

Predictors of mortality, CVD risk in cushing's disease ID'd

March 1 2013



A number of factors, including the duration of glucocorticoid exposure, older age at diagnosis, and preoperative adrenocorticotrophic hormone concentration, are associated with a higher risk of mortality in patients treated for Cushing's disease, according to research published online Feb. 7 in the *Journal of Clinical Endocrinology & Metabolism*.

(HealthDay)—A number of factors, including the duration of glucocorticoid exposure, older age at diagnosis, and preoperative adrenocorticotrophic hormone (ACTH) concentration, are associated with a higher risk of mortality in patients treated for Cushing's disease (CD), according to research published online Feb. 7 in the *Journal of Clinical Endocrinology & Metabolism*.

In an effort to identify predictors of mortality, cardiovascular disease, and recurrence with long-term follow-up, Jessica K. Lambert, M.D., of the Mount Sinai Medical Center in New York City, and colleagues performed a retrospective chart review of 346 patients with CD who

underwent transsphenoidal adenectomy.

The researchers found that the average length of exposure to glucocorticoids was 40 months. The risk of death was higher for those patients who had a longer [duration](#) of glucocorticoid exposure, older age at [diagnosis](#), and higher preoperative ACTH concentration. For patients who achieved remission, depressed patients had a higher risk of death. The risk of cardiovascular disease was highest for men, older people, and those with diabetes or depression.

"Our study has identified several predictors of mortality in patients with treated CD, including duration of exposure to excess glucocorticoids, preoperative ACTH [concentration](#), and older age at diagnosis. Depression and male gender predicted [mortality](#) among patients who achieved remission," the authors write. "These data illustrate the importance of early recognition and treatment of CD. Long-term follow-up, with management of persistent comorbidities by an experienced endocrinologist, is needed even after successful treatment of CD."

More information: [Abstract](#)

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Citation: Predictors of mortality, CVD risk in cushing's disease ID'd (2013, March 1) retrieved 4 July 2023 from <https://medicalxpress.com/news/2013-03-predictors-mortality-cvd-cushing-disease.html>

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