Current Trends in Steroid Dose Choice and Frequency of Administration of Epidural Steroid Injections: A Survey Study
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Background: Epidural steroid injections (ESI) are commonly used to treat refractory radicular spinal pain. While evidence suggests that increasing cumulative dose of exogenous corticosteroid may be harmful, knowledge of current practice patterns is limited regarding the choice of dose and frequency of epidural steroid injections (ESIs).

Objective: Describe current practice trends in the dose selection and frequency of administration of transforaminal ESI (TFESI) and interlaminar ESI (ILESI).

Participants: Physician members of the Spine Intervention Society (SIS).

Methods: Cross-sectional survey of SIS physicians from May to June 2018. The primary outcome measures were corticosteroid dose used and the number of annual ESIs administered per patient.

Results: Three-hundred fourteen physicians responded to the survey. For single-level cervical or lumbar injections of dexamethasone, most respondents (56.0%) reported using 10mg, while 17% reported use of doses greater than 10mg, with 6% using a dose of 20mg at a single level. The most common particulate corticosteroid dose used during both lumbar and cervical ILESI was 80mg (cervical= 55.4%, lumbar= 54.7%). During cervical and lumbar ILESI, 17% and 12.7% of physicians reported using doses greater than 80mg, respectively. Almost 10% of physicians reported performing cervical TFESIs with particulate steroids. Forty percent of physicians reported allowing four ESIs at any location (cervical, thoracic, lumbosacral) per year. A small percentage (6%) allow more than 6 ESIs annually; 1% allow more than 10 injections annually.

Conclusions:
There is considerable variability among this large cohort of spine interventionists with regard to corticosteroid dose selection and epidural steroid injection frequency. A small proportion of respondents reported Multisociety Pain Workgroup guideline discordant use of particulate steroids during cervical TFESIs.