Figure 2: Sensitivity and specificity of orthostatic hypotension for diagnosing adrenal insufficiency (cortisol peak response < 11 μ g after low dose 10 μ g short corticotropin stimulation test) in people with HIV-infection

| Study | ΤP | FΡ | FΝ | TΝ | Sensitivity (95% CI) | Specificity (95% CI) | Sensitivity (95% CI) | Specificity (95% CI) |
|-----------------------|----|----|----|----|----------------------|----------------------|----------------------|-----------------------|
| Casanova-Cardiel 2003 | 16 | 20 | 31 | 39 | 0.34 [0.21, 0.49] | | 0 0.2 0.4 0.6 0.8 1 | 1 0 0 2 0 4 0 6 0 8 1 |

Figure 3: Sensitivity and specificity of orthostatic hypotension for diagnosing adrenal insufficiency (twofold value of basal cortisol after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

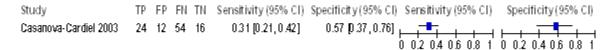


Figure 4: Sensitivity and specificity of orthostatic hypotension for diagnosing adrenal insufficiency (any cortisol value > 18 μg/dL after low dose 10 μg short corticotropin stimulation test) in people with HIV-infection



Figure 5: Sensitivity and specificity of orthostatic hypotension for diagnosing adrenal insufficiency (any cortisol value > 20 μ g/dL after low dose 10 μ g short corticotropin stimulation test) in people with HIV-infection

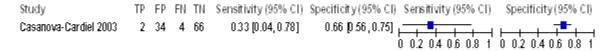


Figure 6: Sensitivity and specificity of orthostatic hypotension for diagnosing adrenal insufficiency (8am cortisol level of <3 μ g/dL or a peak serum cortisol level of <18 μ g/dL after a 5 μ g ACTH stimulation test) in people using topical steroids

