Survey of Steroid Replacement Therapy

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Abstract

Research suggests regular assessment of steroid replacement therapy (SRT) is important to avoid over replacement. Also patients need regular educational updates to optimise management of SRT during illness.

Over a three-month period (2004) we surveyed SRT and knowledge in patients with primary or secondary hypoadrenalism. Patients were given a questionnaire when attending clinic. We assessed type of SRT, dose and timing; compliance with medication; patient's knowledge of action/intervention during times of illness/vomiting and patient's use of steroid cards and medicalerts.

<u>Results</u> 80 patients were given the questionnaire and we had 56 (71%) replies. Hydrocortisone was the main SRT, with 20mgs as the total daily dose for 18 (35%) patients, 30mgs for 22 (43%) patients and 11 (22%) patients on doses ranging from 5mgs to 100mgs. 25 (49%) patients took evening Hydrocortisone after 6pm with 9 (18%) taking it after 8pm. Compliance was good with 54 (97%) either never or only occasionally missing medication. 43 (77%) patients knew to increase their SRT when ill. When vomiting 19 (34%) stated they needed injected steroids and a further 23 (39%) said they would call a doctor. This suggests 37 (66%) of patients on SRT may not get the appropriate treatment when vomiting. 20 (36%) patients either did not have or did not answer the question about possessing a sick day rules leaflet. 33 (59%) of patients owned and carried a steroid card; 25 (45%) owned and carried a medicalert; 42 (75%) owned and carried at least one or the other. Patient's knowledge of who should know they were on SRT varied.

These results suggest that there is a need for regular assessment of dosage and timing of SRT. Results indicate that patient's knowledge of managing SRT during illness should be regularly reviewed and reinforced with appropriate education.