

Electronic Supplemental Material

Critical Illness–Related Corticosteroid Insufficiency After Acute Brain Hemorrhage Surgery: A Prospective Cohort Study With a Randomized Trial of Hydrocortisone

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Supplemental Table S1. Sensitivity Analysis Adjusting for Prior Stroke in Randomized CIRCI Patients

	CIRCI (+) (n = 61)		Adjusted effect estimates*	95% CI	<i>P</i> value
	Steroid administration (n=31), No. (%)	Placebo (n=30), No. (%)			
Mechanical ventilation (days), median, (IQR)	5 (3–7)	10 (6–16)	-4.2	-7.9 to -0.6	.034
ICU stay (days), (IQR)	5 (2–13)	13 (3–18)	- 5.1	-9.4 to -1.1	.028
Hospital stay (days), (IQR)	12 (5–35)	21.5 (7–28)	-3	-8.8 to 2.7	.31
30-day mRS, (IQR)	3 (0–4)	3 (1–4)	-0.22	-1.20 to 0.76	.61
mRS difference (admission – 30 day), (IQR)	1 (0–2)	0.5 (0–2)	0.18	-0.42 to 0.78	.56

* Adjusted for prior history of stroke using multivariate regression model.

CIRCI indicates critical illness-related corticosteroid insufficiency; ICU, intensive care unit; mRS, modified Rankin scale.

Supplemental Table S2. Serious Adverse Events (SAE) According to Steroid Use In Patients Diagnosed with CIRCI

	CIRCI (+) (n = 61)		Absolute difference	95% CI	P value
	Steroid administration (n=31), No. (%)	Placebo (n=30), No. (%)			
DKA or HHS	0 (0)	0 (0)			-
Infection or sepsis					
Bacteremia	7 (22.58)	5 (16.67)	5.91	-13.95 to 25.78	0.561
Urinary tract infection	4 (12.9)	3 (10)	2.9	-13.05 to 18.86	1.000
Pneumonia	4 (12.9)	3 (10)	2.9	-13.05 to 18.86	1.000
Sepsis	7 (22.58)	4 (13.33)	9.25	-9.85 to 28.34	0.348
GI bleeding or digestive perforation	0 (0)	0 (0)			-
Steroid induced myopathy	0 (0)	0 (0)			-
Anaphylaxis	0 (0)	0 (0)			-
Delirium or neuropsychiatric symptoms	5 (16.13)	4 (13.33)	2.8	-14.97 to 20.56	1.000

CIRCI indicates critical illness-related corticosteroid insufficiency; DKA, diabetic ketoacidosis; GI, gastrointestinal; HHS, Hyperosmolar hyperglycemic state.