



Methotrexate and Prednisolone study in Erythema Nodosum Leprosum

MaPs in ENL

Training session 14 – Additional prednisolone

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ENLIST



Additional prednisolone

- The indication
- How to recording
- The amount to be used



When to prescribe additional prednisolone

- **Flare or deterioration in ENL**
 - ENL symptoms and/or signs resulting in an increased EESS score to 9 or more
 - an increase in EESS score of 5 or more
 - Orchitis not responding to conservative management
 - Iritis not responding to topical steroids/mydriatics
- **New or deterioration in nerve function impairment**
 - motor impairment
 - sensory impairment
- **Leprosy Type 1 Reaction**

Recording the additional prednisolone

Do you wish to prescribe additional prednisolone?	<input type="radio"/> Yes <input type="radio"/> No	reset
Form Status		
Complete?	<input type="radio"/> <input type="radio"/> <input type="radio"/> Incomplete	
Buttons: Save & Exit Form Save & Stay ▾ -- Cancel --		

How much prednisolone to prescribe

- If the participant is on prednisolone

ADD a daily regime of 20 mg for one week follow by 15 mg for two weeks, 10 mg for two weeks and 5 mg for 3 weeks

Attention : participants on week 7 (on 15 mg of prednisolone) who needs extra prednisolone will need a extra week of 5 mg prednisolone so they don't stop on a 10 mg dose

- If the participant is not on prednisolone

Start the 20 week regime of the study

- Patients experiencing significant NFI associated with ENL should be treated with the 20 week regime used in the study. Starting at prednisolone 40 mg per day.
- Participants experiencing a Type 1 reaction should be treated with the 20 week regime of the study. Starting at prednisolone 40 mg per day.

Summary

- ENL flares and deterioration
- NFI deterioration
- Type 1 reaction
- Record if you will prescribe or not in the end of every follow up visit
- The dose to prescribe depends if the participant is on prednisolone or not and if it is a nerve function impairment or type 1 reaction