

Adrenal Insufficiency Committee meeting 6

Date: 25 January 2023

Location: Virtual meeting

Minutes: Final

Committee members present:			
Benjamin Ellis (BE)	(Present for items 1 – 7)		
Helen Simpson (HS)	(Present for items 1 – 7)		
Anh Tran (AT)	(Present for items $1-7$)		
Kate Owen (KO)	(Present for items $1-7$)		
Chloe Mezzetti (CM)	(Present for items $1-7$)		
Colin Omorodion (CO)	(Present for items $1-7$)		
Kate Davies (KD)	(Present for items $1-7$)		
Kaz Williams (KW)	(Present for items $1-7$)		
Lisa Shepherd (LS)	(Present for items $1-7$)		
Philip Newland-Jones (PNJ)	(Present for items $1-7$)		
Simon Pearce (SP)	(Present for items 1 – 7)		
Nabil Boulos (NB)	(Present for items $1-7$)		
Callum Brown (CB)	(Present for items $1-7$)		
Emma Beecroft (EB)	(Present for items 1 – 7)		

In attendance:					
Alexandra Bonnon (AB)	Health economist	(Present for items 1 – 7)			
Catrina Charlton (CC)	Guideline Commissioning Manager	(Present for items 1 – 7)			
Meena Tafazzoli (MT)	Technical Analyst	(Present for items 1 – 3)			
Rebecca Boucher	Senior Editor	(Present for items 1 – 5)			
Saoussen Ftouh (SF)	Senior Research Fellow	(Present for items 1 – 7)			
Sharon Swain (SS)	Guideline Lead	(Present for items 1 – 7)			
Stephen Deed (SD)	Information Specialist	(Present for items 1 – 7)			
Tamara Diaz (TD)	Project Manager	(Present for items 1 – 7)			

Apologies:
Sally Caruthers (SC)
Sally Tollerfield (ST)
Ranna El Khairi (RK)

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the sixth meeting on the Adrenal Insufficiency guideline. The Committee members were introduced to new cooptee member of the committee, Dentist Emma Beecroft.

The Chair outlined the objectives of the meeting, which included presentation of the results of the evidence reviews on:

 Pharmacological treatments for managing physiological and psychological stress.

The review protocols for the following questions were also discussed:

- 2.1 When should adrenal insufficiency be suspected (for example, based on risk factors or symptoms
- 2.2 When should a person who is having exogenous corticosteroids withdrawn be referred for investigation and management of adrenal insufficiency related to HPA-axis suppression?
- 3.1 In people at risk of adrenal insufficiency because of prolonged corticosteroid use, what is the best way to manage corticosteroid withdrawal when corticosteroids are no longer needed to control disease activity?

2. Confirmation of matter under discussion, and declarations of interest

New declarations made by committee members on meeting day are listed below.

Name	Declaration	Classification	Action
Kate Davies	Payment from Sandoz Ltd for work on website for new endocrine nurses December 2022	Direct Financial	Non-Specific Declare and participate
	Associate Professor, Paediatric Prescribing & Endocrinology – London South Bank University September 2015 - Present	Direct Financial	Non-Specific Declare and participate
	Nurse Member – Nurse Committee for Society of Endocrinology December 2022	Indirect Non-financial Professional and Personal Interest	Declare and participate
Simon Pearce	2 research publications on Addison's disease published	Direct Non- Financial Professional and Personal	Non-Specific Declare and participate

since last meeting:	Interest	
Hatana and a sua matumal history of		
Heterogeneous natural history of		
Addison's disease:		
mineralocorticoid deficiency may		
predominate.		
Howarth S, Giovanelli L, Napier		
C, Pearce SH. Endocr Connect.		
2022 Dec 15;12(1):e220305.		
doi: 10.1530/EC-22-0305. Print		
2023 Jan 1. PMID: 36398876		
Replication of association at the		
LPP and UBASH3A loci in a UK		
autoimmune Addison's disease		
cohort.		
Howarth S, Sneddon G, Allinson		
KR, Razvi S, Mitchell AL,		
Pearce SHS. Eur J Endocrinol.		
2023 Jan 10;188(1):lvac010.		
doi: 10.1093/ejendo/lvac010.		
PMID: 36651163		

The Chair and a senior member of the Developer's team noted that the declared interests noted above, and the interests noted on the circulated register did not prevent attendees from participating in the day's meeting.

3. Confirmation of minutes

Minutes of guideline committee meeting 5 were confirmed with minor amendments to the attendees list.

4. Evidence review: Pharmacological treatments for managing psychological stress

The clinical and economic evidence for the above question was presented for the group's consideration. Recommendations were drafted for this topic, after the committee's discussion of the evidence.

5. Evidence review: pharmacological treatments for managing physiological stress

The clinical and economic evidence for the information and support question was presented for the group's consideration. Recommendations were drafted for this topic, after the committee's discussion of the evidence.

6. Draft protocols:

The committee discussed the following items:

- 2.1 When should adrenal insufficiency be suspected (for example, based on risk factors or symptoms
- 2.2 When should a person who is having exogenous corticosteroids withdrawn be referred for investigation and management of adrenal insufficiency related to HPA-axis suppression?
- 3.1 In people at risk of adrenal insufficiency because of prolonged corticosteroid use, what is the best way to manage corticosteroid withdrawal when corticosteroids are no longer needed to control disease activity?

7. Any other business

None.

Date of next meeting: GC7 15th March 2023

GC8 16th March 2023

Location of next meeting: Virtual meeting