

Managing adrenal insufficiency in patients with suspected or confirmed COVID-19 European Society of Endocrinology & Society for Endocrinology (UK) update

Recommendations from these organisations relating to the treatment of patients with adrenal insufficiency with confirmed or suspected COVID-19 infection. This advice is aimed at avoiding the precipitation of adrenal crisis and differs from normal sick day rules in that recommended steroid doses are higher during COVID-19 illness.

This update applies to patients with primary (adrenal), secondary (pituitary) or tertiary (due to exogenous steroids- >5mg prednisolone for > 4 weeks) adrenal insufficiency.

Suggested management of adrenal insufficiency in patients with suspected or confirmed COVID-19

| Clinical Scenario | Suggested management for patients at home |
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| Onset of signs and symptoms suggestive of COVID-19 (fever >38°C, a new or continuous dry cough, sore throat, loss of sense of smell or taste, aches and pains, fatigue) | Adults and adolescent patients should take 20mg hydrocortisone orally every 6 hrs if they were originally taking hydrocortisone. Patients currently taking 5-15mg prednisolone daily should take 10mg prednisolone every 12 hrs; patients on oral prednisolone>15mg should continue to take their usual dose but split into two equal doses of at least 10mg. If on fludrocortisone, continue at usual dose. |
| Onset of signs and symptoms of clinical deterioration (dizziness, intense thirst, shaking uncontrollably, drowsiness, confusion, lethargy, vomiting, severe diarrhoea, increasing shortness of breath, respiratory rate >24/min, difficulty speaking. | If there is Steroid emergency pack at home, immediately inject 100mg hydrocortisone IM injection in adults and adolescents (the patient or carer will have been trained to administer the injection already). Call for emergency medical attention for treatment and transfer to hospital. If patients cannot be taken or kept in hospital, then they should take 50mg oral hydrocortisone every 6 hours at home until symptoms improve. |
| Recovery phase | For patients on hydrocortisone, double their original dose for 48 hours, and then reduce back to the original dose. For patients on 10mg or less of prednisolone, double the original dose for 48 hours, and then reduce to the original dose. For patients on more than 10mg prednisolone, continue the original dose |

Please be aware that adrenal insufficiency patients under endocrine care should already have received letter informing them of the above and have been provided with a steroid emergency pack (hydrocortisone 100mg vial, water, needle & syringe) along with a steroid sick day rules card.



Actions for Practices

Please ensure that anyone being prescribed regular steroids for these indications are provided with the appropriate steroid warning card which can be found <u>here.</u>

Patients may need to be contacted to find out if they have sufficient supplies of their tablets and emergency hydrocortisone injection to use in case they catch COVID-19. If they do not have sufficient supplies, then a FP10 will need to be issued.

Further information can be found at https://www.endocrinology.org/adrenal-crisis

| | Contact details |
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