

Metabolic Syndrome, Diabetes, or Hypercortisolism?

Poorly managed, hard-to-control metabolic disease including diabetes is a **life-shortening condition**. The symptoms listed below highlight signs and symptoms it shares with Hypercortisolism / Cushing's Syndrome.



How to Test Cortisol?

The most common form of hypercortisolism comes from **exogenous** sources, (outside of the body, ex. injections, allergy medications). If you or your patient suspects **endogenous** hypercortisolism, testing is inexpensive and easy to access. Timing is important with cortisol, and if you are not yet familiar with screening for hypercortisolism, there's an evidence-based guideline for that! See QR/URL.

Three diagnostic studies are currently recommended to be done in sets of two (ex. one dex and one salivary) PLUS a separate "control" 8am serum cortisol and ACTH:

- Low-dose dexamethasone suppression test**
- Late-night salivary cortisol**
- 24 hour urine free cortisol**

Tests can be repeated if results are indeterminate.

Abnormal results can be repeated or immediately referred to specialized endocrinology.

Not all patients will present with all "classic" physical features of Cushing's.



For more information on how to screen for **endogenous hypercortisolism**, please scan the QR code or visit the URL:

<https://csrf.net/understanding-cushings/diagnostic-testing/>