For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on managing glucocorticoid withdrawal to prevent adrenal insufficiency.

Full details of the evidence and the committee's discussion are in:

- evidence review B: when to suspect adrenal insufficiency
- evidence review C: when to refer for specialist investigation when withdrawing corticosteroids
- evidence review E: methods for corticosteroid withdrawal.

Terms used in this guideline

This section defines terms that have been used in a particular way for this guideline.

Emergency management kit

An emergency management kit contains hydrocortisone for intramuscular injection that can be given by anyone, including the person with adrenal insufficiency, when adrenal crisis is suspected.

Physiological equivalent doses

The physiological equivalent dose is the dose of glucocorticoid that is equivalent to the amount that a healthy adrenal gland would normally produce:

- For people aged 16 years and over this is a total daily dose of hydrocortisone 15 mg to 25 mg, prednisolone 3 mg to 5 mg, or dexamethasone 0.5 mg.
- For babies, children and young people under 16 years, this is a total daily dose of hydrocortisone 8 mg/m^2.

The physiological equivalent dose may vary depending on factors such as weight.