

PCOS, OR HYPERCORTISOLISM?

PCOS is one of the most common misdiagnoses that women with Cushing's Syndrome receive first.

Persistent hypercortisolism from any source can cause lifelong damage to your patients.

PLEASE TEST THEIR CORTISOL TOO!

PCOS

Elevated LH, insulin and androgens, decreased FSH

Most common endocrine disorder in reproductive-age women

Diagnosed by symptoms like irregular menstrual cycle, hyperandrogenism, and polycystic ovaries

Treatment includes lifestyle modifications and hormone therapy

Clinical care can be managed by PCP and OBGYN

BOTH

- acne
- anxiety
- fatigue
- "mood swings"
- "metabolic syndrome"
- high blood pressure
- unexpected weight gain
- irregular menstrual cycles
- long-term CV issues
- need additional referrals
- insulin resistance
- hirsutism
- depression
- brain fog

HYPERCORTISOLISM

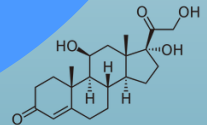
Elevated cortisol, elevated or decreased ACTH

Most difficult endocrine disease to diagnose and treat

Diagnosed by symptoms like rapid weight gain, insomnia, and diabetes, caused by steroid use or a tumor on the pituitary, adrenal, or lung

Treatment can include surgery, radiation, and/or medical therapy

Best clinical outcomes come with the care of specialized Endocrinologists



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/>