Glucocorticoid-induced adrenal insufficiency

Akademisk avhandling

Som för avläggande av medicine doktorsexamen vid Sahlgrenska akademin, Göteborgs universitet kommer att offentligen försvaras i hörsal Arvid Carlsson, Medicinaregatan 3, Göteborg, torsdagen den 23 november 2023, klockan 09:00

av Margrét Jóna Einarsdóttir

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Marianne Klose MD, PhD
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Avhandlingen baseras på följande delarbeten

- I. Einarsdottir MJ, Ekman P, Trimpou P, Olsson DS, Johannsson G, Ragnarsson O. **High** prescription rate of oral glucocorticoids in children and adults: a retrospective cohort study from Western Sweden. *Clin Endocrinol (Oxf).* 2020;92(1):21-28.
- II. Einarsdottir MJ, Ekman P, Molin M, Trimpou P, Olsson DS, Johannsson G, Ragnarsson O. High mortality rate in oral glucocorticoid users: a population-based matched cohort study. Front Endocrinol (Lausanne). 2022;13:918356.
- III. Einarsdottir MJ, Trimpou P, Johannsson G, Ragnarsson O. Undertreated and undiagnosed adrenal insufficiency as a premature cause of death in glucocorticoid users. *Manuscript*
- IV. Einarsdottir MJ, Bankvall M, Robledo-Sierra J, Rödström PO, Bergthorsdottir R, Trimpou P, Hasséus B, Ragnarsson O. **Topical clobetasol treatment for oral lichen planus can cause adrenal insufficiency.** *Oral Dis. 2023. Epub ahead of print.*
- V. Einarsdottir MJ, Kristjansdottir HL, Bergthorsdottir R, Johannssona G, Trimpou P, Lewerina C, Ragnarsson O. Intermittent high-dose glucocorticoid treatment does not cause adrenal insufficiency in patients with diffuse large B-cell lymphoma a prospective study. Acta Haematol. 2023. Epub ahead of print.

SAHLGRENSKA AKADEMIN INSTITUTIONEN FÖR MEDICIN

Glucocorticoid-induced adrenal insufficiency

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Abstract

Background: Glucocorticoids (GCs) are effective in treating many diseases and are widely used. However, glucocorticoid treatment can down-regulate the hypothalamic-pituitary-adrenal axis and lead to glucocorticoid-induced adrenal insufficiency. This thesis aimed to investigate the prevalence of oral GC prescriptions, related mortality, and the prevalence of GC-induced adrenal insufficiency during topical GC treatment and during intermittent high-dose GC therapy.

Methods: Individuals, living in Västra Götaland county, with prescriptions of prednisolone ≥5 mg/day (or equivalent dose of other GCs) for ≥21 days during 2007–2014 were identified in The Swedish Prescribed Drug Register. By using a personal identification number, patients were cross-linked with four other Swedish registries to collect information on indication for GC treatment, comorbidities, and cause-of death. To study if death was related to GC-induced adrenal insufficiency, medical records from 300 patients who died from sepsis were investigated. Twenty-seven patients with oral lichen planus receiving topical GC were studied and in a prospective study 10 adults with lymphoma receiving intermittent, high-dose GC were included.

Results: During 2007–2014, 14.1% of inhabitants (n=223 211) in Western Sweden received prescriptions for oral GCs at doses associated with risk of developing GC-induced adrenal insufficiency. GC users had a 2-fold overall risk of dying compared to controls (adjusted hazard ratio 2.1, 95% confidence interval 2.0–2.1). Under- and undiagnosed GC-induced adrenal insufficiency possibly contributed to the death in 47 of 300 (16%) patients considered to have died from sepsis. Approximately 20% of patients receiving chronic topical GCs in the oral cavity had GC-induced adrenal insufficiency. None of the patients receiving intermittent high-dose GC therapy had GC-induced adrenal insufficiency.

Conclusion: Oral GC treatment is common and can lead to GC-induced adrenal insufficiency and increased mortality. GC-induced adrenal insufficiency is underdiagnosed and awareness is essential for the diagnosis and treatment.

Keywords: glucocorticoid, adrenal insufficiency, mortality

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