

Supplementary data

Natural history of adrenal steroidogenesis in autoimmune Addison's disease following diagnosis and treatment

Catherine Napier,¹ Kathleen Allinson,¹ Earn H Gan,¹ Anna L Mitchell,¹ Lorna C Gilligan,² Angela E Taylor,² Wiebke Arlt,² Simon HS Pearce¹

Affiliations:

1 Institute of Genetic Medicine, International Centre for Life, Newcastle University, Newcastle upon Tyne, NE1 3BZ; and Newcastle upon Tyne Hospitals NHS Trust, Royal Victoria Infirmary, Queen Victoria Road, NE1 4LP, UK.

2 Institute of Metabolism and Systems Research (IMSR), University of Birmingham, Birmingham, B15 2TT, UK; and NIHR Birmingham Biomedical Research Centre, University Hospitals Birmingham NHS Foundation Trust and University of Birmingham, Birmingham, B15 3GW, UK.

Address for Correspondence:

Dr. Catherine Napier,
Endocrine Unit,
Leazes Wing,
Royal Victoria Infirmary,
Newcastle upon Tyne Hospitals,
Queen Victoria Road,
NE1 4LP, UK

Tel: (+44) 191 2820590
Email: C.Napier@nhs.net

Supplemental Table 1

Clinical features of six patients with residual adrenal function (RAF) vs 31 with serum cortisol <30nmol/L (non-RAF)

Variable	RAF (n=6)	Non-RAF (n=31)	p value
Age (mean±SD), yr	50.7 ± 15.8	49.0 ± 18.9	0.84*
F:M	4:2	22:9	0.99†
Autoimmune comorbidity	2 (33.3%)	17 (54.8%)	0.40†
Median (range) duration of AI, yr	10.5 yr (3-41)	13.0 (1-47)	0.74§
Daily Hydrocortisone dose (mean±SD), mg¶	18.6 ± 5.6	19.0 ± 3.7	0.80*
Median (range) serum cortisol, nmol/l	126.5 (54-463)	20.0 (<20–24)	<0.0001§
Median (range) plasma ACTH, pg/ml	419.5 (62-1107)	809.0 (19–>1250)	0.09§

*Unpaired t-test; †Fisher's exact test; § Mann Whitney U test. ¶Prednisolone dose was converted to hydrocortisone equivalent by multiplying by 4.