

Joint response of the College of Podiatry and the Faculty of Podiatric Medicine of the Royal College of Physicians and Surgeons of Glasgow: Updated guidance on the safety of steroids injected as part of podiatric procedures during the current COVID-19 virus pandemic

Introduction

The College of Podiatry and the Faculty of Podiatric Medicine of the Royal College of Physicians and Surgeons of Glasgow have reviewed their guidance on the use of corticosteroid injections in light of experience during the COVID-19 pandemic. This joint statement provides updated details on our guidance and recommendations.

Steroid use is common in podiatric procedures with the aim of easing pain, increasing mobility and quality of life. Duration of effect is variable but can provide several months of benefit. It is still the case that current evidence does not yet allow us to fully quantify the risks, should a patient receiving steroid injections come into contact with COVID-19 during the period of potentially associated immunosuppression. As a result of the long incubation period of an average of 14 days, there is a risk that asymptomatic patients who are carrying the virus could undergo corticosteroid injection as part of a podiatric treatment whilst infected by, but asymptomatic of, Covid-19, potentially putting them at increased risk of an adverse outcome from the virus. This risk factor may be more marked in higher risk patient groups, notably the elderly and those with comorbidities, whose underlying pathology / pathologies are associated with higher mortality rates.

Use of steroids: possible impact in relation to COVID-19

The current WHO guidance¹ for the management of severe acute respiratory infection in patients with COVID-19 is to avoid the routine use of systemic corticosteroids unless these are strongly indicated for another reason. This is because systemic steroids have been associated with an increased risk for mortality in patients with influenza and delayed viral clearance in patients with Middle East respiratory syndrome coronavirus (MERS-CoV) infection. Although systemic steroids were widely used in the management of severe acute respiratory syndrome (SARS), there was no good evidence of their benefit, and there was persuasive evidence of adverse short-and long-term harm². A recent study of patients with COVID in China reports that patients receiving corticosteroids did not have an effect on mortality, but rather delayed viral clearance³.

Advice

We now recommend that a risk benefit ratio is undertaken in the context of the local prevalence of the COVID-19 virus at that point in time.

Clearly, corticosteroid injections should not be undertaken in individuals with active COVID-19 infections. However, there is still the potential for harm to individuals who may be incubating or later develop COVID-19.

Long acting, usually insoluble steroid formulations are frequently used in procedures to manage pain. To put this into context, Triamcinolone Acetonide 40mg is equivalent to ten times the normal daily physiological steroid production. Epidural steroids have been shown to cause a variable degree of adrenal suppression for at least some weeks⁴. The potential impact of locally administered

corticosteroids causing immunological suppression in a patient incubating COVID at the time or in the future is still largely unknown.

On that basis, and the close monitoring of national guidance, as the pandemic continues to present a challenge, we recommend the following advice:

- Maintain an awareness of the risk of using corticosteroid injections during the COVID-19 pandemic. Even in the absence of definitive evidence for local steroid administration, systemic steroids do have an immuno-suppressant effect.
- Undertake careful assessment of the risk: benefit ratio. Where possible use alternatives that are safe and effective. (a PDF of the article on possible alternative options published last month is attached).
- Assess the patient's COVID-19 status. A simple questionnaire will suffice providing it covers the following areas.
 - Do you have any of the following symptoms:
 - a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
 - a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
 - a loss or change to your sense of smell or taste – this means you have noticed you cannot smell or taste anything, or things smell or taste different to normal
 - Have you tested positive for COVID-19 in the last 7 days or, are you waiting for a COVID-19 test or the results of a recent Covid-19 test?
 - Do you live, or have you been in contact with someone who has either tested positive for COVID-19 or has shown the symptoms of COVID-19 in the last 14 days?
 - Were you ever asked to isolate for any reason?
 - Check the patient's temperature prior to treatment (ie: tympanic ear temperature of >37C).

Although steroid injections are now widely used in all NHS and private clinics with the appropriate risk benefit assessments in place, it is important to note that in many cases the alternatives are effective.

Following our earlier guidance, we would advise that:

- The clinical decision to administer corticosteroid injections should take into account the current COVID-19 situation in that region.
- All reasonable non-injection pain management measures should be explored.
- The decision to administer an injection should be based on a balance of possible risks and benefits for individual patients.
- Protective measures and use of PPE should follow local protocols, to minimise the risk of Covid-19 to patients and staff.
- During the Covid-19 pandemic: only administer corticosteroid injections:
 - to patients who you believe are Covid-19 negative
 - following all recommended protocols to prevent cross-infection and potential exposure of staff and patients to Covid-19

As with all podiatric procedures a risk benefit balance has to be reached in discussion with the patient. Each case is unique and no guidance will cover all eventualities.

We continue to advise that caution be exercised when assessing patients for steroid injections, balancing the risks with the potential benefits.

Patients should be made fully aware of the potential risks, the lack of clear evidence and should continue to be engaged in decision making. Likewise, podiatrists should consider the risk and benefits of such injections and under which circumstances they will continue using them during the current clinical conditions.

The College of Podiatry and the Faculty of Podiatric Medicine of the Royal College of Physicians and Surgeons of Glasgow jointly recommend, on the balance of current evidence and risk, that locally administered injections of corticosteroids should be used with caution and with the failure of other treatment options, that an appropriate risk: benefit analysis for each patient is undertaken, that consideration be given to administering the lowest dose possible to achieve the required effects following appropriate written consent, including a possible COVID19 risk.

The future

The situation relating to the pandemic is continually evolving, and a further period of disruption is likely. National guidance should also be followed and will continue to be updated on a regular basis.

Contact the College of Podiatry:



Dr Paul Chadwick,
Clinical Director, Clinical Leadership & Education
Direct Line: 020 7234 8628
Email: paul.chadwick@cop.org.uk

1. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. 2020 World Health Organization. WHO.<https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-cov.pdf>
2. Russell CD, Millar JE, Baillie JK. Clinical evidence does not support corticosteroid treatment for 2019-nCoV lung injury. Lancet 2020; 395:473.
3. Huang et al, Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China www.thelancet.com Vol 395 February 15, 2020
4. Friedly J et al, Systemic effects of epidural steroid injections for spinal stenosis, Pain: May 2018, Vol 159, Issue 5, p876 -883