

# Hidden hypercortisolism in primary care: Identifying patients with difficult-to-control diabetes eligible for screening

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**The authors have nothing to disclose in relation to this presentation.**

**Disclosures**

# Background

- Chronic cortisol excess → **multisystem disease**
- Strong overlap with:
  - Type 2 diabetes / insulin resistance
  - Hypertension
  - Central obesity
  - Mood disturbances
- Often **underdiagnosed due to nonspecific presentation**
- Associated with:
  - ↑ Cardiovascular risk
  - ↑ Infection risk
  - ↑ Mortality if untreated
- **Treatment improves metabolic outcomes when identified early**

# Background 2

- Historically, the prevalence of hypercortisolism in type 2 diabetes has been unknown
  - Different testing methods
  - Small sample size in trials
  - Differences in severity of T2DM
- CATALYST trial
  - Approximately 1000 participants with difficult-to-control T2DM
  - **23.8% of individuals with hard-to-treat T2DM experience hypercortisolism**
  - **Hypercortisolism patients treated with Korlym/mifepristone showed a statistically significant reduction in HbA1c (-1.47%)**

# Aim

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**Primary Aim:** Identify the prevalence of patients who meet criteria for DST.

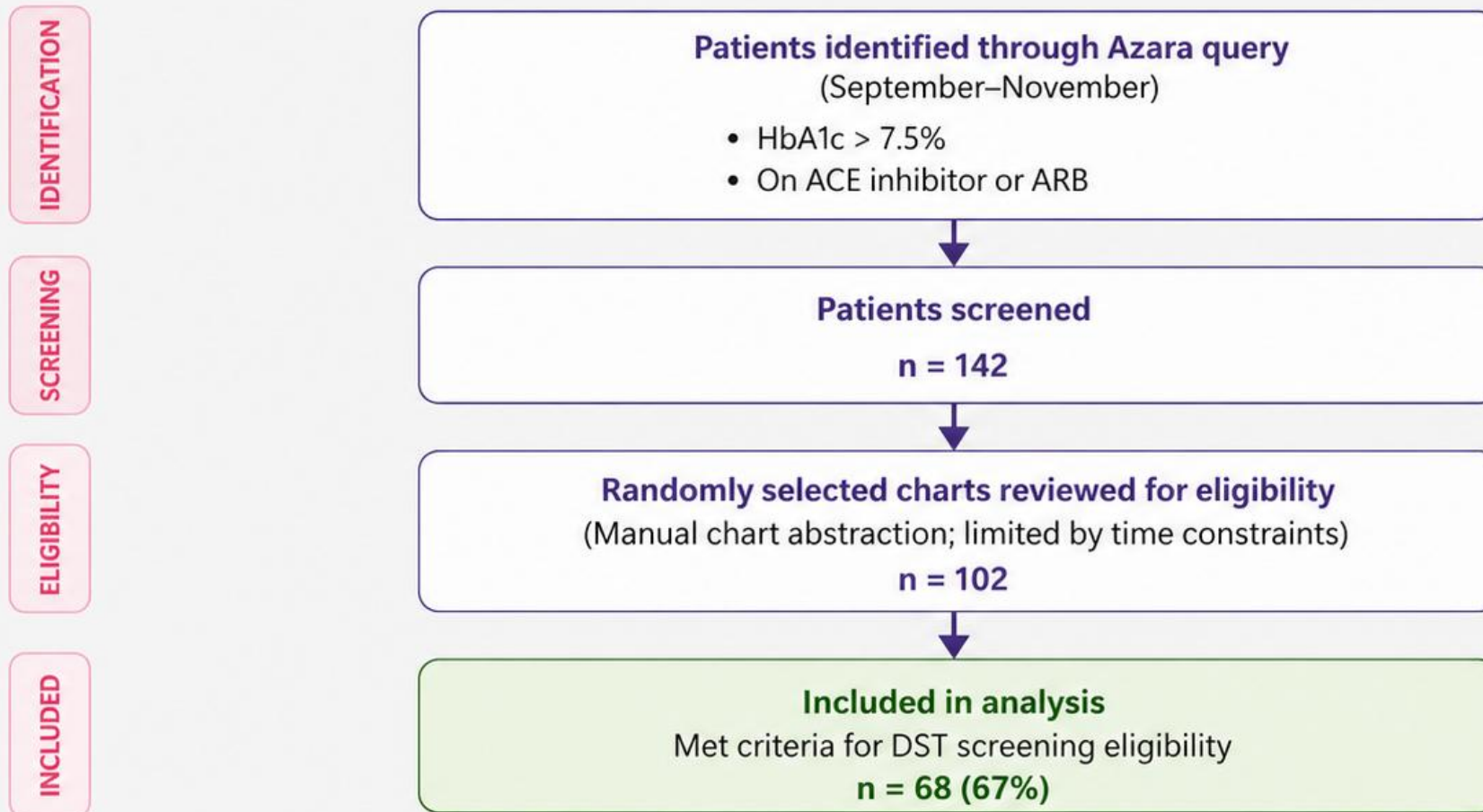
**Secondary Aim:** Characterize the most common reasons for exclusion from DST.

# About Our Clinic



- Our continuity clinic is a federally qualified health care center serving an underserved population in Sumter with a high burden of chronic disease.
- Providers manage complex patients with multiple competing priorities, often in the setting of unmet social needs.
- 612 diabetes related visits per month
- 50% of patients have a HBA1c > 7%
- In this context, diagnosing hypercortisolism is particularly challenging due to cost barriers and limited access to endocrinology.

# Methods

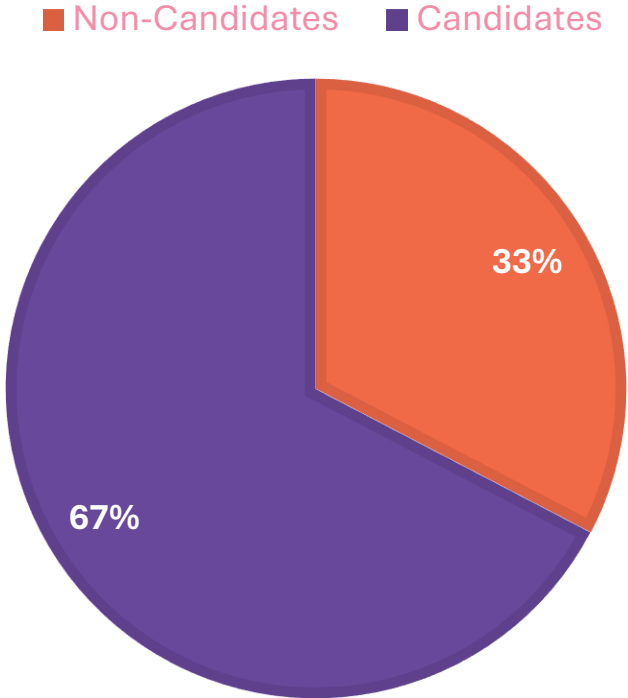


**Primary Outcome:** Proportion of patients eligible for hypercortisolism screening with the dexamethasone suppression test (DST).

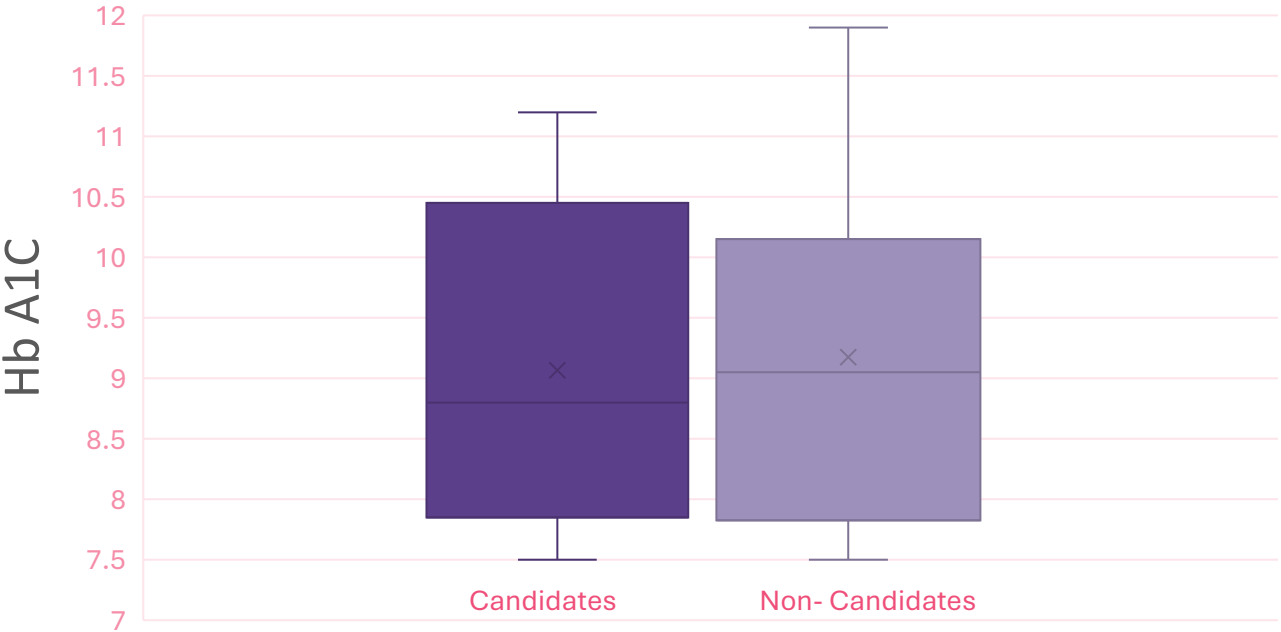
DST = dexamethasone suppression test; ACEi = angiotensin-converting enzyme inhibitor;  
ARB = angiotensin receptor blocker.

# Results

## PERCENTAGE OF PATIENTS WHO ARE CANDIDATES FOR TESTING

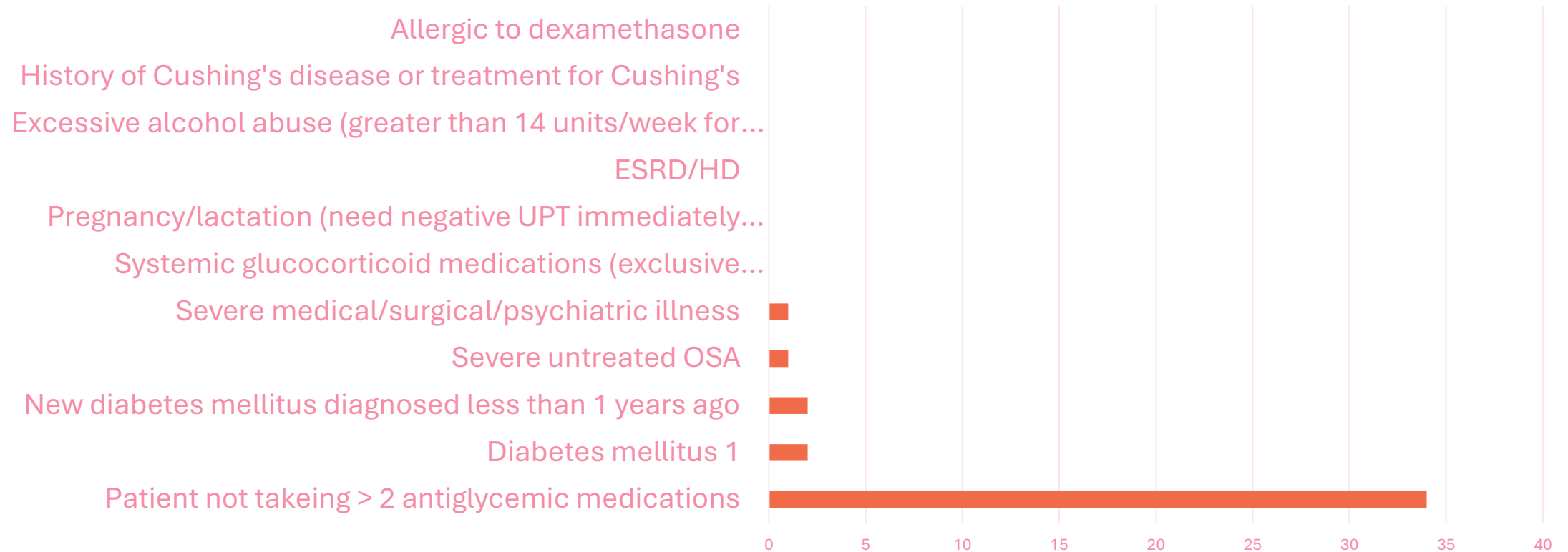


## HB A1C DISTRIBUTION BY HYPERCORTISOLISM TESTING ELIGIBILITY



# Results (continued)

## Reasons for Exclusion from Hypercortisol Testing



# Discussion

- **High yield population identified**
  - ~67% met criteria for DST screening
- Suggests **substantial missed testing opportunities**
- Supports **targeted testing strategy**:
  - A1c elevation as an entry point
- **Real-world barriers**:
  - Time constraints
  - Awareness of indications
  - Uncertainty around testing workflow
- **Clinical implication**:
  - Primary care may be key to early detection 😊

# Questions/Comments

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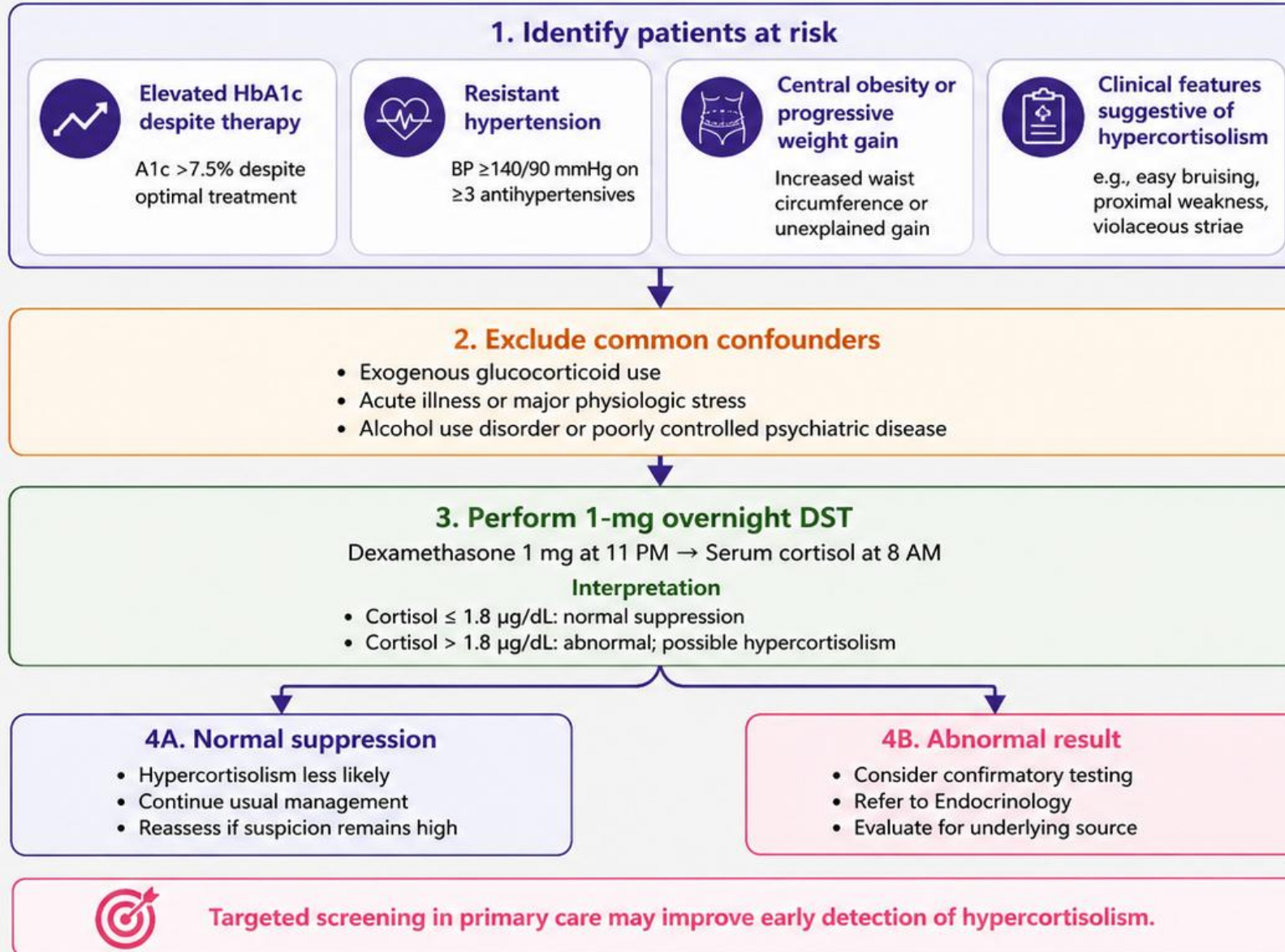
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# DST Screening Algorithm



DST = dexamethasone suppression test