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Quality of life impairment after a diagnosis of Cushing's syndrome



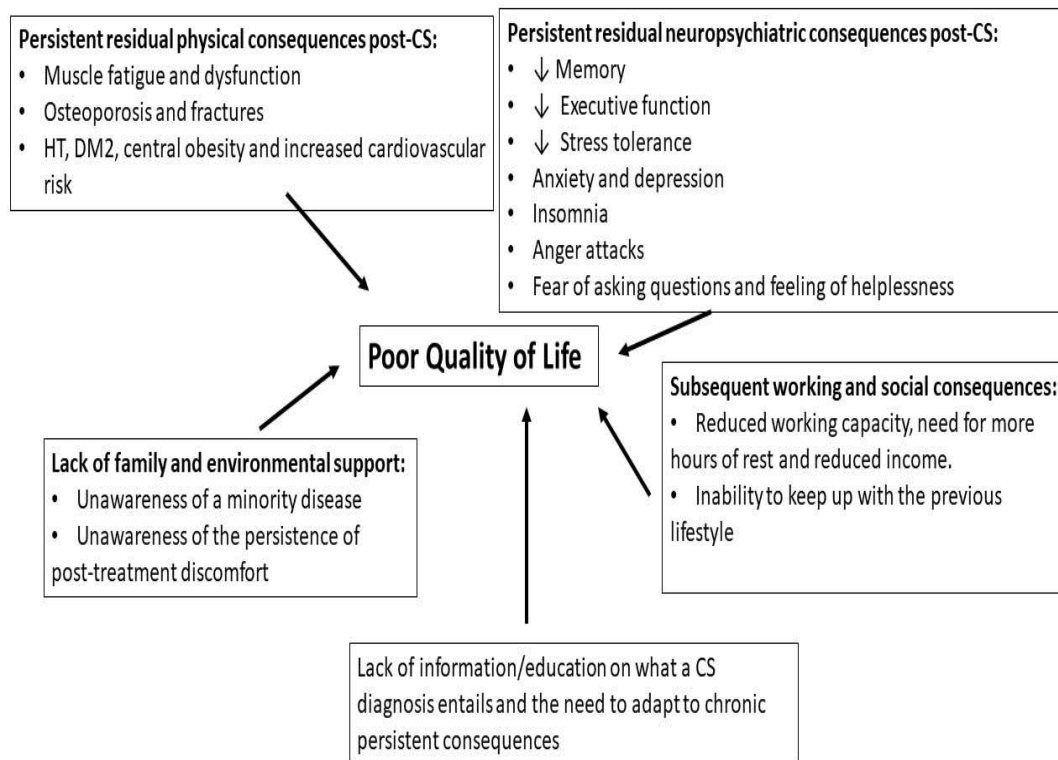
Researchers at the Hospitals of Sant Pau and Germans Trias i Pujol have studied how Cushing's syndrome affects patients' quality of life. Even if the treatment works, continued exposure to high amounts of cortisol leads to a deterioration in quality of life that can be improved if the possible sequelae of the syndrome are reported in advance.

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Cushing's syndrome (CS) appears when too much cortisol is produced, that is, there is endogenous hypercortisolism, due to pituitary-dependent Cushing's disease (CD) or any other cause of CS (adrenal or ectopic).

Despite normalizing cortisol secretion after surgical and/or medical treatment, chronic exposure to previous hypercortisolism determines morbidity that is not entirely reversible, such as physical (tiredness due to muscle dysfunction, central obesity, osteoporosis and fractures, increased cardiovascular risk) and neurocognitive problems such as worse executive capacity and memory, intolerance to stress, insomnia, depressive symptoms and anxiety. All this leads to a long-term deterioration in perceived health and health-related quality of life (QoL).

Factors determining a reduction in Quality of Life in patients diagnosed with Cushing's syndrome



Abbreviations: DM2: type 2 diabetes mellitus. HT: hypertension. CS: Cushing's syndrome

Fig.1: Factors determining a reduction in QoL in patients diagnosed with CS.

Almost all those diagnosed with CS experience depressive symptoms at some point, and 5 years after diagnosis and treatment they continue to consume more opioid analgesics than the general population (due to pain), although the consumption of anxiolytics decreases. In addition, both in patients in whom excess cortisol has been controlled and in those who continue to have high cortisol 5 years after diagnosis, there is a greater consumption of antidepressants, anxiolytics, sleeping pills, opiates and drugs for hypertension and diabetes compared to the general population, demonstrating greater morbidity despite hormonal control. Therefore, the persistence of physical and neuropsychiatric problems in patients diagnosed with CS determines a great socioeconomic impact, which means less employment and income, and more requests for disability among those affected.

Health professionals are not always aware of the degree of limitation that these post-CS residual problems represent. Those affected appreciate information and education about what this diagnosis entails and what to expect after treatment. If they are not aware of the residual physical and psychological problems, they often end up depressed, especially if their family environment does not show empathy or support, being unaware of the persistent problems (Figure 1). Having objective information on the postoperative evolution that includes an expected duration of symptoms, as well as strategies to deal with them, is highly appreciated by those affected; on the contrary, waiting for complete normalization after treatment leads to depression, as they continue to experience problems that affect their daily life and QoL. Being aware of the physical and psychological sequelae after CS and facing them not only benefit those affected, their families, their social and working capacity, but also reduce healthcare costs (Figure 2).

Although it has not been studied, it is very likely that, in a much more frequent situation, such as chronic treatment with exogenous corticosteroids for an inflammatory, autoimmune or oncological disease (among others), these problems will also be experienced.

How to cope with poor quality of life post Cushing's syndrome

- Do not blame yourself!
- Get informed about the disease and what it entails
- Accept that there will be residual limitations and that it will be necessary to adapt
- Seek individualized solutions adapted to the problems experienced. Seek specialized help when necessary (e.g. from a psychologist).

Fig.2: Coping with poor QoL after Cushing's syndrome.

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References

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