



Drug Interactions

Although a list of these is available on our hydrocortisone leaflet we thought it might be helpful to make a specified document for easy reference.

Note that the oral contraceptive pill upsets hydrocortisone metabolism so always speak to your endocrinologist before you start taking it.

ACE Inhibitors	Antagonism of hypotensive effect
Acetazolamide	Increased risk of hypokalaemia
Adrenergic Neurone Blockers	Antagonism of hypotensive effect
Alpha-blockers	Antagonism of hypotensive effect
Aminoglutethimide	Metabolism of glucocorticoids accelerated (reduced effect)
Amphotericin	Increased risk of hypokalaemia (avoid concomitant use unless glucocorticoids needed to control reactions)
Angiotensin-II Receptor Antagonists	Antagonism of hypotensive effect
Antidiabetics	Antagonism of hypoglycaemic effect
Aspirin (also Benorilate)	Increased risk of gastro-intestinal bleeding and ulceration Glucocorticoids reduce plasma-salicylate concentration
Barbiturates and Primidone	Metabolism of glucocorticoids accelerated (reduced effect)
Beta-blockers	Antagonism of hypotensive effect
Calcium-channel Blockers	Antagonism of hypotensive effect
Carbamazepine	Accelerated metabolism of glucocorticoids (reduced effect)
Carbenoxolone	Increased risk of hypokalaemia
Cardiac Glycosides	Increased risk of hypokalaemia
Clonidine	Antagonism of hypotensive effect
Coumarins	Anticoagulant effect possibly altered
Diazoxide	Antagonism of hypotensive effect
Diuretics	Antagonism of diuretic effect
Diuretics, Loop	Increased risk of hypokalaemia
Diuretics, Thiazide and related	Increased risk of hypokalaemia
Erythromycin	Erythromycin possibly inhibits metabolism of glucocorticoids
Hydralazine	Antagonism of hypotensive effect
Ketoconazole	Ketoconazole possibly inhibits metabolism of glucocorticoids
Methotrexate	Increased risk of haematological toxicity

Professor Peter Hindmarsh Professor of Paediatric Endocrinology

<http://www.cahisus.co.uk>

Divisional Clinical Director for Paediatrics and Adolescents at UCLH "The ideas expressed are independent of the authors' affiliations. Data provided is from current literature and should always be discussed with your endocrinologist first"



Methyldopa	Antagonism of hypotensive effect
Mifepristone	Effect of glucocorticoids (including inhaled glucocorticoids) may be reduced for 3-4 days after mifepristone
Minoxidil	Antagonism of hypotensive effect
Moxonidine	Antagonism of hypotensive effect
NSAIDs	Increased risk of gastro-intestinal bleeding and ulceration
Nitrates	Antagonism of hypotensive effect
Nitroprusside	Antagonism of hypotensive effect
Oestrogens	Oral contraceptives increase plasma concentration of glucocorticoids
Phenytoin	Metabolism of glucocorticoids accelerated (reduced effect)
Progestogens	Oral contraceptives increase plasma concentration of corticosteroids
Rifamycins	Accelerated metabolism of glucocorticoids (reduced effect)
Ritonavir	Plasma concentration possibly increased by ritonavir
Somatropin	Growth promoting effect may be inhibited
Sympathomimetics, Beta ₂	Increased risk of hypokalaemia with concomitant use of high doses
Theophylline	Increased risk of hypokalaemia
Vaccines	High doses of glucocorticoids impair immune response; avoid use of live vaccines

Fludrocortisone:-

As fludrocortisone is similar to cortisol, it has the similar potential for drug interactions as hydrocortisone. These are listed in the table above, however for a detailed specific list use the following link: <https://www.medicines.org.uk/emc/medicine/30358>