

Adrenal Insufficiency

Full list of clinical questions

Evidence report	Type of review	Review questions
1.1	Qualitative	What information and support do people with suspected or diagnosed adrenal insufficiency (and their families and carers) need to routinely manage their health (including how to ensure an adequate supply of medicines, advice on what to do in certain situations such as when exercising, travelling, working non-standard hours or taking part in religious observances such as fasting)?
1.2	Qualitative	What information and support do people diagnosed with adrenal insufficiency need for the prevention and emergency care of an adrenal crisis?
2.1	Diagnostic Prognostic	When should adrenal insufficiency be suspected (for example, based on risk factors or symptoms)?
2.2	Diagnostic	When should a person who is having exogenous corticosteroids withdrawn be referred for investigation and management of adrenal insufficiency related to HPA-axis suppression?
2.3	Diagnostic	What initial investigations should be done by the non-specialist for people with suspected adrenal insufficiency?
2.4	Intervention	When should people with suspected adrenal insufficiency be referred to specialists for further investigation?
3.1	Intervention	In people at risk of adrenal insufficiency because of prolonged corticosteroid use, what is the best way to manage corticosteroid withdrawal when corticosteroids are no longer needed to control disease activity?
4.1	Intervention	What is the clinical and cost effectiveness of pharmacological treatments for the routine management of primary adrenal insufficiency?
4.2	Intervention	What is the clinical and cost effectiveness of pharmacological treatments for the routine management of secondary and tertiary adrenal insufficiency?

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4.3	Intervention	When should adrenal crisis be suspected?
4.4	Intervention	What is the clinical and cost effectiveness of pharmacological treatments for the emergency management of adrenal crisis?
4.5	Intervention	What is the clinical and cost effectiveness of pharmacological treatments for managing periods of physiological stress in people with adrenal insufficiency including: a) planned and emergency invasive procedures b) pregnancy and intrapartum care c) intercurrent illness and periods of physiological stress including minor (for example, colds) and major illnesses (for example, severe infection, cardiac events)?
4.6	Intervention	What is the clinical and cost effectiveness of pharmacological treatments for managing periods of psychological stress in people with adrenal insufficiency?
4.7	Intervention	What is the clinical and cost effectiveness of non-pharmacological strategies to prevent adrenal crisis during periods of intercurrent illness and periods of physiological stress?
4.8	Intervention	What is the clinical and cost effectiveness of non-pharmacological strategies to prevent adrenal crisis during periods of psychological stress?
5.1	Intervention	What ongoing care and monitoring should be offered to people with adrenal insufficiency?
5.2	Intervention	What ongoing care and monitoring should be offered to people with adrenal insufficiency who are receiving end of life care?