

# OVERNIGHT LOW-DOSE DEXAMETHASONE SUPPRESSION TEST (DST)

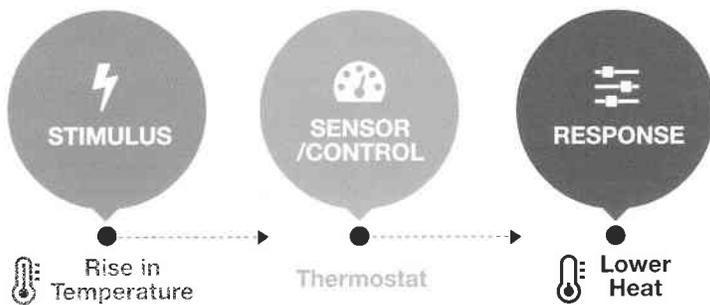
## TEST OVERVIEW

## Your doctor has recommended that you have a low-dose dexamethasone suppression test (DST).

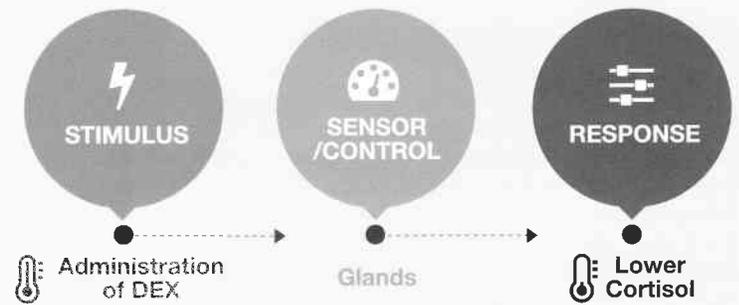
This is a test to see if your body is making too much cortisol—a natural hormone. The test uses a “negative feedback” system to see if glands are working as they should be. If working normally, an increase in dexamethasone—which is like cortisol—would “turn-off” your glands from making cortisol.<sup>1</sup>

### How negative feedback works

If the thermostat is working right, then a rise in temperature should lower heat.



If the pituitary and adrenal glands are working right, then dexamethasone should lower cortisol.



### More about cortisol<sup>1,2</sup>

- Cortisol is made by the adrenal glands, which are located above each kidney.
- Cortisol is controlled by "ACTH" made in the pituitary gland. The pituitary gland - also called the "master gland" - is located just behind your nose at the base of your brain.
- Cortisol helps the body respond to stress. It helps control vital functions such as blood sugar levels, blood pressure, and inflammation.
- Too much cortisol production in the body can cause health problems.

### Getting ready for your test<sup>1,3</sup>

Some medicines can affect the results of the DST, please tell your provider all the medications that you are taking including over the counter medications and supplements. You may be asked to stop some of these medications to do the test.

<sup>1</sup>"ACTH" stands for Adrenocorticotropic hormone. In medicine, names can tell us a lot about a substance.  
<sup>2</sup>"Adreno" refers to where ACTH is heading—the adrenal glands.  
<sup>3</sup>"Cortico" refers to what ACTH is targeting—cortisol.  
<sup>4</sup>"Tropic" (which means having an affinity for) refers to what ACTH will do—increase cortisol.

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### How the test is done<sup>1,3</sup>

- 1** The first step is to take 1 mg of dexamethasone at night (between 11:00 and midnight; or as close as possible to this time). This may come as one 1mg tablet or two 0.5 mg tablets. You may take dexamethasone with milk or an antacid. This can help prevent an upset stomach or heartburn.
- 2** The second step is to have a sample of your blood drawn the next morning (between 8:00 - 9:00 a.m.) to measure your body's response to the dexamethasone.



## Frequently Asked Questions

### What if my bedtime is earlier than 11:00 p.m.?

Take the medication between 11:00 p.m. and midnight, or as close to this time as possible. You should try to get to the lab as soon as it opens in the morning, often 7:00 a.m. or 8:00 a.m. Please let your doctor know in advance if you need to take the medication earlier in the evening. You may be asked to write down the time that you took the medication in order to accurately determine the results of the test.

### What if I get my blood test after 9:00 a.m.?

Let your doctor know that you were unable to get the blood test in the morning. You may be asked to start the test over.

### I forgot to take the dexamethasone last night. Should I still go get the blood test?

No, please get the blood test only if you have taken the dexamethasone the night before.

### I only took one 0.5 mg tablet of dexamethasone. Should I still go get the blood test?

No, please call your doctor's office and let them know what happened. You may need to repeat the test on a different day.

**Talk to your doctor if you have any any additional questions or concerns about this test.**

Health practitioner name: \_\_\_\_\_

Health practitioner phone number: \_\_\_\_\_

#### References:

1. *A Manual of Laboratory and Diagnostic Tests 7th edition (July 2003): By Frances T Fischbach RN, BSN, MSN By Lippincott Williams & Wilkins Publishers.* 2. Sargis RM. *An Overview of the Pituitary Gland - The Endocrine System's Master Gland.* Available at: <https://www.endocrineweb.com/endocrinology/overview-pituitary-gland>. Accessed January 23, 2017. 3. Nieman LK, Biller BMK, Newell-Price J, et al. *The diagnosis of Cushing's syndrome: an Endocrine Society Clinical Practice guideline.* *J Clin Endocrinol Metab.* 2008;93(5):1526-1540.