

Steroids are not licensed for epidural use and the manufacturers state that they do not recommend their preparations for use around the spine.

One of the problems in assessing the level of risk of ESIs as regards causing long-term adverse effects, is that virtually all the medical literature pertains to short-term studies which will not pick up conditions such as arachnoiditis.

This leads to a vicious circle:

***Under-researched>>***

***Perceived as RARE>>***

***Not recognised>>***

***Under-diagnosed>>***

□ ***Under-reported ADRs\****

\*adverse drug reactions

In personal communication with me, Dr. Burton has stated that he has numerous patients with arachnoiditis due to ESIs. (February 2000)

"I have a host of personal patients who have had LSAA\* from depo-medrol from ES (epidural steroid) treatments." \*Lumbosacral adhesive arachnoiditis)

This is just some of the evidence about epidural steroid injections.

The ASG was in discussion with the Department of Health on the issue of Epidural Steroid injections: we were informed that the DOH were running a study on the efficacy of ESIs results of which will be available in 2003.

In the meantime, the ASG will continue to work towards this form of treatment being discontinued, and will be informing the public of the risks inherent in it, as a measure to prevent further cases: one cannot use the adage "prevention is better than cure" because there IS no cure for arachnoiditis.....prevention is the only option available at this time to make some headway in a condition which is by no means as rare as clinicians seem to believe.