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# SINGLE VERSUS DIVIDED-DOSE STEROIDS IN TREATMENT OF NEPHROTIC SYNDROME

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## Abstract:

**Introduction:** Oral corticosteroids form the cornerstone for management of most children with nephrotic syndrome. Prednisolone should be administered at a dose of 60 mg/m<sup>2</sup>/day (maximum daily dose, 80 mg) for 4-6 weeks. Daily therapy may be either given, as a single morning or divided doses. We aim by this study to compare the regimen of giving steroids in a single daily dose with that of giving them in three-divided doses, as regard the compliance, response to treatment, and occurrence of complications. **Patients and methods:** The study was conducted on 30 patients having presumed steroid-responsive minimal change nephrotic syndrome. 15 patients were given prednisolone in a single daily dose. The other 15 patients were given prednisolone in three divided doses. **Results:** There was no significant statistical differences between the two groups of patients as regard the duration of treatment before remission or complications of nephrotic syndrome. No complications related to steroids were observed in any of our patients. **Conclusion:** Prednisolone, as a single morning dose is as effective as divided doses for inducing remission with no higher risk of complications. As single-dose steroid therapy is likely to be associated with better drug compliance, we recommend it as the regimen of choice for treatment of nephrotic syndrome.

## Keywords:

Nephrosis, steroids, children

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