

# **Guidance for healthcare professionals on the identification and management of patients at risk of adrenal insufficiency due to steroid use in primary care**

## **Introduction**

All patients with primary adrenal insufficiency are steroid dependent and some patients who take steroids for other medical conditions may develop secondary adrenal insufficiency and become steroid dependent. The [NaPSA: Steroid emergency cards, early recognition & treatment of adrenal crisis](#) in adults, issued in August 2020, promotes the use of a NEW patient-held Steroid Emergency Card for those at risk of adrenal insufficiency. This helps healthcare staff identify patients with adrenal insufficiency and provide information on emergency treatment if the patient is acutely ill, experiences trauma, surgery or other major stressors.

The guidance which follows aims to support primary care clinicians in the identification and management of those at risk of secondary adrenal insufficiency.

## **Identification of patients at risk of secondary adrenal insufficiency**

Patients taking one or more of the following may be at risk of secondary adrenal insufficiency:

- Long term oral glucocorticoids (i.e. 4 weeks or longer)
- Short term oral glucocorticoids (40mg Prednisolone equivalent for  $\geq 7$  days)
- Intra-articular (IA)/ Intra-muscular (IM) glucocorticoid injections
- Inhaled steroids (See examples in table 1)
- Steroid nasal & eye drops
- Topical steroid creams and ointments
- Rectal steroids
- Ongoing glucocorticoid treatment in conjunction with potent CYP3A4 inhibitors (eg some protease inhibitors, some antifungals and long-term clarithromycin)

It is important to consider:

- The total exposure for patients who may be taking steroids across more than one route
- Total steroid exposure over the preceding 12 months

## **Who should be issued with a Steroid Emergency Card**

The Society for Endocrinology and Specialist Pharmacy Services have issued [Guidance on issuing the Steroid Emergency Card in adults](#), which contains information on:

- The dosage thresholds for all glucocorticoids (taken orally or administered by other routes) which may put the patient at risk of adrenal insufficiency/suppression
- Who should be given a Steroid Emergency Card
- Who should be given a Steroid Emergency Card and “sick day rules” advice
- Who should have steroid cover for intercurrent illness, invasive procedures and surgery

Clinicians are asked to discuss the purpose of the card with their patients and ensure the information on the card remains up to date.

Approval date: February 2023

Review date: February 2025 (or sooner if evidence or practice changes)

**Not to be used for commercial or marketing purposes. Strictly for use within the NHS**

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

Table 1: Inhaled glucocorticoid doses which require emergency steroid card<sup>2</sup>

Inhaled Corticosteroid	Brand	Dose* at which an Emergency Steroid Card is required	Dose* at which Emergency Steroid Card is required <b>if also receiving steroids via other route</b>
<b>BECLOMETASONE</b>	<ul style="list-style-type: none"> <li>Non-proprietary</li> <li>Clenil</li> <li>Soprobeq</li> <li>Easyhaler</li> </ul>	>1000mcg / day	800mcg – 1000mcg/day
<b>BECLOMETASONE</b> <i>Extra fine particles</i>	<ul style="list-style-type: none"> <li>Fostair</li> <li>Qvar</li> <li>Kelhale</li> <li>Trimbow**</li> </ul>	>500mcg / day (check if using combination inhaler and MART regimen)	400-500mcg/day (check if using combination inhaler and MART regimen)
<b>BUDESONIDE</b>	<ul style="list-style-type: none"> <li>Non-proprietary</li> <li>Easyhaler</li> <li>Pulmicort</li> <li>Symbicort</li> <li>Duoresp Spiromax</li> <li>Fobumix</li> </ul>	>1000mcg / day (check if using combination inhaler and MART regimen)	800- 1000mcg / day (check if using combination inhaler and MART regimen)
<b>CICLESONIDE</b>	<ul style="list-style-type: none"> <li>Alvesco</li> </ul>	>480mcg / day	320-480 microgram per day
<b>FLUTICASONE FUROATE</b>	<ul style="list-style-type: none"> <li>Relvar Elipta***</li> <li>Trelegy Elipta**</li> </ul>	≥ 200mcg / day	100 – 199 mcg/day
<b>FLUTICASONE PROPIONATE</b>	<ul style="list-style-type: none"> <li>Seretide</li> <li>Sirdupla</li> <li>Sereflo</li> <li>AirFluSal</li> <li>Flixotide</li> <li>Flutiform</li> </ul>	>500mcg / day	400 – 500 mcg/day
<b>MOMETASONE</b>	<ul style="list-style-type: none"> <li>Asmanex</li> </ul>	>800mcg / day	400-800 mcg / day

\*dose equivalent from NICE Inhaled corticosteroid doses for NICE's asthma guideline (2018)

\*\* The beclometasone in Trimbow 87mcg/5mcg/9mcg corresponds to a pre-dispensed dose of 100mcg

\*\*\*The fluticasone furate in Relvar Elipta 184/22mcg corresponds to a pre-dispensed dose of 200mcg

\*+The fluticasone furate in Trelegy Elipta 92mcg/55mcg/22mcg corresponds to a pre-dispensed dose of 100mcg.

See SPS [Guidance on issuing the Steroid Emergency Card in adults](#) information on dosage thresholds glucocorticoids administered by other routes.

## Digital support

All organisations prescribing steroids should review their processes and policies and their digital software and prompts to ensure that all eligible patients receive a Steroid Emergency Card.

[NPSA Steroid Alerts: Ardens](#) on EMIS may support practices with:

- NPSA steroid alert searches to help practices identify patients who have recently had multiple issues of steroid medications or a diagnosis of hypoadrenalism
- Corticosteroid monitoring template
- printable steroid card called: "Corticosteroid monitoring (v14.2)(Ardens)"
- NPSA steroid card pop up alert to notify you if an at-risk patient has not had a card issued within the last 3 years and enables you to issue the card

The following SNOMED Codes now available on EMIS, have been incorporated in the Ardens.

- Concept ID: 1326871000000108 | Provision of steroid emergency card
- Concept ID: 1326891000000107| Has steroid emergency card

Approval date: February 2023

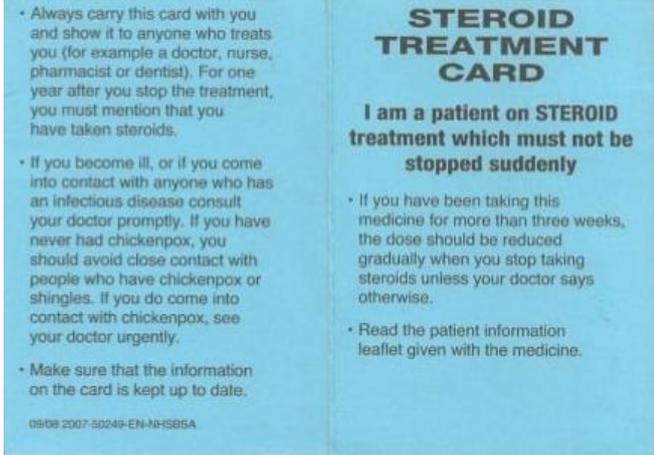
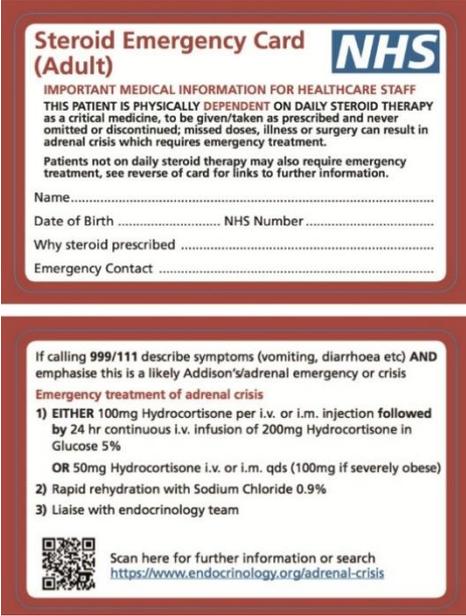
Review date: February 2025 (or sooner if evidence or practice changes)

**Not to be used for commercial or marketing purposes. Strictly for use within the NHS**

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

## Differences between Steroid cards

Patients should be advised to carry both cards with them to show to any healthcare professional involved in their care.

Steroid Treatment Card	Steroid Emergency Card (NEW)
<p>Community pharmacists should issue a blue card at the time of dispensing steroids.</p> <ul style="list-style-type: none"> <li>Instructions for the patient and informs healthcare professionals that the patient is taking steroids.</li> </ul>  <p>The image shows a blue Steroid Treatment Card. It contains instructions for patients and healthcare professionals. Key text includes: 'Always carry this card with you and show it to anyone who treats you (for example a doctor, nurse, pharmacist or dentist). For one year after you stop the treatment, you must mention that you have taken steroids.' and 'I am a patient on STEROID treatment which must not be stopped suddenly'. It also provides advice on what to do if the patient becomes ill or has contact with someone who has chickenpox or shingles.</p>	<p>Prescribers should issue a steroid emergency card to all patients who are steroid dependent and those at risk of adrenal insufficiency</p> <ul style="list-style-type: none"> <li>To help healthcare staff identify patients with adrenal insufficiency and provide information on emergency treatment if the patient is acutely ill, experiences trauma, surgery or other major stressors.</li> </ul>  <p>The image shows a red Steroid Emergency Card (Adult) with the NHS logo. It contains important medical information for healthcare staff, stating that the patient is physically dependent on daily steroid therapy. It includes fields for Name, Date of Birth, NHS Number, Why steroid prescribed, and Emergency Contact. Below this, it provides emergency treatment instructions for adrenal crisis, such as '1) EITHER 100mg Hydrocortisone per i.v. or i.m. injection followed by 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5%' and 'OR 50mg Hydrocortisone i.v. or i.m. qds (100mg if severely obese)'. It also includes a QR code and a URL for further information: https://www.endocrinology.org/adrenal-crisis.</p>

### Where to obtain supply:

The Steroid Treatment Card and the Steroid Emergency Card can be ordered from:

- NHS Business Services Authority - [NHS Forms](#)
- Primary Care Support England - [PCSE online](#)

Also available online is the [Steroid Emergency card PDF](#) to upload on a mobile phone & show in a medical emergency or printed and carried on the person.

### References:

- National Patient Safety Alert: *Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults (Aug 2020)* <https://www.england.nhs.uk/wp-content/uploads/2020/08/NPSA-Emergency-Steroid-Card-FINAL-2.3.pdf>
- Erskine, D. *Exogenous steroids, adrenal insufficiency and adrenal crisis – who is at risk and how should they be managed safely*. Issued 2021. Available from: [endocrinology.org/media/4091/spssfe\\_supporting\\_sec\\_final\\_10032021-1.pdf](https://www.endocrinology.org/media/4091/spssfe_supporting_sec_final_10032021-1.pdf)
- Byrne C. Principal Pharmacist, Kings College Hospital, Clinical Guideline: *Safe Steroid Prescribing & Steroid Emergency Card – supporting the prevention, early recognition and treatment of adrenal crisis in adults* (June 22)

Approval date: February 2023

Review date: February 2025 (or sooner if evidence or practice changes)

**Not to be used for commercial or marketing purposes. Strictly for use within the NHS**

South East London Integrated Medicines Optimisation Committee (SEL IMOC). A partnership between NHS organisations in South East London Integrated Care System: NHS South East London (covering the boroughs of Bexley/Bromley/Greenwich/Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLaM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust