

## Low Dose Dexamethasone Suppression Test

Your doctor has advised you to have Low Dose Dexamethasone Suppression Test. This leaflet tells you about the procedure. It explains what is involved and what happens after the test. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such a discussion.

### What is Low Dose Dexamethasone Suppression Test?

This test is to check if your body is making too much of its natural steroid hormones. The test starts with a blood test taken at 9am that morning. You can take all your normal medications and eat breakfast normally first, but it is very important that the test is done at 9am.

The test starts with a blood test taken at 9am that morning. You can take all your usual medications (please see below for exclusions or call your endocrine nurse if unsure) and eat breakfast normally first, but it is very important that the test is done at 9am. This will involve setting your alarm clock for the timings of the test including 3am on 2 nights. The timings of this test are crucial.

You may be able to get the 9am blood tests done through your GP surgery. However, since the timings are so important, and this is a test requested by the hospital, it is usually best done in the hospital's blood clinic. If you are very keen to have the blood tests performed at your GP surgery discuss this with your GP surgery before the test is needed, to see if they may be able to help.

### Why would I need this procedure?

It's a test which is used to look into any potential excess body production of steroids (cortisol). Cortisol is a vital hormone that is responsible for enabling the body to respond to stress and illness and also regulates your immune system, blood pressure and blood sugar levels.

The Dexamethasone is a steroid (0.5mg tablets) and should switch off your body's natural steroid hormones but will not affect your normal daily activities.

### What are the symptoms that have led to me having this procedure?

You may be presenting symptoms of excess steroids such as weight gain to trunk of body plus rounding of face, fatty hump at top of spine/back, flushed appearance, extreme mood swings, muscle weakness, extreme hairiness, dark purple striae on abdomen and upper thighs.

### What are the alternatives?

There are no recommended alternatives to this test.

### What are the potential risks and side effects?

There is a risk of allergic reaction to this test, although this is extremely rare. Please tell the endocrine team of any previous allergic reactions you have had.

If you have diabetes, this test might cause a temporary rise in your blood glucose levels after the test for about a day.

You may have trouble sleeping after taking the dexamethasone tablet.

If you are pregnant or think you may be, please let your specialist endocrine nurse know prior to your appointment on the number below.

### What are the expected benefits of having the test?

This test will help your doctor find out if you have an excess steroids (cortisol) production. This will then allow your healthcare team to plan your treatment.

### Preparation for your test

You can eat and drink as normal prior to your appointment unless advised not to.

You may take your other medication as normal on the day of the test. However, if you take the **contraceptive pill, hormone replacement therapy, or steroid tablets, nasal drops, inhalers, skin cream, or have recently had a joint injection**, it is important that you inform us before the test date.

If you are taking oestrogen containing medicines (e.g. contraceptive pill or HRT), you will need to stop these medications for at least 6 weeks prior to the test. If you are taking the oestrogen pill for contraception, **it is important that you consider other forms of contraception to avoid pregnancy.**

Please bring the medications you have not taken with you. You can eat and drink as normal before your test.

### What happens during the test?

Your endocrine nurse specialist will get the first blood sample (Day 1) at 9am for the cortisol hormone. Afterwards, the first dose of dexamethasone 0.5mg tablet will be administered.

You will then be sent home to continue taking the dexamethasone 0.5mg tablet every 6 hours for 48 hours.

Please see below for tablet schedule:

**The Dexamethasone tablets should be taken strictly every six hours for 48 hours (2 days in a row).**

Please refer to the schedule below:

Day 1 – Blood test at 9 am prior to tablet. Tablet 1 – 9am (*Low Dose Dexamethasone Test- 0.5mg/tab*)

Tablet 2 – 3pm

Tablet 3 – 9pm

Day 2..... Tablet 4 – 3am

Tablet 5 – 9am

Tablet 6 – 3pm

Tablet 7 – 9pm

Day 3..... Tablet 8 – 3am

**Blood test at 9 am only ..... NO TABLETS!**

## Will I have an anaesthetic?

No

## How will I feel afterwards?

This test should not affect your normal activities of daily living.

## How long will I be in hospital?

On day 1, you will be in the hospital for approximately 30minutes – 1 hour. On the Day 3, you will only attend the hospital if you have decided to have the blood test done at the blood test clinic in the hospital which may last to about 30minutes.

## What should I do when I go home?

In most cases, patients resume their normal activities.

## How soon will I be able to resume normal activities?

In most cases, this test should not affect your normal activities.

## Will I have to come back to hospital?

Depending on the test results, further tests may be required.

## When can I return to work?

There are no work restrictions involved for this test as in most cases, patients resume their normal activities after the test

## Consent

Although you consent for this test, you may at any time withdraw such consent. Please discuss this with your endocrine team.

## Sources of information

For queries concerning this leaflet or your procedure please contact:

### Endocrine Team at ESHT

Telephone: 0300 131 5910 - EDGH and CQ

Opening Hours: 8am – 4pm (Monday – Friday except Bank Holidays)

## Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4434 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:

### **Consultant Endocrinologists (ESHT):**

Dr David Till, Dr Umesh Dashora, Dr P. Sathis Kumar, Dr Ashref Bdiri, Dr. Koshy Jacob, Dr Shakeel Ahmad, Dr Sadekh Elrokh

### **Biochemistry Consultants (ESHT):**

Dr Yvette Lolin, Dr Hagosa Abraha, Dr Abd Al Hasan, Dr Indra Ramasamy

### **Endocrine Specialist Nursing Team (ESHT):**

Mrs Maria Ravelo (Senior Endocrine Specialist Nurse)  
Miss Angel Johnson (Endocrine Specialist Nurse)  
Mrs Debby Gordon (Endocrine Assistant Practitioner)

The Endocrinology Department has agreed this patient information leaflet.

Next review date: February 2025

Responsible clinician/authors: Mrs Maria Ravelo (Senior ESN)  
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