

European Society of Endocrinology & Society for Endocrinology (UK) update

There has been a recent change in the recommendations from these organisations about the treatment of patients with adrenal insufficiency with confirmed or suspected COVID-19 infection¹. This advice is aimed at avoiding the precipitation of adrenal crisis (see link in references for further information).

The recommendations apply 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 patients with suspected or confirmed COVID-19²:

Clinical Scenario	Suggested management for patients at home
Onset of signs and symptoms suggestive of COVID-19 (<i>fever >38°C, a new or continuous dry cough, sore throat, loss of sense of smell or taste, aches and pains, fatigue</i>)	<ul style="list-style-type: none"> 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).	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

This guidance is also supported by our local endocrinologists at GWH/SFT/RUH.

Please be aware that adrenal insufficiency patients under endocrine care should already have:

- Steroid emergency pack at home (hydrocortisone 100mg vial, water, needle, syringe)
- Received education for self-administration or their carers had education
- Received a Steroid Emergency Card³ to support early recognition and treatment of adrenal crisis
- Received a steroid sick day rules leaflet

This guideline deviates from the usual sick day rules in that the daily steroid doses recommended to use during covid-19 illness are **higher** than would usually be recommended during illness.

Actions for practices:

- We'd request that your practice pharmacist (if you have one, if not a nurse or GP) immediately searches the prescribing records of the practice using the Ardens/TPP search facility to ensure that anyone being prescribed regular steroids for these indications are provided with the local patient information leaflet as soon as possible which can be found here: <https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=7076>.
- Patients may need to be contacted to find out if they have sufficient supplies of their tablets and emergency hydrocortisone injection (if they usually keep one) to use in case they catch COVID-19. If they do not have sufficient supplies, then a FP10 will need to be issued.
- Recently published national guidance promotes a new patient-held Steroid Emergency Card to be issued by prescribers³. Prescribers should ensure all eligible patients prescribed steroids have been assessed, and where necessary issue a Steroid Emergency Card. Further information in link in references at end.

Working together:

NHS Bath and North East Somerset Clinical Commissioning Group

NHS Swindon Clinical Commissioning Group

NHS Wiltshire Clinical Commissioning Group Medicines Optimisation

Date prepared: 4/5/2020. Revised 24/08/2020 to include NPSA information on Steroid Emergency Cards

How to get specialist advice:

Hospital	Contact details
Great Western Hospital Swindon	<ul style="list-style-type: none">• 24/7 Endocrine on-call –07776227544• Gwh.endocrinologyadvice@nhs.net
Royal United Hospital Bath	<ul style="list-style-type: none">• Use consultant connect
Salisbury Hospital	<ul style="list-style-type: none">• 01722 336262 ext 4229• shc-tr.diabetes@nhs.net

References:

1. Society for endocrinology: Advice for patients who take replacement steroids (hydrocortisone, prednisolone, dexamethasone or plenadren) for pituitary/adrenal insufficiency; 22/4/2020: <https://www.endocrinology.org/clinical-practice/clinical-guidance/adrenal-crisis/covid-19-adrenal-crisis-information/>
2. European Journal of Endocrinology. Wiebke Arlt, Stephanie E. Baldeweg, Simon H. S. Pearce, Helen L. Simpson. Clinical management guidance during the COVID-19 Pandemic: Adrenal Insufficiency. 1/4/2020. <https://ej.e.bioscientifica.com/view/journals/eje/aop/eje-20-0361/eje-20-0361.xml>
3. NHS Improvement and NHS England national patient safety team, Royal College of General Practitioners, Royal College of Physicians and Society for Endocrinology Joint National Patient Safety Alert: Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults. 13/08/2020. <https://www.england.nhs.uk/publication/national-patient-safety-alert-steroid-emergency-card-to-support-early-recognition-and-treatment-of-adrenal-crisis-in-adults/>

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