Overnight dexamethasone suppression test

Information for patients

This leaflet answers some of the questions you may have about having an overnight dexamethasone suppression test. It explains the purpose of the test and what you can expect when you come to hospital. If you have any other questions or concerns, please speak to the doctors or nurses caring for you.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you don’t have an ID band we will also ask you to confirm your address.

If we don’t ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

www.kch.nhs.uk
What is an overnight dexamethasone suppression test?
An overnight dexamethasone suppression test is used to find out if there is an excess amount of cortisol in your body. After measuring a baseline cortisol level, dexamethasone (a steroid tablet) is given with the intention of suppressing your blood cortisol level. If your blood cortisol level does not suppress (reduce) after taking the dexamethasone tablet it may mean you are producing too much cortisol, known as Cushing’s syndrome.

Why do I need this test?
The adrenal glands are situated on top of both kidneys and produce cortisol, a hormone which is essential for health and which is particularly important in stressful situations. Your blood cortisol should not be too low or too high.

This test is used as a screening test to find out if you have too much cortisol in the bloodstream.

You may have been referred for this test if you have signs or symptoms of Cushing’s syndrome. You may have been referred for this test for another reason, such as the discovery of an adrenal abnormality. This could be an adrenal nodule or a bulky adrenal gland.

What are the benefits?
The test will help us to screen for Cushing’s syndrome (an excess amount of cortisol in the bloodstream). In most cases Cushing’s syndrome requires treatment so it is important to get a diagnosis.
What are the risks?
It is unusual to have side effects from a single dexamethasone dose, however some people may have difficulty sleeping or have vivid dreams. As with any new medication there is a very small chance of allergic reaction.

You will need to have two blood samples for this test. Associated risks with a blood test may include:
• multiple punctures to locate veins
• bleeding from puncture site
• bruising
• haematoma (blood build up under the skin)
• fainting or feeling lightheaded
• infection (a slight risk any time the skin is broken)

Are there any alternatives?
There are no alternatives to this test.

Do I need to prepare for my test?
You may eat and drink normally prior to the test.

If you are taking hydrocortisone tablets or any other steroid (for example, prednisolone or dexamethasone) do not take these tablets on the day of the test. Do not take your regular steroid tablets until both blood tests have been completed. On the day before the test do not take any steroid past 9pm. Do not use any steroid inhalers or creams 12 hours before the test. Do not restart steroid inhalers or creams until both blood tests have been completed.

Apart from the medications mentioned above you can continue to take your other regular prescribed medications.
What happens before my test?
Your nurse will ask you about your regular medications.

What happens during my test?
A needle will be inserted into a vein in your arm or hand from which blood samples will be taken.

You will be given a dose of dexamethasone in tablet form. The test is usually carried out with a 1mg dexamethasone dose, though at times the dose can be 2mg or 8mg.

You will then be able to go home.

You are asked to take the dexamethasone dose at 10pm. The following morning you will return for a blood cortisol level at 9am. It is very important that the blood test is done at this time.

You will then be able to go home.

How long does the test take?
The test involves coming to Programmed Investigation Unit (PIU) for a blood test on two consecutive days. You should expect to be in the unit for up to 30 minutes on the first day. The appointment usually takes around 10 minutes on the second day.

What happens after my test?
Results will be reviewed by the endocrine team. They will either be sent to you by letter or, in some cases, discussed on the phone or with you at your next clinic appointment. We will also send a letter to your GP. This may take up to six weeks.
Contact
If you have any queries or concerns please contact the Programmed Investigation Unit (PIU).

Tel: 020 3299 3034 or 020 3299 1385. Opening hours: 8am to 6pm, Monday to Friday.

Sharing your information
We have teamed up with Guy’s and St Thomas’ Hospitals in a partnership known as King’s Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy’s or St Thomas’. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students
We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS
The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleden Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.
If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.