

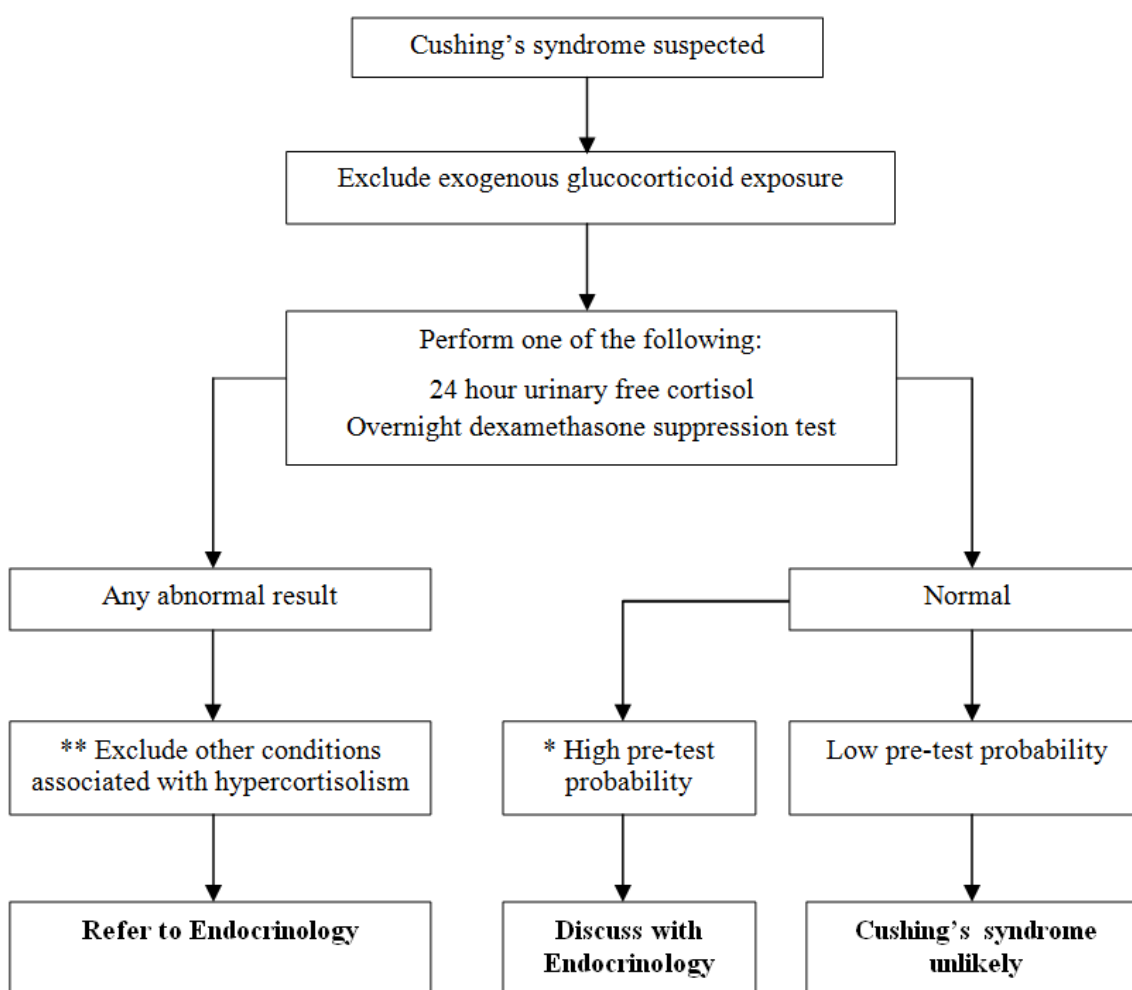
Diagnosis of Cushing's syndrome

Prior to performing any laboratory investigations a comprehensive drug history should be taken in order to eliminate the use of exogenous glucocorticoids.

The 2008 Endocrine Society Clinical Practice Guideline for the diagnosis of Cushing's syndrome recommends screening with one of the following tests: 24 hour urinary free cortisol, overnight dexamethasone suppression test or late night salivary cortisol. Note that salivary cortisol is not routinely available.

Random serum cortisol should not be used for the diagnosis of Cushing's syndrome

24 hour urinary free cortisol should not be used in patients with renal dysfunction as falsely low excretion can occur when creatinine clearance falls below 60ml/min. The dexamethasone suppression test should be avoided in pregnancy and in patients taking oral oestrogens due to the effects of oestrogen on corticosteroid binding protein.



*Pre-test probability is high if clinical features are suggestive of Cushing's syndrome, an adrenal incidentaloma has been identified or if cyclical Cushing's syndrome is suspected.

** Conditions associated with hypercortisolism include diabetes mellitus, severe obesity, alcoholism, late pregnancy, psychiatric disorders, physical stress, malnutrition, intense chronic exercise, hypothalamic amenorrhoea and corticosteroid binding protein excess.

Please refer to <https://tinyurl.com/LabMedInfo> for information on how to perform an overnight dexamethasone suppression test and the interpretation of results.