

# Post-study Survey

## Asymptomatic adrenal suppression



The CPSP has recently completed a study on adrenal suppression (AS). This post-study survey aims to evaluate current practices of participants and to assess the educational impact of the study. Results of pre and post-study surveys will be compared. **Your contribution is greatly appreciated.**

1. **Over the past year**, have you diagnosed any children/youth with asymptomatic AS? Yes\_\_\_ No\_\_\_  
**If no, proceed to question 2.**  
**If yes**, how was AS diagnosed? (Check all that apply)  
 Morning cortisol\_\_\_ Random cortisol\_\_\_ 24-hour urinary cortisol\_\_\_  
 Standard-dose ACTH stimulation test\_\_\_ Low-dose ACTH stimulation test\_\_\_  
 Other (specify): \_\_\_\_\_
2. Do you routinely screen patients on glucocorticoids (GCs) for AS? Yes\_\_\_ No\_\_\_
3. Does your centre/office have a screening policy for AS? Yes\_\_\_ No\_\_\_ Unknown\_\_\_
4. **Over the past two years**, have you changed your approach towards managing patients on GCs for AS?  
 Yes\_\_\_ No\_\_\_  
**If yes**, check all that apply: Closer surveillance of growth\_\_\_ Routine screening of AS\_\_\_  
 Change in office policy\_\_\_ Change in hospital policy\_\_\_ Other (specify): \_\_\_\_\_  
**If no**, specify your approach: \_\_\_\_\_
5. Has your screening practice for AS changed because of the CPSP AS study? Yes\_\_\_ No\_\_\_  
**If no, proceed to question 6.**  
**If yes**, for what type of GC therapy has your screening for related AS changed? (Check all that apply)  
 Inhaled corticosteroids (ICS)\_\_\_ Oral or IV GC\_\_\_  
 Other forms of GC (specify): \_\_\_\_\_
6. What dose of ICS is your threshold to screen for AS?  
 I do not screen children only receiving ICS\_\_\_ Fluticasone (or equivalent)  $\geq$  500 mcg/day\_\_\_  
 Fluticasone (or equivalent) > 500 mcg/day\_\_\_ Other (specify): \_\_\_\_\_
7. Which of the following best describes your practice? (Check all that apply)
 

<input type="checkbox"/> adolescent medicine	<input type="checkbox"/> emergency	<input type="checkbox"/> nephrology
<input type="checkbox"/> allergy/immunology	<input type="checkbox"/> endocrinology/metabolism	<input type="checkbox"/> neurology
<input type="checkbox"/> cardiology	<input type="checkbox"/> gastroenterology	<input type="checkbox"/> oncology
<input type="checkbox"/> consultation	<input type="checkbox"/> haematology	<input type="checkbox"/> primary care
<input type="checkbox"/> critical care	<input type="checkbox"/> infectious disease	<input type="checkbox"/> respiratory
<input type="checkbox"/> dermatology	<input type="checkbox"/> medical genetics	<input type="checkbox"/> rheumatology
<input type="checkbox"/> development/behaviour	<input type="checkbox"/> neonatology/perinatology	

 Other (specify): \_\_\_\_\_

### Additional learning points

- In two years of surveillance, 44 cases of SYMPTOMATIC AS were confirmed.
- Adrenal crisis, a condition with significant morbidity, was confirmed in six cases.
- Growth failure was the most common presenting sign in children with symptomatic AS.
- ICS was the predominant type of glucocorticoid treatment in the majority of the cases reported; many were treated with more than one form of glucocorticoids.
- There were no reported cases of symptomatic AS in children treated with intranasal glucocorticoids alone.

**Please return this survey with your monthly reporting form.**  
**Thank you for your participation.**

04/2013