



## **Discussion/Questions to Dr Kirk & Professor Stewart**

Are Corlan tablets longer acting? Do they give better control? – No data available on this, although we know some patients prefer these, as they come in convenient 2.5mg pellets. This avoids cutting up 10mg hydrocortisone tablets into quarters for younger patients on smaller doses. A study would need to be performed to discover if control was any different (they are coated so absorption may be slower) but whether this provides better control is unknown, although both types of medication provide good cover, if given in the correct dose!

Is salt wasting less of a problem in adulthood? – The kidneys are much better at retaining salt, and some salt losers may not even require mineralocorticoid as an adult.

How often should adults be seen? - Minimum annually.

At what time should an evening dose be given? Is it better to give at 4am? - This would not be manageable in most patients. We should not get too hung up about trying to replicate normal diurnal variation. There is no evidence that giving large dose of steroids in the early hours of the morning improves long term control.

Growth chart in children is the most important guide of control. Just measuring blood level is useful but intracellular effect may last for > 24 hours.

Test results often give different answers. Studies have shown that between 30-50 % of medication is not taken. Dosing schedule should be individualised. Headaches have reduced with going from twice to three times daily dosing for some patients.

Can too much exercise for children produce problems? - If a child is not well after exercise, you could give an extra dose. We do not recommend extra doses pre emotional stress e.g. exams.