

Endocrinology prioritisation guide during COVID-19

Quick reference guide 3: adrenal gland disorders

JANUARY 2023

This guide details the factors and health conditions that are recommended for deferral, virtual and face-to-face care during the COVID-19 pandemic.

Recommendations

- Patients with adrenal insufficiency are at increased risk of infections and are consequently at risk of adrenal crisis during acute illness, such as infection with SARS-CoV-2. Therefore, it is important that hospital emergency departments have systems in place that provide guidance in the prevention, recognition and treatment of acute adrenal crisis in patients with adrenal insufficiency.
- Medication shortages, especially of hydrocortisone, should be anticipated and a back-up plan for alternative glucocorticoids should be developed with the patient.
- Urgent Short Synacthen Stimulation Tests should continue to be performed, with appropriate precautions. Tests that require a high degree of prolonged interaction between nurse and patient (such as the insulin tolerance test) should be delayed if possible, until the risk of transmission of SARS-CoV-2 has decreased. If necessary, treatment should be initiated in the absence of such confirmatory tests.
- Imaging investigations can still be performed in the ambulatory care setting, except for adrenal venous sampling, which may need to be delayed in the yellow and green COVID-19 phase of the pandemic.
- Advice is the same for deferrals in all COVID-19 pandemic phases: most adrenal disorders are investigated and treated by specialist endocrinologists. The level of expertise among general practitioners (GPs) in the management of adrenal disorders may not be enough to enable the transfer of care of these patients from specialist endocrinologists during the pandemic. However, all GPs should be aware of the need to significantly increase the dose of glucocorticoids in patients with adrenal insufficiency who are unwell.
- The following advice is the same for virtual care (video and phone) all COVID-19 pandemic phases: the management of adrenal disorders is mostly conducted in the non-inpatient setting and this should continue utilising telehealth.
- The following advice applies during all pandemic phases for face-to-face care for all patients with acute adrenal disease. If assessment and early management could prevent the patient from going to an emergency department or allow for a triage of necessity for admission to hospital, a face-to-face physical consultation outweighs the risk of infection with COVID-19. This advice specifically applies to these conditions:
 - severe onset Cushing's syndrome, for example, with severe hypertension or unstable diabetes
 - severe Conn's syndrome, for example, with severe hypertension or severe hypokalaemia
 - suspected pheochromocytoma, for example, with severe hypertension, significant tachycardia or arrhythmia
 - suspected Addison's disease with severe symptoms, for example, postural hypotension, nausea and vomiting, and hyponatraemia
 - adrenal presentations that are atypical (during the green COVID-19 recovery phase).

Adrenal surgery prioritisation guideline

This guideline indicates the types of conditions that can be prioritised for surgery during the COVID-19 pandemic.

Red and amber COVID-19 alerts	Yellow and green COVID-19 alerts
<ul style="list-style-type: none"> Adrenocortical cancer or highly suspected adrenocortical cancer Pheochromocytoma or paraganglioma that is unable to be controlled with medical management <ul style="list-style-type: none"> Pre-operative admission may be required to prepare the patient for surgery Cushing's syndrome, with significant symptoms, that is unable to be controlled with medical management Conn's syndrome, with significant symptoms, that is unable to be controlled with medical management. 	<ul style="list-style-type: none"> Adrenal mass with suspicion of malignancy Functional adrenal mass causing medical comorbidity <ul style="list-style-type: none"> Pre-operative admission may be required to prepare the patient for surgery.

References

- Wiebke A, Baldeweg SE, Pearce S, Simpson HL. Endocrinology in the time of Covid-19 -management of adrenal insufficiency. Eur. J. Endocrinol. [Internet] 2021 [cited June 14 2020]; 183:1, G25-G32. Available from: pubmed.ncbi.nlm.nih.gov/33107576/ doi: 10.1210/clinem/dgaa793.
- Lancet Diabetes Endocrinol 2020. Use of glucocorticoids in patients with adrenal insufficiency and COVID-19 infection. [Internet] 2020. [cited June 15 2020]. Available from: [www.thelancet.com/journals/landia/article/PIIS2213-8587\(20\)30149-2/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(20)30149-2/fulltext) Doi 10.1016/S2213-8587(20)30149-2
- Miller J, Collinson T. Position Statement: Endocrine Surgery during the COVID-19 Pandemic. Australian and New Zealand Endocrine Surgeons and General Surgeons Australia; 2020 [cited June 15 2020]. Available from: www.generalsurgeons.com.au/media/files/News/DOC%202020-04-24%20Position%20Statement_Endocrine%20Surgery%20during%20the%20COVID-19%20Pandemic_UPDATED.pdf