Patient Risk of Adrenal Insufficiency



Signs & Symptoms

Sugar & salt cravings; Tiredness & muscle weakness; Electrolyte imbalance; Reproductive changes; LOw blood pressure; Increased skin pigmentation (primary AI); Diarrhoea & Depression; Shedding Weight

	Absolute Risk	High Risk	Moderate Risk	Low/Negligible Risk
Prevention of adrenal crisis - acute illness, injury & surgery	Increase steroid dose as per steroid sick day rules Provision of emergency intramuscular hydrocortisone for self-administration	Increase steroid dose as per steroid sick day rules	Consider need to increase steroid dose during acute illness if clinically unwell and symptoms suggestive of Al	Monitor patient for signs and symptoms of Al

Definition of Risk Categorisation

Absolute Risk	High Risk	Moderate Risk	Low/Negligible Risk
Established primary & secondary Al	 Prednisolone ≥ 5mg or equivalent oral glucocorticoid for > 4 weeks and 12 months after stopping Intra-articular or intramuscular glucocorticoid injections and use glucocorticoids by another route (e.g. oral, inhaled) CYP3A4 inhibitors and glucocorticoids via any route (exception mild or moderate topical steroids). High dose inhaled steroids for respiratory diseases receiving repeated courses of oral steroids (≥ 3 courses over past 6 months 	 ≥3 short-courses of high dose oral steroids within last 12 months or for 12 months after stopping Repeated courses of dexamethasone as an antiemetic in oncology and for 12 months after stopping Prolonged courses of dexamethasone (>10 days) for COVID-19 High dose steroid inhalers, and for 12 months after stopping Low dose inhaled steroids and other form of glucocorticoid treatment Topical high dose potent or very potent steroid over large areas, rectal or genital area for ≥4 weeks and for 12 months after stopping 	 Short course oral steroids Low dose inhalers only Low dose or mild potency topical steroids