



Development of a screening tool differentiating patient symptoms in Cushing's, polycystic ovarian and metabolic syndromes

Presented by: Chrls Yedinak DNP, FNP, MN
Assistant Professor
Northwest Pituitary Center
Department of Neurosurgery

Date: 24 July, 2016

DISCLOSURES

- Consultation:
 - Chiasma Inc.
 - Ipsen Biopharmaceuticals.
 - Novartis Pharmaceuticals Corporation

Nothing with respect to this presentation



Diagnostic Dilemma









Patient Presenting Symptoms: All patients

- Weight gain / difficulty with weight loss
- Fatigue
- Blurry vision
- Polyuria and polydipsia
- Hirsutism
- Amenorrhea / hypogonadism / Infertility



Presenting Signs:

- Hypertension
- Increased: BMI >30
- Midsection weight
- Facial rounding
- Dorsocervical hump
- Hyperglycemia: Diabetes Mellitus type 11
- Fatty liver
- Hyperlipidemia



THE CLINICAL PROBLEM:

Differential diagnosis

Timely vs delayed diagnosis

Appropriate efficacious treatment



Differential Diagnoses:

Metabolic Syndrome

Polycystic Ovarian Disease

Cushing's Disease



Metabolic Syndrome: Defined

Any 3 of 5 risk factors:

Insulin resistance	Fasting glucose > 100mg/dL
Obesity: Increased waist circumference	(≥ 30.00) Male > 90cm (36inches) Female >80cm (32 inches
Dyslipidemia: High Triglycerides Low HDL	triglycerides >150 mg/dL HDL <40mg/dL Males <50mg/dL Females
Hypertension	B/P > 130/85 >140/90

(Alberti et al., 2009)



Polycystic Ovarian Disease (PCOS): Defined

- An endocrine disorder involving:
 - Infertility/ irregular menses
 - Hyperandrogenism / hirsutism
 - Insulin resistance/ Diabetes Mellitus 11
 - Weight gain
 - in women with or without polycystic ovaries on imaging

(Legro et al., 2013; Dunaif et al., 1992).



Cushing's Syndrome: Defined

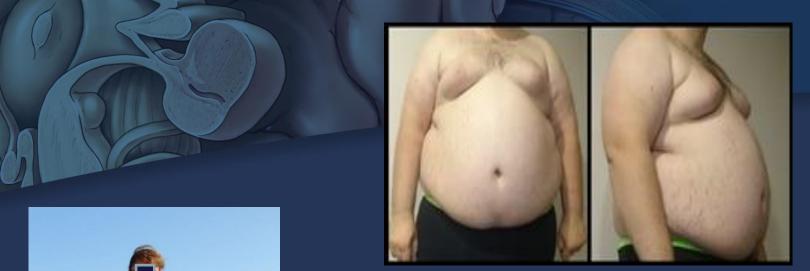
- Abnormal weight gain
- A fatty dorsocervical hump
- Facial rounded
- Hypertension
- type 2 diabetes
- Abdominal striae (may be pink/purple)



Differential Treatment Modalities:

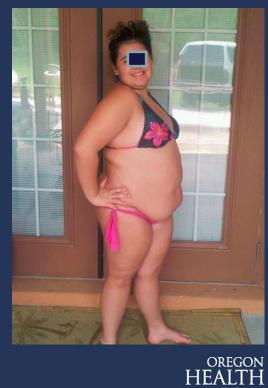
- Cushing's Syndrome:
 - Adrenalectomy (unilateral)
 - Pituitary adonectomy
- Metabolic Syndrome
 - Lifestyle changes, diet and exercises
- Polycystic Ovarian Disease (PCOS)
 - Low androgenic birth control
 - Treatment of insulin resistance











AIM

1. To identify sentinel, patient reported symptoms and/or functional limitations that have a high specificity for CS vs metabolic syndrome (MS) or PCOS.

2. To develop a valid and reliable screening tool and scoring guide for use in primary care settings indicating the need for specialty referral.



Method:

- A 205 item questionnaire
- Prospectively administered at patient presentation
- Symptoms and perceived dysfunction
- Progressive severity: 6 point Likert scale (0-5)
- Patients divided into 3 groups: CS, MS, PCOS
- Control group was solicited from community



Analysis:

- Item analysis: questions reliability
- Difference between groups: ANOVA,
 Tamhane's post hoc analysis
- ROC analysis sensitivity and specificity for each diagnosis using PSAW 18.



Questionnaire

- Modified scales:
 - Beck Depression Inventory
 - Eysenck Personality scale
 - Epworth Sleepiness Scale
 - Krupp Fatigue Severity Scale
 - Functional Assessment Rating Scale
 - Symptoms of pituitary diseases derived from review of literature and patient interviews.



Cushing's Syndrome Screening Tool (CSST)

205 Items

item analysis n=127

56 Items

Cronbach's' Alpha =0.97

10 Items
CS vs MS vs PCOS

p = > 0.05



Cushing's Syndrome Screening Tool (CSST)

THE PROPERTY OF THE PARTY OF TH							
	I have:	Not at all					Severe
1	Facial flushing or redness	0	1	2	3	4	5
2	A hump on the back of my neck	0	1	2	3	4	5
3	Larger than usual breasts (males and Females)	0	1	2	3	4	5
4	Dry/coarse skin	0	1	2	3	4	5
5	Easy sweating /body odor	0	1	2	3	4	5
6	Dark pink/purple stretch marks on body/abdomen	0	1	2	3	4	5
7	Increasing facial rounding	0	1	2	3	4	5
8	Persistent Hunger	0	1	2	3	4	5
9	Swelling in feet and ankles	0	1	2	3	4	5
10	Fatigue that disrupts my life /work life	0	1	2	3	4	5
TOTALS		0	10	20	30	40	50

N = **56 Groups:**

- 1: Cushing's syndrome
- 2: metabolic syndrome (MS)
- 3: PCOS
- 4: Healthy controls solicited from community volunteers.



Inclusion Criteria:

 Biochemical/pathology confirmed diagnosis of Cushing's syndrome/disease

 Patients with Non-functioning adenomas or no pituitary or adrenal adenoma meeting criteria for PCOS and MS

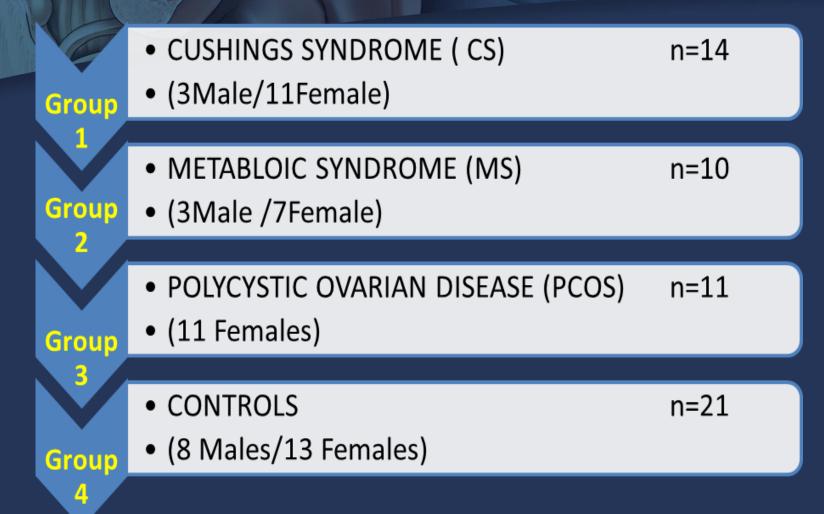
Healthy controls: No comorbidities/tumor

Exclusion Criteria:

- Unstable co-morbidities
- New treatments within 6 months of presentation
- A significant life stressor within 12 months of presentation
- Prior pituitary or adrenal surgery



Results: n= 56 \ 14 males / 33 females



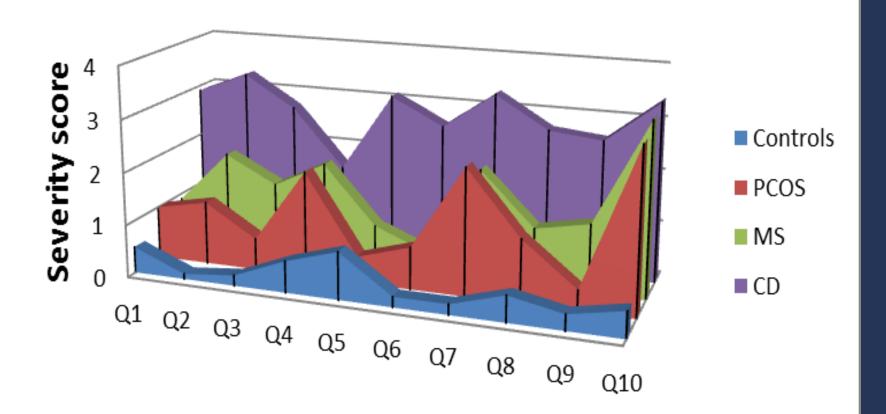


Results:

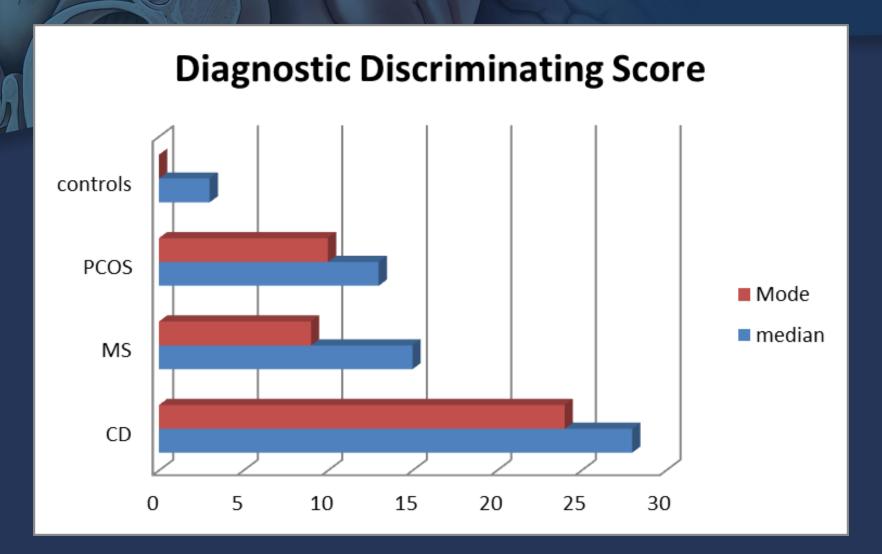
	Group 1: CS	Group 2: MS	Group 3: PCOS	Group 4: Control	P value	
N= 56	14	10	11	21		
Mean Age	41	52	30.6	40.6	0.004 *PCOS	
Gender	3M/11F	3M/7F	11 F	8M/13	0.01 Females	
BMI	37.4	38.3	31	26.7	0.000	
					(controls)	
Mean severity	28.2	15.1	13.3	3.7	0.000 CS	
Scores (50)	(5-48)	(5-25)	(7-20)	(0-10)		
Hyperlipidemia	4 (28.6%)	9 (90%)	0	0	p>0.001 MS	
Insulin	12(85.7%)	9 (90%)	4 (36.3%)	0	P>0.001 MS/CS	
resistance						
HTN	12(85.7%)	8 (80%)	2 (18%)	1	P>0.001 MS/CS	



Question Severity Score by Diagnsois









Cushing's Syndrome Screening Tool (CSST)

10 items Cronbach's alpha = .95

Sensitivity = 85.7%

• Specificity = 97% (AUC= 0.965)



Conclusion:

- In study context, tool demonstrates high item reliability, sensitivity and specificity for CS.
- Did not help to differential MS from PCOS.
- CCST needs further validation in broader population.
- May be useful for differentiating patient with Cushing's syndrome from those with both Metabolic Syndrome and Polycystic Ovarian Disease in primary care setting.

References

- Lacroix, A., Feelders, R.A., Stratakis, C.A., Nieman, L.K., (2015). Cushing's syndrome. Lancet. 8 (29) 386(9996):913-27. http://dx doi: 10.1016/S0140-6736(14)61375-1.
- Acebes, J., Martino, J., Masuet, C., Montanya, E., Soler, J. (2007). Early post-operative ACTH and cortisol as predictors of remission in Cushing's disease. Acta Neurochir (wien), 149, 471-479
- Nieman, L.K. (2015). Cushing's syndrome: update on signs, symptoms and biochemical screening. European Journal of Endocrinology. 173, M33–M38. http://dx, doi:10.1530/EJE-15-0464
- De,P., Evans,L.M., Scanlon, M.F., Davies, J.S. (2003) "Osler's phenomenon": misdiagnosing Cushing's syndrome. Postgraduate Medical Journal. 79,594–596
- Brzana, J., Yedinak, C.G., Hameed, N., Plesiu, A., McCartney, S., & Fleseriu, M. (2014).
 Polycystic ovarian syndrome and Cushing's syndrome: A persistent diagnostic quandary.
 European Journal of Obstetrics & Gynecology and Reproductive Biology. 175 (1), 145 148
- Alberti, K.G., Eckel, R.H., Grundy, S.M., et al. (2009). Harmonizing the metabolic syndrome: a
 joint interim statement of the International Diabetes Federation Task Force on Epidemiology and
 Prevention; National Heart, Lung, and Blood Institute; American Heart Association; World Heart
 Federation; International Atherosclerosis Society; and International Association for the Study of
 Obesity. Circulation, 120:1640.
- Legro, R.S., Arslanian, S.A., Ehrmann, S.E., Hoeger, K.M., Murad, M.H., Pasquali, R & Welt, C.K. (2013) Diagnosis and Treatment of Polycystic Ovary Syndrome: An Endocrine Society Clinical Practice Guideline. Journal of Clinical Endocrinology & Metabolism. http://dxdoi:10.1210/jc.2013-2350
- Dunaif, A., Sega, K.R., Shelley, D.R., Green, G., Dobrjansky, A., Licholai, T. (1992). Evidence for distinctive and intrinsic defects in insulin action in polycystic ovary syndrome. Diabetes 41, 1257–1266. pmid:1397698 doi: 10.2337/diabetes.41.10.1257

