercising on an elliptical machine within 48 h. Happily, I wasn't taking steroids to enhance my performance, unlike some athletes...but now I know the feeling.