

Figure 31: Sensitivity and specificity of weight loss for diagnosing adrenal insufficiency (cortisol peak response < 11 µg after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

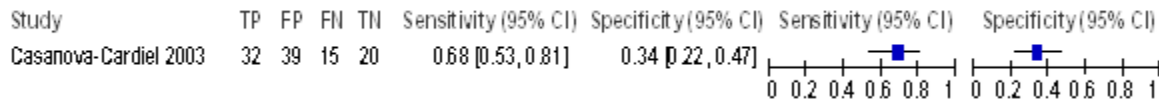


Figure 32: Sensitivity and specificity of weight loss for diagnosing adrenal insufficiency (twofold value of basal cortisol after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

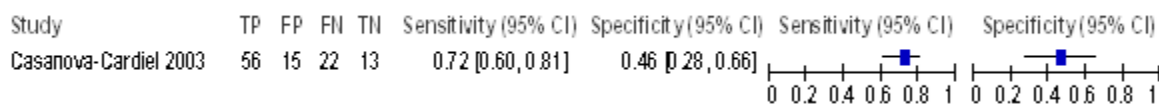


Figure 33: Sensitivity and specificity of weight loss for diagnosing adrenal insufficiency (any cortisol value > 18 µg/dL after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

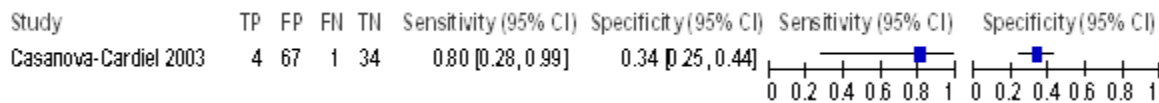


Figure 34: Sensitivity and specificity of weight loss for diagnosing adrenal insufficiency (any cortisol value > 20 µg/dL after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

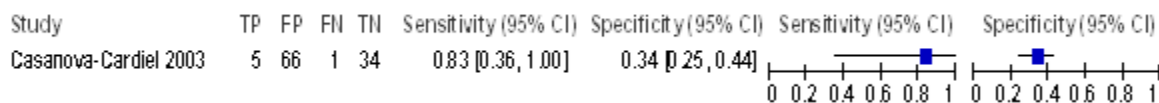


Figure 35: Sensitivity and specificity of weight loss for diagnosing adrenal insufficiency (8am cortisol level of <3 µg/dL or a peak serum cortisol level of <18 µg/dL after a 5 µg ACTH stimulation test) in people using topical steroids

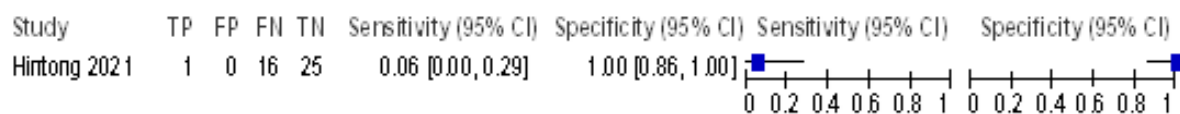


Figure 36: Sensitivity and specificity of weight loss for diagnosing adrenal insufficiency (serum cortisol < 500nmol/L after low dose (1 µg/ml) short corticotropin (Synacthen®) stimulation test in people with suspected TB

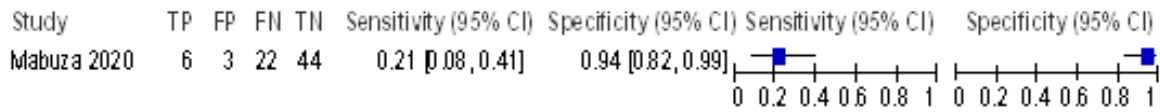


Figure 37: Sensitivity and specificity of weight loss for diagnosing adrenal hypofunction (all cortisol measurements <18 µg/dL including 1 µg/mL ACTH test) in people with AIDS

