

Figure 38: Sensitivity and specificity of hyponatraemia (serum Na < 135 mEq/L) for diagnosing adrenal insufficiency (cortisol peak response < 11 µg after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

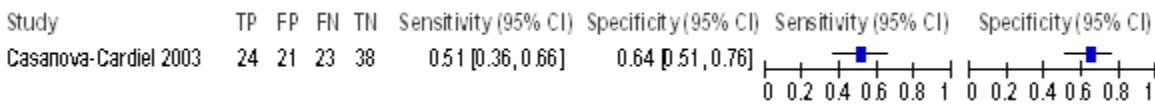


Figure 39: Sensitivity and specificity of hyponatraemia (serum Na < 135 mEq/L) for diagnosing adrenal insufficiency (twofold value of basal cortisol after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

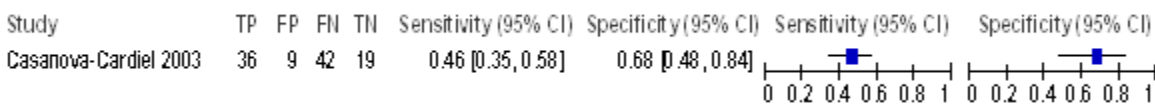


Figure 40: Sensitivity and specificity of hyponatraemia (serum Na < 135 mEq/L) for diagnosing adrenal insufficiency (any cortisol value > 18 µg/dL after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

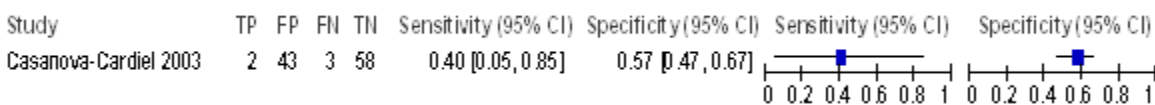


Figure 41: Sensitivity and specificity of hyponatraemia (serum Na < 135 mEq/L) for diagnosing adrenal insufficiency (any cortisol value > 20 µg/dL after low dose 10 µg short corticotropin stimulation test) in people with HIV-infection

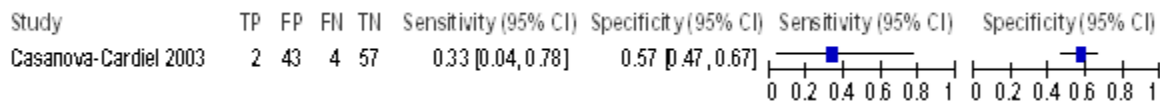


Figure 42: Sensitivity and specificity of hyponatraemia (<135mEq/l) for diagnosing adrenal insufficiency (basal cortisol < 9 µg/dl and/or peak cortisol < 18 µg/dl after short 250 µg Synacthen test) in people with stable liver cirrhosis

