WHAT IS THE PROBLEM?
- There is no good evidence that using enteric coated (EC) prednisolone reduces the risk of causing peptic ulcers (PU) compared with plain prednisolone.
- According to the BNF, the potential advantage of EC preparations is speculative only.
- In April-June 2010 the East Midlands spent nearly £1million on enteric coated prednisolone. If this had all been prescribed as plain tablets the NHS in the East Midlands alone would have saved over £700,000 in 3 months and an estimated annual save of nearly £3million.
- ADD LOCAL DATA HERE

WHAT ARE THE COSTS

Costs for 28 days supply. Taken from Drug Tariff Oct 2010

WHAT IS THE EVIDENCE?
- Limited data suggest that corticosteroids appear to be weakly linked with PU; most relevant in patients with a history of, or diseases linked to PU. Any effect appears dependent on dose and duration.
- In 1987 the Drug and Therapeutics Bulletin concluded that uncertainty remains as to whether enteric coating decreases the tendency of steroids to cause ulcers.
- Its overall conclusion was that the use of EC prednisolone to decrease risk remains speculative and probably leads to a false sense of security.
- Since that date, small pharmacokinetics studies have noted lower and slower time-to-peak plasma concentration with EC compared with uncoated prednisolone tablets, though bioavailability was generally similar. A small number of case reports have indicated problems with disease control with use of EC or with switch to EC formulation.

KEY MESSAGES
- Prescribe plain prednisolone.
- Using EC prednisolone probably leads to a false sense of security.
- EC tablets may have less predictable absorption. When switching from EC to plain prednisolone, monitor disease control.

References:
2. Drug Tariff October 2010