

Hyperglycemic and adrenal crisis: What you must know: Evidence-based management in ICU

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Abstract

I will give a 25-minute presentation on hyperglycemic and adrenal emergencies. Hyperglycemic crisis is a metabolic emergency associated with uncontrolled diabetes mellitus that can lead to significant morbidity and mortality. Traditionally, diabetic ketoacidosis (DKA) has been associated with decompensated type 1 diabetes (T1D), while hyperosmolar hyperglycemic state (HHS) has been considered a hallmark of type 2 diabetes (T2D). However, DKA is increasingly being reported in patients with T2D. In addition, the incidence of euglycemic diabetic ketoacidosis (EDKA) has risen with the growing clinical use of sodium-glucose cotransporter 2 (SGLT2) inhibitors, making its diagnosis and management more challenging. Hyperglycemic crises typically require hospitalization and critical care management and contribute substantially to global health expenditures. This discussion will focus on emerging diagnostic and resolution criteria for hyperglycemic crises, as well as evidence-based approaches, including early initiation of basal insulin, early introduction of nutrition, and optimized fluid management. Adrenal emergencies are severe, life-threatening endocrine conditions resulting from acute adrenal insufficiency or excess. They are associated with high mortality and require prompt recognition and immediate intervention to prevent fatal outcomes. This presentation will also address the importance of early diagnosis and management of adrenal crisis, Cushing's crisis, and pheochromocytoma (catecholamine storm). At the end of this talk, the audience will gain updated, evidence-based insights into the management of hyperglycemic and adrenal emergencies. [*J Assoc Clin Endocrinol Diabetol Bangladesh*, 2026;5(Suppl 1): S17]

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