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Pagan KD, Pagana TJ (2010). Mosby's Guide to Diagnostic and Laboratory Testing, 4th Ed. St. Louis: Mosby Elsevier. You are here: cortisol is a hormone that affects virtually every organ and tissue in the body. It plays an important role in helping: Respond to stresscompression infections Regulatory blood sugarTheeener blood pressureRegular metabolism, the process by which the body uses food and energyCortisol is produced by the adrenal glands, two small glands located above the kidneys. The cortisol test measures cortisol levels in the blood, urine or saliva. Blood tests are the most common way of measuring cortisol levels. If cortisol levels are too high or too low, it may mean that you have an adrenal disorder. If these disorders are not treated, they can be serious. Other names: urinary tract cortisol, salivary cortisol, free cortisol, dexamethasone suppression test, DST, ACTH stimulation test, blood cortisol, plasma cortisol, plasma cortisol test used to diagnose adrenal disorders. These include Cushing syndrome, which causes the body to produce too much cortisol, and Addison's disease, which causes the body not to produce enough cortisol. You may need a cortisol test if you have symptoms of Cushing syndrome or Addison's disease. Some of the symptoms of Cushing syndrome are: Some symptoms of Addison's disease are: You may also need a cortisol test if you have symptoms of adrenal crisis, a life-threatening condition that can occur when cortisol levels are extremely low. Some of the symptoms of adrenal crisis are: Very low blood pressure Intense diarrheal blood conditions Intense diarrheal desiccation Sudden and severe soreness in the abdomen, lower back and legConfusionDed knowledge of cortisol test usually involves a blood test. During the test, your doctor takes a blood sample from a vein in his hand with a small needle. After inserting the needle, make a small amount of blood that you place in a test tube or bottle. You may feel mild discomfort when the needle is inserted or removed, but the procedure usually lasts less than five minutes. As cortisol levels change throughout the day, the time of the cortisol test is important. A cortisol test in the blood is usually performed twice a day, once in the morning when cortisol levels are higher, and again around four o'clock in the afternoon when they are much lower. Cortisol can also be measured in urine or saliva. For a cortisol test in your urine, your or a health care professional may ask you to collect all the urine within 24 hours. This is known as a 24-hour urine test. It is used because cortisol levels vary throughout the day. For this test, your health care provider or laboratory staff will give you a container for collecting urine and instructions on how to collect and store samples. Picking up a 24-hour urine sample usually involves the following steps: urinate in the morning in the toilet and rinse the chain. Record the time, for the next 24 hours, store all urine in a container providedSave a container of urine in the fridge or in a portable ice fridgeSend instructions for transporting or sending a sample container to the doctor's office or labThe cortisol test in saliva is usually done at home late at night when cortisol levels are lower. Your doctor or health care professional will recommend or give you a kit for this test. The kit is likely to include a tampon to collect the sample and a container for storing it. Steps usually include the following: Do not eat, drink or brush your teeth 15 to 30 minutes before the testPrice prepare a sample between 11pm and midnight or by a fixable by your doctor or health care professionalChook tampon in the mouth of a tampon in your mouth for 2 minutes. So it's covered in saliva Before you touch the tip of the finger smear Handhandie tampon in the container kit and send it back according to your medical specialist's instructions How stress can boost cortisol levels Before the test you may need to rest. For a blood test, you must make an appointment twice a day. 24-hour urine and saliva tests are carried out at home. Be sure to follow all the instructions of your doctor or medical professional. The risks of blood testing are minimal. You may feel a slight pain or bruise where the needle is inserted, but most symptoms go away quickly. Urine and saliva tests do not have a known risk. High cortisol levels can mean that you have Cushing syndrome, while low levels can mean that you have Addison's disease or other adrenal disorders. If cortisol results are not normal, it does not necessarily mean that you have a medical problem that requires treatment. Other factors, such as infection, stress or pregnancy, can affect outcomes. Birth control pills and certain medications can also affect cortisol levels. To understand the significance of your results, contact your doctor or health care provider. Learn more about medical tests, reference ranges and how to understand results. If your level are not normal, your doctor or health care professional is more likely to order more tests to establish a diagnosis. These tests may include other blood and urine tests and imaging studies such as CT scans or magnetic resonance imaging (MRI) scans that allow the doctor to examine the adrenal glands for the pituitary gland. Synonym: CLU, no cortisol urine. Clinical value: Cortisol without urine is a valid index of glucocorticoid secretion as a result of glomerular filtration of free plasma cortisol. It reflects a secretion integrated into 24 hours of free cortisol in plasma. Approximately 1% of cortisol is secreted each day with free urine. CBG (Corticoid Binding Protein) is saturated at 25 g/dl cortisol concentrations, so the increase in plasma cortisol is rapidly reflecting the increased cost of CLU. Increased release of cortisol without urine is the most sensitive indicator of endogenous hypercortisolism, for duplication of plasma cortisol CLU increases 5 times or more. Urine-free cortisol is a more accurate reflection of cortisol secretion than a single serum sample. CLU does not change with age, it does not depend on weight, allowing obese patients to be differentiated from patients with Cushing syndrome. Clinical utility: differential diagnosis between obesity (pseudocushing) and Cushing syndrome or true hypercortisolism. Assesses in cases of suspicion of hypercortisolism. This is a very sensitive indicator of endogenous hypercortisolism; compared to suspect Cushing syndrome is the most effective screening method along with a suppression test with 1 mg of night dexamethasone. If both tests are normal, the diagnosis of Cushing syndrome should be virtually ruled out. CLU 22-23 Hours: Diagnosis of true hypercortisolism with circadian rhythm loss. CLU from 7 a.m. to 8 a.m.: Diagnosis of adrenal hypofunction. 24-hour urinary cortisol is not useful for diagnosing adrenal insufficiency due to a lack of sensitivity to low concentrations and commonly found dsminurated secretions in normal people. Evaluate the subjects with hyperglycemia and hypokalemia. To assess subjects with glucose intolerance, rounded fascia (full moon), menstrual disorders, gysutism, stretch marks; most of whom do not have Cushing syndrome. Betrayed variables: Increase: Pregnancy, stress, age. Variable diseases: Reduction: hypothyroidism, congenital adrenal hyperplasia, severe chronic renal failure (glomerular filtration of less than 20 ml), primary or secondary adrenal hypofunction. Increase: Alcoholism, depression, Cushing syndrome, drug-variable stress: Elevated: cortisone acetate, hydrocortisone. Decline: Dexamethasone, ethanol, ketoconazole, thiazides. Bibliography: 1- N. W. Clinical Guide to Laboratory Trials, edited by W.B. Saunders, 3rd Edition, United States of America, 1995. 2- Young D. Effect of preanalytic variables on clinical laboratory trials. AACCC, second edition, 1997. 3- Young D. Effect of Drugs on Clinical Laboratory Trials, AACCC, Third Edition, 1990. 4- Young D. and Friedman R. Disease Impact on Clinical Laboratory Trials, edited by AACCC, third edition, 1997. 5- L.C. T. Lopez, Sanchez Aparicio, Luna Ordohees and Otros. Sandra de Cushing and the embargo. Endocrinology Volume 43 No 1, Agno 1996. 6- Ischvrlal GiahI, MD, PHD; William E. 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