

Screening and Monitoring of Steroid-related Complications

Additional Investigations for patients on maintenance oral corticosteroid (OCS) therapy or with frequent OCS use (≥ 2 courses/year) for screening and monitoring of steroid-related complications.

Investigation	Remarks
Blood pressure	Repeated every visit and review yearly
Body Mass Index (BMI)	Repeated every visit and review yearly
Fasting lipids	Repeated yearly
HbA1c	Repeated yearly
Renal panel	Repeated yearly
Immunoglobulin (G/A/M)	Repeated yearly
Electrocardiogram (ECG)	Baseline and at Year 4
CT coronary angiogram (CTCA) based on Framingham risk score	Low risk: No further test, reassessed at year 4 Intermediate/high risk: CTCA, if CTCA normal, repeat score at Year 4
Bone mineral density (BMD)	At Baseline If baseline is normal or osteopenia, repeat at Year 4 unless clinically indicated If baseline osteoporosis, to start treatment and consider referral to endocrinologist. (Consider repeating BMD at Year 2 to monitor treatment response)
Vitamin D	Baseline and at Year 4
8am Cortisol (serum cortisol concentration measurement 24 h after the last OCS dose and at least 12h after the last inhaled corticosteroid dose)	Cortisol < 100: no further tapering till 3 months later Cortisol 100-350 without symptoms of adrenal insufficiency (AI)*: tapering 2.5mg/day every 4 weeks Cortisol 100-350 With symptoms of AI: slow titration 1 mg/day every 4 weeks Cortisol >350: tapering 2.5mg/day 4 weekly till off
Eye examination	Baseline and at Year 4

*Symptoms of Adrenal Insufficiency (AI) may include:

- Lethargy
- Postural hypotension
- Loss of appetite
- Nausea and vomiting
- Abdominal pain