Steroid-dependent patients with multiple co-morbidities are more vulnerable to adrenal crisis

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INTRODUCTION

The ADSHG’s online emergency survey attracted 1046 responses from steroid-dependent patients and their parents/caregivers.

FINDINGS

Vomiting was a causative factor for 80% of all adrenal crisis episodes. Almost 20% occurred during surgical recovery.

DISCUSSION

Co-morbidities act to destabilise steroid-dependence

Patients with co-morbidities reported more frequent crisis episodes. Rates of post-diagnosis adrenal crisis ranged from 30% to 100%, with co-morbidities acting as a multiplier. Asthma and diabetes were the co-morbidities that act to destabilise steroid-dependence most strongly. Those patients whose fluid balance is medication-dependent – primary adrenal insufficiency and diabetes insipidus – were less stable and more vulnerable to adrenal crisis, than those with secondary adrenal insufficiency and intact fluid homeostasis.

30% of adrenal crises happened while the patient was away from home. Nearly 9% resulted from steroid undertreatment for patients already in hospital.

CONCLUSIONS

Good patient education and readiness to self-treat remain important for the steroid-dependent patient, especially those with multiple co-morbidities, as delays in the medical response can be predicted for roughly one-third of patients experiencing adrenal crisis.

REFERENCES AND CONTACT

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http://eje-online.org/content/160/7/233.long