

Dear colleagues,

If you are treating a dog with Addison's disease in your practice, referral center or veterinary clinic, we would be very pleased if you would take a moment to fill out this questionnaire.

Our prerequisites are that the diagnosis of hypoadrenocorticism was made between 2016-2023, and that the dog has been under treatment for 3 months or longer. In addition, the disease must have been diagnosed using an adequate test procedure (e.g. ACTH stimulation test, combination of basal cortisol and endogenous ACTH).

This survey focused about the individual glucocorticoid dosage adjustment.

Each individual case should have its own survey response. It will take you approximately 15-20 minutes to answer the questions for each dog.

The results of the survey will help to optimize the therapy for afflicted dogs, which can improve the quality and duration of life for many dogs.

If you encounter any problems, please feel free to contact me at the following email address: christin.emming@tiho-hannover.de

The data collection for this survey is subject to the General Data Protection Regulation (GDPR), so all your personal data will be treated confidentially.

We ask that you complete this survey carefully.

We would like to thank you very much for taking the time to fill out the questionnaire.

To open the survey, please accept our privacy policy.



Part A: General questions about your patient This section collects general data about the patient.

A 1.	What is the patient's gender?	
Female	е	
Female	e-neutered	
Mascu	line	
Male-c	eastrated	
Unkno	wn	
A2. Informati	What breed of dog is the patient? ion: If the patient belongs to a dog breed that is not listed as an answer option, please enter it manually.	
Mixed-	breed dog	
Labrac	dor Retriever	
Golder	n Retriever	
Labrac	doodle	
Nova S	Scotia Duck Tolling Retriever	
Poodle		
Cocke	r Spaniel	
Cairn ⁻	Terrier	
West H	Highland White Terrier	
Yorksh	nire Terrier	
Rottwe	eiler	
Great l	Dane	
Beagle		
English	h Springer Spaniel	
Bearde	ed Collie	
No ans	swer	
Other I	breed:	



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B2. What form of hypoadrenocorticism was diagnosed?	
Primary, hyponatremic and hyperkalemic hypoadrenocorticism (disorder of the adrenal gland).	
Primary, eunatraemic and eukalaemic hypoadrenocorticism (disorder of the adrenal gland).	
Secondary glucocorticoid-deficient hypoadrenocorticism (disorder of the pituitary gland).	
Tertiary glucocorticoid-deficient hypoadrenocorticism (disorder of the hypothalamus).	
Hypoadrenocorticism without changes in sodium-potassium balance, unclear whether it is primary, secondary or tertiary hypoadrenocorticism.	
No answer	
B3. Which diagnostic test(s) was/were performed?	
ACTH stimulation test	
Combination of basal cortisol and endogenous ACTH	
Combination of basal cortisol and endogenous CRH	
Plasma aldosterone concentration (basal or stimulated)	
Aldosterone-to-renin (ARR) ratio	
Cortisol-to-adrenocorticotropic hormone (CAR) ratio	
Measurement of autoantibodies (21-hydroxylase autoantibodies)	
No answer	
B4. What clinical symptoms did the patient show at the time of diagnos Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and	
B4. What clinical symptoms did the patient show at the time of diagnos Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite Weight loss	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite Weight loss Lethargy, apathy	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite Weight loss Lethargy, apathy Vomiting	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite Weight loss Lethargy, apathy Vomiting Diarrhea	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite Weight loss Lethargy, apathy Vomiting Diarrhea Polyuria, polydipsia	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite Weight loss Lethargy, apathy Vomiting Diarrhea Polyuria, polydipsia Tremor	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite Weight loss Lethargy, apathy Vomiting Diarrhea Polyuria, polydipsia Tremor Megaesophagus	
Information: Acute Addison's crisis is characterized by an acute, deteriorated general condition, dehydration, hypovolemia and Acute Addisonian crisis Loss of appetite Weight loss Lethargy, apathy Vomiting Diarrhea Polyuria, polydipsia Tremor Megaesophagus ECG changes No answer	

B5. What changes in complete blood count, biochemistry and electrolytes were evident at this point in time?

Absence of a stress leukogram (lymphopenia, eosinopenia, leukocytosis, monocytosis)			
Hyperkalemia			
Hyponatremia			
Hypochloremia			
Physiological electrolytes			
Azotemia			
Hyperphosphatemia			
Hypophosphatemia			
Hypercalcemia			
Hypocalcemia			
Hypoglycemia			
Hypoalbuminemia			
Elevated liver enzymes (ALT, AST)			
Regenerative/ non-regenerative anemia			
No answer			
Miscellaneous:			



Part C: Questions about initial therapy for Addison's disease This section deals with the dog's initial treatment and glucocorticoid therapy.

C1.	Was the patient hospitalized?	
The pation	ent was hospitalized for at least 24 hours.	
The pation	ent was hospitalized during the day until stabilization.	
No, the p	patient was cared for as an outpatient and did not require any special form of monitoring.	
No answ	ver	
C2.	How long was the hospitalization (including the patients who recei	ved day
	care)?	
24 hours		
48 hours	S	
72 hours	3	
96 hours	3	
120 hou	rs	
> 120 hc	purs	
No answ	ver	
C3.	If there were corresponding electrolyte changes, when did they ret	urn to
C3.	normal?	urn to
	normal?	urn to
After 6 h	normal? nours hours	urn to
After 6 h	normal? nours hours	urn to
After 6 h After 12 After 24	normal? nours hours hours hours	urn to
After 6 h After 12 After 24 After 48	normal? nours hours hours hours hours	urn to
After 6 h After 12 After 24 After 48 After 72	normal? nours hours hours hours hours	urn to
After 6 h After 12 After 24 After 48 After 72 > 72 hou	normal? nours hours hours hours hours	ion?
After 6 h After 12 After 24 After 48 After 72 > 72 hou	normal? nours hours hours hours hours hours hours hours hours hours ars After how long did the patient show an undisturbed general condit are an undisturbed general well-being includes independent walking and standing ability, physiological vital parameter and independent food and water intake.	ion?
After 6 h After 12 After 24 After 48 After 72 > 72 hou C4. Informatio reliable are	normal? nours hours hours hours hours After how long did the patient show an undisturbed general condit ar: An undisturbed general well-being includes independent walking and standing ability, physiological vital parameter and independent food and water intake. hours	ion?
After 6 h After 12 After 24 After 48 After 72 > 72 hou C4. Informatio reliable and After 12	normal? nours hours hours hours hours After how long did the patient show an undisturbed general condit n: An undisturbed general well-being includes independent walking and standing ability, physiological vital parameter and independent food and water intake. hours hours	ion?

> 72 hours



C5.	What initial glucocorticoid preparation did the patient receive	?
Hydroc	ortisone	
Prednis	sone	
Prednis	solone	
Methylp	prednisolone	
Dexam	ethasone	
Budeso	onide	
No glud	cocorticoid was administered.	
No ans	wer	
	Another unnamed glucocorticoid preparation:	
		•
C6.	Would you have chosen a different glucocorticoid preparatio available?	n if it had been
Yes		
No		
C7.	Which glucocorticoid would you have chosen as your medica	ation of choice?
Hydroc	ortisone	
Prednis	sone	
Prednis	solone	
Methylp	prednisolone	
Dexam	ethasone	
Budeso	onide	
	Another unnamed glucocorticoid preparation:	
		Y



state the dosage in mg/kg per day (d) or, in the case of a continuous drip infusion, in mg/kg per hour (h). Then define how many administrations the dosage was divided into (once daily, twice daily, three times daily) and finally specify the type of administration (daily drip infusion (CRI), intravenous (IV), intramuscular (IM), subcutaneous (SC), peroral (PO)). Example: 0.2 mg/kg/d - divided into twice daily administration - peroral administration (PO) Example: 0.625 mg/kg/h - CRI - IV Dosage in mg/kg/day or mg/kg/hour Into how many doses was the medication divided? Type of administration (IV, SC, PO) Part D: In the event of hospitalization or day care This section only refers to patients who were hospitalized or cared for in day care at the beginning of the illness. The questions focus on the adjustment of the glucocorticoid therapy over the course of the inpatient stay. D1. Was the dose of the initial glucocorticoid adjusted? Yes, once Yes, several times No No answer D2. Was the dose of the initial glucocorticoid increased? Yes, once Yes, several times No No answer D3. Has a change in preparation been implemented? Yes, once Yes, several times No

What initial glucocorticoid dosage did you choose for the patient? Please first

C8.

No answer



D4.	Was the glucocorticoid therapy adjusted <u>24 hours</u> after admission	?
Yes		
No		
No ans	wer	
D5.	What type of adjustment was performed?	
Dose in	ncrease	
Dose re	eduction	
Change	e of preparation	
Changi	ing of the frequency of administration (example: from twice daily to once daily)	
Discont	tinuation of the medication	
No ans	wer	
D6. Hydroc	Which drug did you choose when adjusting the glucocorticoid the cortisone	rapy?
Prednis	sone	
Prednis	solone	
Methylp	prednisolone	
Dexam	ethasone	
Budeso	onide	
	Another unnamed glucocorticoid preparation:	
D7.	Which adjusted glucocorticoid dosage did you choose for the patien 24 hours? Please first state the dosage in mg/kg per day (d) or, in the of a continuous drip infusion, in mg/kg per hour (h). Then define how administrations the dosage was divided into (once daily, twice daily times daily) and finally specify the type of administration (dainfusion (CRI), intravenous (IV), intramuscular (IM), subcutaneous peroral (PO)).	the case ow many ly, three nily drip
	e: 0.2mg/kg/d - divided into twice daily administration - PO e: 0.625 mg/kg/h - CRI - IV	
Dosage	e in mg/kg/day or mg/kg/hour	

					Ш				Ш			
Into ho	w many doses was the medication divided?		14		••	1	1					
Type o	f administration (IV, SC, PO)		1]) <u> </u>]		
listlessne	Why was therapy modified <u>24 hours</u> after a examples suggestive of a glucocorticoid overdose: polyuria and polydipsia/ pass. Clinical examples suggestive of glucocorticoid underdosage: anorexia/ tolerance.	polypha	agia/ p	antin	g/ we			•			/	
Good re	esponse to initial therapy (rapid improvement in vital and labora	atory p	aran	neter	s).							
Modera	ate response to initial therapy (moderate improvement in vital a	nd lab	orato	ry p	aram	neter	s).					
No resp	ponse to initial therapy (no improvement in vital and laboratory	param	eters	s).								
Adjustn	nent due to expected potential side effects.											
Regard	ing the impairment of one or more previously diagnosed diseas	ses.]	
Regard	ing the interaction with other medications that the patient is tak	king.										
Occurre	ence of side effects suggesting a glucocorticoid overdose.											
Occurre	ence of clinical signs suggesting glucocorticoid deficiency.											
Prepara	ation for home care.											
No ans	wer										_	
	Miscellaneous:											
										·		
D9.	How were the clinical symptoms and gene	eral c	one	diti	on a	affe	ecte	ed k	y t	he		
Improve	aforementioned modification?										7	
·										<u></u>]	
Deterio	ration									Ļ		
Consist	rent											
	If there are existing electrolyte changes (h	ypor	natr		ia,∣	hyp	erl	cale	emi	a), ∣	how	
D10.	were these affected by the aforementioned	l mo	difi	cati	ion	?					_	,
D10.	were these affected by the aforementioned	l mo	difi	cati	ion	?]	/
	were these affected by the aforementioned	l mo	difi	cati	ion	?]	



D11.	Was the glucocorticoid therapy adjusted <u>48 ho</u>	urs aft	er adr	nissio	n?	
Yes						
No						
D12.	What type of adjustment was performed?					
Dose inc						
Dose red	eduction					
Change	e of preparation.					
Changin	ng of the frequency of administration (example: from twice daily to on	ce daily).				
Discontir	tinuation of the medication					
No answ	wer					
D13.	Which drug did you choose when adjusting the	gluco	cortic	oid th	erapy?	
Hydroco						
Prednisc	sone					
Prednisc	solone					
Methylpr	prednisolone					
Dexame	ethasone					
Budesor	onide					
	Another unnamed glucocorticoid preparation:					1
					•	
						I
D14.	Which adjusted glucocorticoid dosage did you choose first state the dosage in mg/kg per day (d) or, in the mg/kg per hour (h). Then define how many adminis	case of	a cont	inuous	drip infus	sion, in
	(once daily, twice daily, three times daily) and final (daily drip infusion (CRI), intravenous (IV), intramuso	ly speci	ify the	type o	of adminis	tration
	(PO)). e: 0.2mg/kg/d - divided into twice daily administration - PO e: 0.625 mg/kg/h - CRI - IV					
•	e in mg/kg/day or mg/kg/hour					
Into hou	www.many.dasas.was.tho.madication.dividad?					Ī

Type of administration (IV, SC, PO)		į							
D15. Why was therapy modified 48 hours after a Clinical examples suggestive of a glucocorticoid overdose: polyuria and polydipsia/ p listlessness. Clinical examples suggestive of glucocorticoid underdosage: anorexia/ v stress intolerance.	olypha veight	gia/ p loss/	antin vomiti	g/ we ing/ a					e/ ¬
Good response to initial therapy (rapid improvement in vital and labora	tory p	aran	neter	S).					
Moderate response to initial therapy (moderate improvement in vital an	d lab	orato	ory pa	aran	eter	s).			
No response to initial therapy (no improvement in vital and laboratory p	aram	eters	s).						
Adjustment due to expected potential side effects									}
Regarding the impairment of one or more previously diagnosed diseas	es.								_]
Regarding the interaction with other medications that the patient is taki	ng.								_
Occurrence of side effects suggesting a glucocorticoid overdose.									
Occurrence of clinical signs suggesting glucocorticoid deficiency									
Preparation for home care.									
No answer									
Miscellaneous:									
D16. How were the clinical symptoms and gener	ral c	one	ditio	on :	affe	ecte	d by	the	
aforementioned modification?									
Improvement									
Deterioration									
Consistent									
D17. If there are existing electrolyte changes (hywere these affected by the aforementioned	-					oerk	kalen	nia),	how
Improvement									
Deterioration								Ļ	
Consistent									1



D18.	Was the glucocorticoid therapy adjusted <u>72</u>	hours after admission?					
Yes		Image: section of the content of the					
No							
D19.	What type of adjustment was performed?						
Dose inc	rease						
Dose red	duction						
Change	of preparation.						
Changin	g of the frequency of administration (example: from twice daily to	once daily).					
Discontir	nuation of the medication						
No answ	er						
D20. Hydroco	Which drug did you choose when adjusting	the glucocorticoid therapy?					
Predniso	ne						
Prednisc	olone	, i					
Methylpr	ednisolone	□					
Dexame	thasone	□					
Budesor	iide						
	Another unnamed glucocorticoid preparation:						
D21. Which adjusted glucocorticoid dosage did you choose for the patient after 72 hours? Please first state the dosage in mg/kg per day (d) or, in the case of a continuous drip infusion, in mg/kg per hour (h). Then define how many administrations the dosage was divided into (once daily, twice daily, three times daily) and finally specify the type of administration (daily drip infusion (CRI), intravenous (IV), intramuscular (IM), subcutaneous (SC), peroral (PO)).							
Example:	0.625 mg/kg/h - CRI - IV						
Dosage	in mg/kg/day or mg/kg/hour						

Into how many doses was the medication divided?

Type of	f administration (IV, SC, PO)									
D22. Clinical et listlessne stress interestress interestr	Why was therapy modified 72 hours after act examples suggestive of a glucocorticoid overdose: polyuria and polydipsia/ poless. Clinical examples suggestive of glucocorticoid underdosage: anorexia/ we tolerance. Desponse to initial therapy (rapid improvement in vital and laborate after response to initial therapy (moderate improvement in vital and ponse to initial therapy (no improvement in vital and laboratory particularly the impairment of one or more previously diagnosed diseases ing the interaction with other medications that the patient is taking ence of side effects suggesting a glucocorticoid overdose. Dence of clinical signs suggesting glucocorticoid deficiency.	lyphag eight la ory pa labourame	gia/ p oss/ v aram orato	anting vomiti neter	g/ we ing/ d s).	liarrhe	ea/ we			>/
Prepara	ation for home care.									_]
No ansv										_] =
	Miscellaneous:									
D23.	How were the clinical symptoms and general aforementioned modification?	al c	ond	ditic	on	affe	ecte	d b	y the	
Improve	ement									
Deterio	ration									
Consist	rent									
D24.	If there are existing electrolyte changes (hypothese affected by the aforementioned report						erk	ale	mia),	how
Improve									<u></u>	<u> </u>
Deterio	ration									
Consist	rent									7



D25.	Which medication did you choose when the	e an	im	al w	/as	<u>dis</u>	cha	arg	<u>ed</u> ?	?		
Hydrocor	tisone											
Predniso	ne]	
Predniso	lone]	
Methylpre	ednisolone											
Dexamet	hasone									Ļ		
Budeson	ide											
No gluco	corticoid was administered.											
No answ	er									Ė		
	Another unnamed glucocorticoid preparation:											
D26.	What glucocorticoid dosage did you choose Please enter the dosage in mg/kg per day (the dosage was divided into (once daily, to	d) fi	rst.	Th	en	def	ine	ho	w n	nan		
Example: 0	2.2mg/kg/d — divided into twice daily doses			·· ·								
Dosage	in mg/kg/day											
Into how	many doses was the medication divided?											



Part E: Questions about initial mineralocorticoid therapy

This section addresses the patient's initial mineralocorticoid therapy.

E1. When did the patient receive the first miner	alo	cor	tico	oid	sup	ople	eme	enta	atio	n?
Simultaneously alongside initial glucocorticoid supplementation.										
When the diagnosis of hypoadrenocorticism was confirmed.										
When the patient is discharged to home care.									Ļ]
After 10-14 days]
The patient is not receiving mineralocorticoid therapy.]
No answer										
Other time:									L	<u> </u>
E2. What initial mineralocorticoid medication of Information: Fludrocortisone, for example, is Astonin® H 0.1 mg tablets (Merck Seron (DOCP) is Zycortal® 25mg/ml depot injection suspension (Dechra).			•						te	
Fludrocortisone										
Deoxycorticosterone pivalate (DOCP)										
Initially Fludrocortisone and, if the diagnosis was confirmed, switching t	o DC	CP.]
No answer										
E3. What initial Fludrocortisone dosage did you the dosage in mg/kg per day (d) first. Then was divided into (once daily, twice daily, the Example: 0.02mg/kg/day — divided into twice daily doses	de	fine	ho	w r	nai	าу (
Dosage in mg/kg/day										
Into how many doses was the medication divided?						V 5				
E4. What initial DOCP dosage did you choose for t dosage in mg/kg. Then enter how many days a Example: 1.5m/kg — 28 days	-									ion.
Dosage in mg/kg										
When was the second injection administered?										



Part F: Questions about adjusting glucocorticoid therapy as the disease progresses

This question section focuses on glucocorticoid therapy modification as the disease progresses. We are interested in adjusting therapy 4 weeks, 3 months, 6 months, 1 year after diagnosis and the current therapy.

F1.	Was the glucocorticoid dosage_reduced during the course of the dis	ease?
Yes, one	ce control of the con	
Yes, sev	veral times	
No		
Continue	ed care provided by another veterinarian.	
F2. Yes, one	Was the glucocorticoid dosage increased_during the course of the d	isease?
Yes, sev	veral times	
No		
Continue	ed care provided by another veterinarian.	
F3. Example:	Was the type of preparation changed during the course of therapy? Switching from prednisolone to hydrocortisone	
Yes, one	ce	
Yes, sev	veral times	
No		
Continue	ed care provided by another veterinarian.	
F4. Yes	Was the glucocorticoid therapy adjusted 4 weeks after the diagnosis	;? □
No		
	ed care provided by another veterinarian.	
The pati	ent died.	
F5.	What type of adjustment was performed after 4 weeks?	
Dose inc	crease	
Dose re	duction	
Change	of preparation.	
Changin	g of the frequency of administration (example: from twice daily to once daily).	
Disconti	nuation of the medication	



No answer

F6.	Which drug did you choose after <u>4 weeks</u> w therapy?	hen a	djus	stin	ıg t	he	glu	COC	ort	ico	oid
Hydroco	• •										
Prednisc	one										
Prednisc	olone										
Methylpr	rednisolone										
Dexame	thasone										
Budesor	nide										
Budoool	Another unnamed glucocorticoid preparation:								•		
F7.	What glucocorticoid dosage did you choos weeks? Please enter the dosage in mg/kg many doses the dosage was divided into (daily). 0.1 mg/kg/d — once daily administration	per o	day	(d)	fir	st.	The	en (def	ine	how
	e in mg/kg/day		3100								
	w many doses was the medication divided?]	<u> </u>	25			<u> </u>]
F8. Clinical si listlessne	Why was therapy modified 4 weeks after dia igns indicating a glucocorticoid overdose: polyuria and polydipsia/ polypiss/ hair loss/dry, firm skin/ muscle loss/ increased abdominal circumfere age: anorexia/ weight loss/ vomiting/ diarrhea/ abdominal pain/ weakness	hagia/ pa ence. Clin	nting/ ical si	gns s	sugge	estive	•			nid	
_	the optimal dose (lowest effective dose).									1	
Adjustm	ent due to expected potential side effects.										
Moderat	e response to therapy (moderate improvement in vital and labor	atory pa	rame	ters)).						
No respo	onse to therapy (no improvement in vital and laboratory paramet	ters).									
Regardir	ng the impairment of one or more previously diagnosed disease	S.]	
Regardir	ng the interaction with other medications that the patient is taking	g.									
Occurre	nce of side effects suggesting a glucocorticoid overdose.										
Occurre	nce of clinical signs suggesting glucocorticoid deficiency.										
No answ	ver Miscellaneous:								_		



F9.	aforementioned modification?	,
Improve	ement	
Deterior	ration	
Consist	ent	
F10. Yes	Was the glucocorticoid therapy adjusted <u>3 months</u> after diagnosis?	
No		
Continu	ed care provided by another veterinarian.	
The pat	ient died.	
F11.	What type of adjustment was performed after <u>3 months</u> ?	
Dose in	crease	
Dose re	eduction	
Change	of preparation.	
Changir	ng of the frequency of administration (example: from twice daily to once daily).	
Discont	inuation of the medication	
No ansv	wer	
F12.	Which drug did you choose after <u>3 months</u> when adjusting the gluc therapy?	ocorticoid
Hydroco	ortisone	
Prednis	one	
Prednis	olone	
Methylp	prednisolone	
Dexame	ethasone	
Budeso	nide	
	Another unnamed glucocorticoid preparation:	
		•



many doses the dosage was divided into (once daily, twice daily, three times daily). Example: 0.1 mg/kg/d — once daily administration Dosage in mg/kg/day Into how many doses was the medication divided? F14. Why was therapy modified 3 months after diagnosis? Clinical signs indicating a glucocorticoid overdose: polyuria and polydipsia/ polyphagia/ panting/ weight gain/ depression/ listlessness/ hair loss/dry, firm skin/ muscle loss/ increased abdominal circumference. Clinical signs suggestive of glucocorticoid underdosage: anorexia/ weight loss/ vomiting/ diarrhea/ abdominal pain/ weakness/ fatigue/ stress intolerance. Finding the optimal dose (lowest effective dose). Adjustment due to expected potential side effects. Moderate response to therapy (moderate improvement in vital and laboratory parameters). No response to therapy (no improvement in vital and laboratory parameters). Regarding the impairment of one or more previously diagnosed diseases. Regarding the interaction with other medications that the patient is taking. Occurrence of side effects suggesting a glucocorticoid overdose. Occurrence of clinical signs suggesting glucocorticoid deficiency. No answer Miscellaneous

What glucocorticoid dosage did you choose when adjusting the patient after <u>3</u> months? Please enter the dosage in mg/kg per day (d) first. Then define how



How did the clinical symptoms and general condition and affect the aforementioned modification? Improvement Deterioration Consistent Was the glucocorticoid therapy adjusted 6 months after diagnosis? F16. Yes No Continued care provided by another veterinarian. The patient died. What type of adjustment was performed after 6 months? Dose increase Dose reduction Change of preparation. Changing of the frequency of administration (example: from twice daily to once daily). Discontinuation of the medication No answer F18. Which drug did you choose after 6 months when adjusting the glucocorticoid therapy? Hydrocortisone Prednisone Prednisolone Methylprednisolone Dexamethasone Budesonide Another unnamed glucocorticoid preparation:



moths? Please enter the dosage in mg/kg per day (d) first. Then define how many doses the dosage was divided into (once daily, twice daily, three times daily). Example: 0.1 mg/kg/d — once daily administration Dosage in mg/kg/day Into how many doses was the medication divided? Why was therapy modified 6 months after diagnosis? Clinical signs indicating a glucocorticoid overdose: polyuria and polydipsia/ polyphagia/ panting/ weight gain/ depression/ listlessness/ hair loss/ dry, firm skin/ muscle loss/ increased abdominal circumference. Clinical signs suggestive of glucocorticoid underdosage: anorexia/ weight loss/ vomiting/ diarrhea/ abdominal pain/ weakness/ fatigue/ stress intolerance. Finding the optimal dose (lowest effective dose). Adjustment due to expected potential side effects. Moderate response to therapy (moderate improvement in vital and laboratory parameters). No response to therapy (no improvement in vital and laboratory parameters). Regarding the impairment of one or more previously diagnosed diseases. Regarding the interaction with other medications that the patient is taking. Occurrence of side effects suggesting a glucocorticoid overdose. Occurrence of clinical signs suggesting glucocorticoid deficiency. No answer Miscellaneous: How did the clinical symptoms and general condition and affect the aforementioned modification? Improvement Deterioration Consistent

What glucocorticoid dosage did you choose when adjusting the patient after 6



F22.	Was the glucocorticoid therapy adjusted <u>1 year</u> after diagnosis?	
Yes		
No		□
Continue	ed care provided by another veterinarian.	
The pati	ient died.	
F23.	What type of adjustment was performed after <u>1 year</u> ?	
Dose inc	crease	
Dose re	duction	
Change	of preparation.	
Changin	ng of the frequency of administration (example: from twice daily to once daily).	
Disconti	inuation of the medication	
No ansv	wer	
F24.	Which drug did you choose after <u>1 year</u> when adjusting the gluco	corticoid
	therapy?	
Hydroco	ortisone	
Predniso	one	
Predniso	olone	
Methylp	rednisolone	
Dexame	ethasone	
budesor	nide	
	Another unnamed glucocorticoid preparation:	
F25.	What glucocorticoid dosage did you choose when adjusting the <u>year</u> ? Please enter the dosage in mg/kg per day (d) first. Then def doses the dosage was divided into (once daily, twice daily, three	ine how many
•	e in mg/kg/d— once daily administration	
Dosage	5 III IIIgriigriigrii 1	
Into hov	w many doses was the medication divided?	

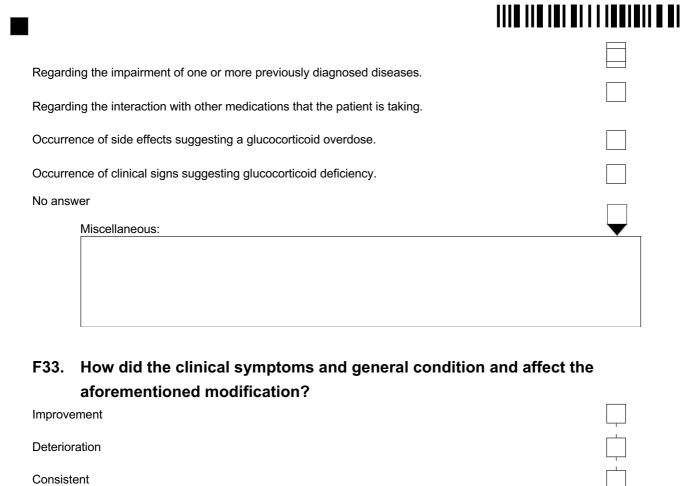


F26. Why was therapy modified <u>1 year</u> after diagnosis? Clinical signs indicating a glucocorticoid overdose: polyuria and polydipsia/ polyphagia/ panting/ weight gain/ depression/

listlessness/ hair loss/dry, firm skin/ muscle loss/ increased abdominal circumference. Clinical signs suggestive of glucocorticoid underdosage: anorexia/ weight loss/ vomiting/ diarrhea/ abdominal pain/ weakness/ fatigue/ stress intolerance. Finding the optimal dose (lowest effective dose). Adjustment due to expected potential side effects. Moderate response to therapy (moderate improvement in vital and laboratory parameters). No response to therapy (no improvement in vital and laboratory parameters). Regarding the impairment of one or more previously diagnosed diseases. Regarding the interaction with other medications that the patient is taking. Occurrence of side effects suggesting a glucocorticoid overdose. Occurrence of clinical signs suggesting glucocorticoid deficiency. No answer Miscellaneous: How did the clinical symptoms and general condition and affect the aforementioned modification? Improvement Deterioration Consistent Was the glucocorticoid therapy adjusted 2 years after diagnosis? F28. Yes No Continued care provided by another veterinarian. The patient died.



F29.	What type of adjustment was performed af	ter	· <u>2</u>	уe	ar	<u>s</u> ?										
Dose inc	rease															
Dose red	duction															
Change	of preparation.															
Changin	g of the frequency of administration (example: from twice daily	to o	onc	e d	aily	').										
Disconti	nuation of the medication															
No answ	rer															
F30.	Which drug did you choose after <u>2 years</u> w therapy?	/he	n :	ad	ju	stiı	ทธุ	j tł	ne	gl	uc	ос	or	tico	oid	
Hydroco	rtisone															
Predniso	one															
Predniso	olone															
Methylpi	rednisolone															
Dexame	thasone															
Budesor	nide															
	Another unnamed glucocorticoid preparation:														7	
F31. Example:	What glucocorticoid dosage did you choose years? Please enter the dosage in mg/kg per doses the dosage was divided into (once of 0.1 mg/kg/d — once daily administration	er d	day	y (d)	firs	st	. TI	he	n (def	fin	e h	ow	/ ma	ıny
Dosage	in mg/kg/day															
Into hov	many doses was the medication divided?															
listlessne	Why was therapy modified 2 years after dia gns indicating a glucocorticoid overdose: polyuria and polydipsia/ poly ss/ hair loss/dry, firm skin/ muscle loss/ increased abdominal circumferage: anorexia/ weight loss/ vomiting/ diarrhea/ abdominal pain/ weakn	/pha	gia/ :e. C	pai Clini	nting cal	sign	s s	ugg	estiv	e c				coid		
	he optimal dose (lowest effective dose).															
Adjustm	ent due to expected potential side effects.															
Moderat	e response to therapy (moderate improvement in vital and labor	orate	ory	ра	ram	ete	rs)									
No respo	onse to therapy (no improvement in vital and laboratory parame	eter	s).													





Part G: Questions about current or most recently known glucocorticoid therapy

This part is about your patient's current glucocorticoid dosage. If the dog has already died, state the last known glucocorticoid therapy.

G1.	What is the current or last known glucocort is receiving or has received?	icoid	l m	ed	icat	tior	n th	at t	the	pati	ien	t
Informatio	n: If the patient has already died, please select the last medication given.											
Hydroco	rtisone											
Predniso	one											
Predniso	blone											
Methylp	rednisolone											
Dexame	thasone											
Budesor	nide											
Continue	ed care provided by another veterinarian.											
The glud	cocorticoid medication was discontinued.											
	Another unnamed glucocorticoid preparation:											
	What <u>current or last known</u> dosage is the particle of the dosage in mg/kg per day (of doses the dosage is or was divided into (or daily). In: If the patient has already died, please select the last dosage given. 2.1 mg/kg/d — once daily administration	d) firs	st. ˈ	The	en (def	ine	ho	w n	nan	y	•
•	in mg/kg/day											
Into how	v many doses was the medication divided?											
	In your opinion, is or was Addison's disease to the current or most recently known glucton. An optimal setting is measured based on general well-being, vital para deficiency or overdose.	ocor	tic	oid	do	sa	ge?	•			Ū	ard
The dog	is or was optimally adjusted.											
The dog	is or was well adjusted (minor signs of symptoms).									\Box		

The dog is or was moderately adjusted (some signs of symptoms).

The dog is or was very poorly adjusted (The treatment wasn't improving the disease).

The dog is or was poorly adjusted (excess of symptoms).

G4.	Do you use or have you used basal ACTH testing to optimize glucoc replacement therapy?"	orticoid
Yes, the	test proved helpful.	
Yes, but	the test was not useful.	
No		

No statement is possible because the dog also has other illnesses that worsen the clinical picture.



Part H: Questions about your patient's glucocorticoid dosage in stressful situations

In this section we would like to hear from you how to manage your patient's glucocorticoid therapy in stressful situations.

H1.	Do you recommend that the patient owner briefly increase the glucoco	rticoid
	dosage in stressful situations?	
Yes, in a	any kind of stressful situation (vacation, visit to the vet, heat).	
Yes, only	y in an exceptionally stressful situation (New Year's Eve, fireworks).	
No, I do	not recommend increasing the glucocorticoid dosage in a stressful situation.	
H2.	If you recommend increasing the glucocorticoid dosage in stressful situations the average increase?	, what is
10%		
25%		
50%		
75%		
100%		
	Other information:	
		·
Н3.	What is the recommended average duration for increasing the glucocorticoid	dosage in
	the case of a stressful situation?	
< 2 days		
2 days		
3 days		
4 days		
7 days		
	Another period:	



H4.	On average, how long does it take to reduce the increased glucocorticoid	dosage
	after a stressful situation?	
< 2 days		
2 days		
3 days		
4 days		
7 days		
	Another period:	
	Cl: Questions about adjusting mineralocorticoid therapy as disease progresses rt is about adjusting mineralocorticoid therapy as the disease progresses.	s the
I1 .	Was the mineralocorticoid supplementation adjusted during the coudisease?	ırse of the
Yes, onc	ce ce	
Yes, sev	veral times	
No		
The med	dication was discontinued.	
The pati	ent does not receive mineralocorticoid supplementation.	
Continue	ed care provided by another veterinarian.	
I2 .	Was mineralocorticoid supplementation reduced during the course disease?	of the
Yes, onc	pe e	
Yes, sev	veral times	
No		
13.	Was mineralocorticoid supplementation increased during the cours disease?	e of the
Yes, onc	pe e	
Yes, sev	veral times	



No 14. Was the type of preparation changed during the course of the disease? Information: Fludrocortisone, for example, is Astonin® H 0.1 mg tablets (Merck Serono GmbH), while deoxycorticosterone pivalate (DOCP) is Zycortal® 25mg/ml depot injection suspension (Dechra). Yes, from DOCP to Fludrocortisone. Yes, from fludrocortisone to DOCP. No, the patient continues to receive Fludrocortisone. No, the patient continues to receive DOCP. 15. Why was the type of preparation changed during the course of the disease? Persistent electrolyte abnormalities that indicate mineralocorticoid underdosage (hyperkalemia, hyponatremia). Persistent electrolyte abnormalities that indicate a mineralocorticoid overdose (hypokalemia, hypernatremia). Clinical abnormalities Drug intolerance No answer Miscellaneous: 16. What is the current or last known Fludrocortisone dosage for the patient? Please enter the dosage in mg/kg per day (d) first. Then define how many doses the dosage is or was divided into (once daily, twice daily, three times daily). Example: 0.02mg/kg/day — divided into twice daily doses Dosage in mg/kg/day Into how many doses was the medication divided? 17. What is the current or last known DOCP dosage for the patient? Please indicate the dosage in mg/kg. Then enter after how many days you give or gave the next injection. Example: 1.5m/kg — 28 days Dosage in mg/kg Next injection after how many days?



Part J: Questions about other diseases and comorbidities of the patient

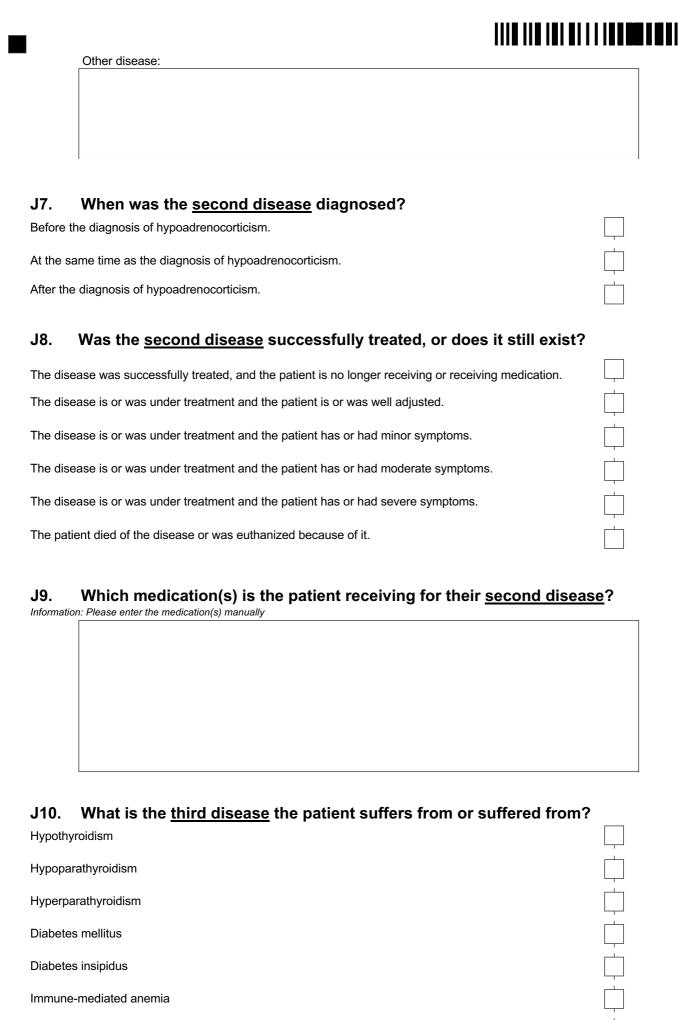
The last section of questions deals with other diseases that the patient may suffer from or have suffered from. We only want to focus on endocrinological, immune-mediated and/or inflammatory diseases.

J1. Does the patient suffer from one or more other endocrinological, immunemediated or inflammatory diseases? Information: endocrinological disease e.g. hypothyroidism; Immune-mediated disease e.g. primary immune-mediated anemia; inflammatory

disease e.g. pancreatitis	
The patient has or had another illness.	
The patient has or had two other illnesses.	
The patient has or had three other illnesses.	
The patient has or had > three other illnesses.	
No, the patient does not suffer from or did not suffer from any other illness.	
Continued care provided by another veterinarian.	
J2. What is the <u>first disease</u> the patient suffers from or suffered from?	
Hypothyroidism	
Hypoparathyroidism	
Hyperparathyroidism	
Diabetes mellitus	
Diabetes insipidus	
Immune-mediated anemia	
Immune-mediated thrombocytopenia	
Azoospermia	
Glomerulopathy	
Pancreatitis	
Food-responsive enteropathy	
Immunosuppressant-responsive enteropathy	
Other disease:	



J3.	When was the <u>first disease</u> diagnosed?			
Before th	ne diagnosis of hypoadrenocorticism.			
At the sa	At the same time as the diagnosis of hypoadrenocorticism.			
After the	After the diagnosis of hypoadrenocorticism.			
J4.	Was the <u>first disease</u> successfully treated, or does it still exist?			
The dise	ase was successfully treated, and the patient is no longer receiving or receiving medication.			
	The disease is or was under treatment and the patient is or was well adjusted.			
The dise	The disease is or was under treatment and the patient has or had minor symptoms.			
i ne aise	The disease is or was under treatment and the patient has or had moderate symptoms.			
The dise	The disease is or was under treatment and the patient has or had severe symptoms			
The patie	ent died of the disease or was euthanized because of it.			
J5. Which medication(s) is the patient receiving for their <u>first disease</u> ? Information: Please enter the medication(s) manually				
J6.	What is the <u>second disease</u> the patient suffers from or suffered from	1?		
Hypothyr	roidism			
Hypopar	athyroidism			
Hyperpa	rathyroidism			
Diabetes	s mellitus			
Diabetes	insipidus			
Immune-	mediated anemia			
Immune-	mediated thrombocytopenia			
Azoospe	rmia			
Glomeru				
	Pancreatitis			
Food-responsive enteropathy				
Immunosuppressant-responsive enteropathy		Щ		



Immune	-mediated thrombocytopenia	
Azoospermia		
Glomerulopathy		
Pancreatitis		
Food-responsive enteropathy		
Immunosuppressant-responsive enteropathy		
	Other disease:	
J11.	When was the third disease diagnosed?	
Before the diagnosis of hypoadrenocorticism.		
At the same time as the diagnosis of hypoadrenocorticism.		
After the diagnosis of hypoadrenocorticism.		
J12.	Was the third disease successfully treated, or does it still exist?	
The dise	ease was successfully treated, and the patient is no longer receiving or receiving medication.	
The disease is or was under treatment and the patient is or was well adjusted.		
The disease is or was under treatment and the patient has or had minor symptoms.		
The disease is or was under treatment and the patient has or had moderate symptoms.		
The disease is or was under treatment and the patient has or had severe symptoms.		
The patient died of the disease or was euthanized because of it.		



J13.	Which medication(s) is the patient receiving for their third dion: Please enter the medication(s) manually.	<u>isease</u> ?
	What is the <u>fourth disease</u> the patient suffers from or suffere tion: You have indicated that the patient suffers from more than three additional endocrinological, in inflammatory diseases. Please describe the four diseases with the highest priority.	
Hypoth	yroidism	
Нурора	arathyroidism	
Hyperp	parathyroidism	
Diabete	es mellitus	
Diabete	es insipidus	
Immun	e-mediated anemia	
Immun	e-mediated thrombocytopenia	
Azoosp	permia	
Glomer	rulopathy	
Pancre	patitis	
Food-re	Food-responsive enteropathy	
Immun	Immunosuppressant-responsive enteropathy	
	Other disease:	
		•
J 15. Before	When was the <u>fourth disease</u> diagnosed? the diagnosis of hypoadrenocorticism.	
	same time as the diagnosis of hypoadrenocorticism.	
After th	After the diagnosis of hypoadrenocorticism.	



J16. Was the <u>fourth disease</u> successfully treated, or does it still exist?	
The disease was successfully treated, and the patient is no longer receiving or receiving medication	\Box
The disease is or was under treatment and the patient is or was well adjusted.	
The disease is or was under treatment and the patient has or had minor symptoms.	_
The disease is or was under treatment and the patient has or had moderate symptoms.	
The disease is or was under treatment and the patient has or had severe symptoms.	_
The patient died of the disease or was euthanized because of it.	
J17. Which medication(s) is the patient receiving for their fourth disease? Information: Please enter the medication(s) manually.	

Thank you for participating in the survey!