

SUMMARY AND CONCLUSION

MOMENTUM, a large US-based study in individuals with resistant hypertension (rHTN), found that the prevalence of endogenous hypercortisolism (HC) was 27.3% in this population

Approximately one-third (32.6%) of MOMENTUM participants with rHTN and hemoglobin A1c (HbA1c) $\geq 7.5\%$ had HC

This finding is consistent with the CATALYST study, which found an HC prevalence of 36.6% in individuals with type 2 diabetes (T2D) and HbA1c $\geq 7.5\%$ taking ≥ 3 antihypertensives

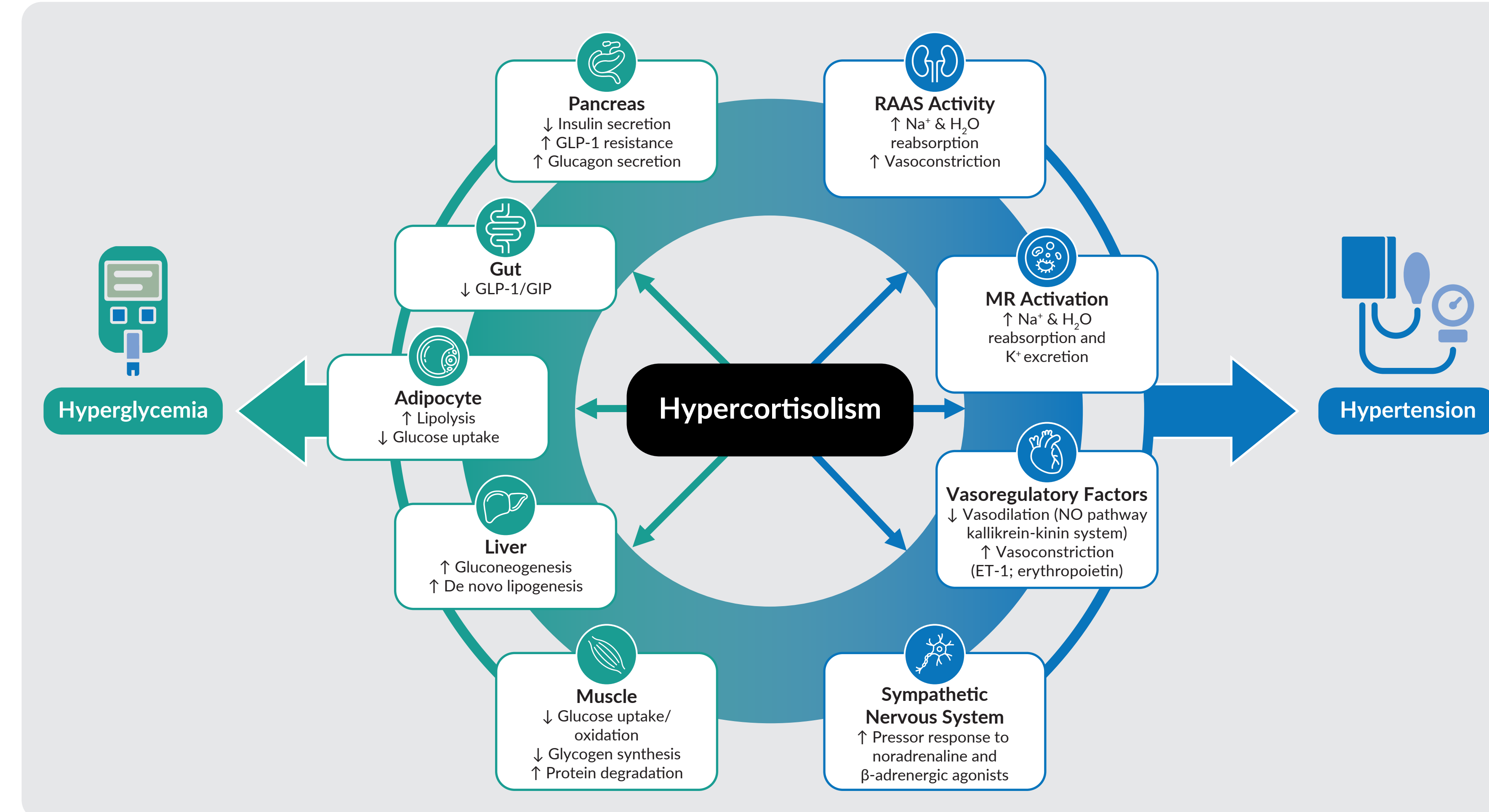
In MOMENTUM, individuals with HbA1c $\geq 7.5\%$ with HC had a higher burden of T2D medications and atrial fibrillation vs individuals with HbA1c $\geq 7.5\%$ without HC

These results support the need for HC screening in individuals with rHTN and T2D

BACKGROUND AND OBJECTIVE

- Excess cortisol can contribute to type 2 diabetes (T2D) and other cardiometabolic diseases, including hypertension, especially when they are difficult to control despite standard-of-care treatment (Figure 1)¹⁻⁴

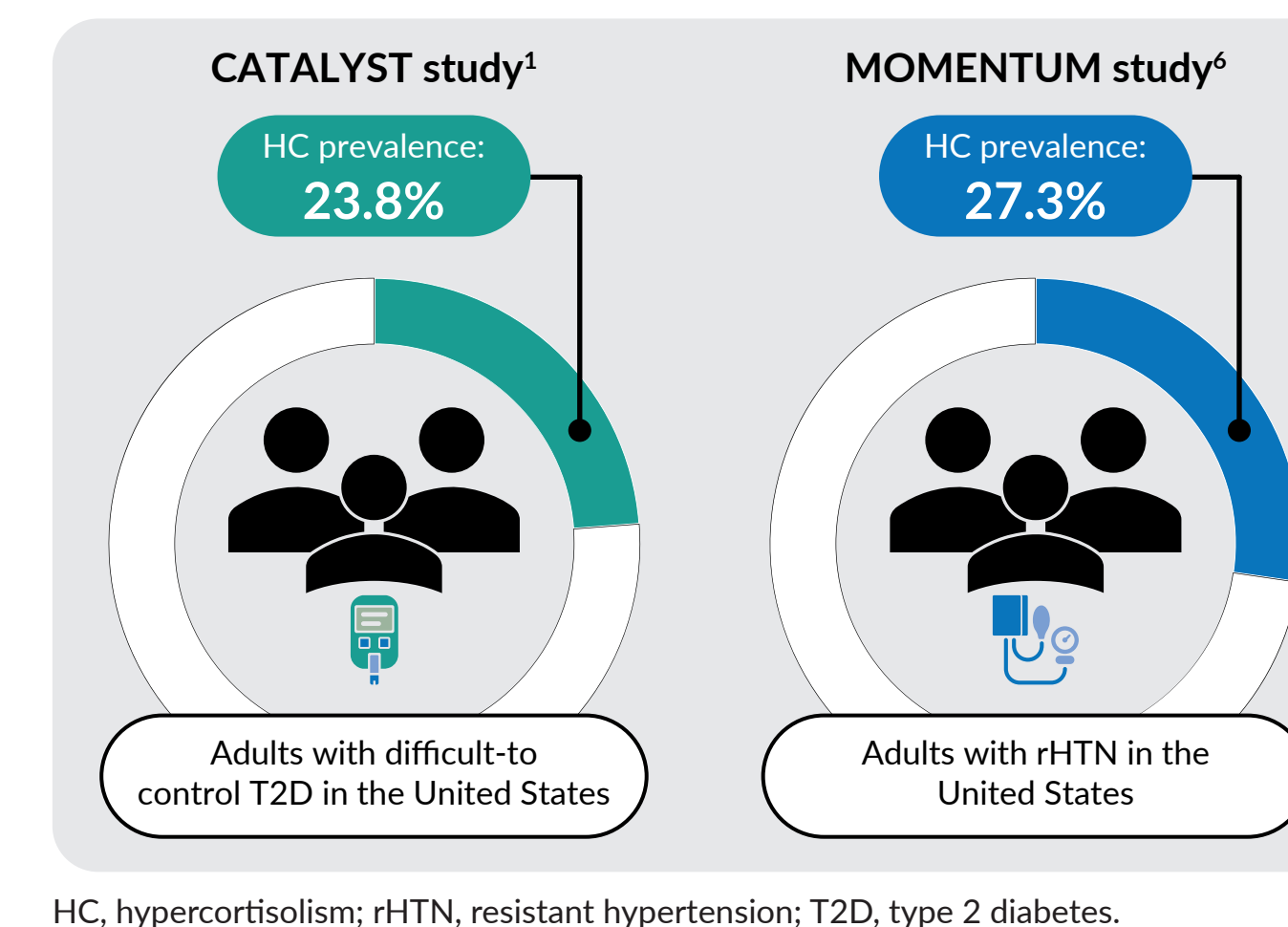
Figure 1. Role of HC in Hyperglycemia and Hypertension³⁻⁵



ET-1 endothelin-1; GIP, glucose-dependent insulinotropic polypeptide; GLP-1, glucagon-like peptide-1; HC, hypercortisolism; MR, mineralocorticoid receptor; NO, nitric oxide; RAAS, renin-angiotensin-aldosterone system.

- American Heart Association (AHA) guidelines for hypertension, including resistant hypertension (rHTN), recommend screening for secondary forms, but consider endogenous hypercortisolism (HC) to be uncommon^{4,6}
- Recent studies, including CATALYST (NCT05772169) and MOMENTUM (NCT06829537), suggest that HC prevalence in certain groups with cardiometabolic disorders may be higher than previously thought (Figure 2)^{1,7}
 - The 2026 guidelines from the American Association of Clinical Endocrinology recommend that individuals with difficult-to-control T2D should be investigated for other types or causes of diabetes and recognize that CATALYST results support a high prevalence and potential causal role for HC in this population⁸
- In CATALYST, HC prevalence was 36.6% in participants taking ≥ 3 antihypertensive medications¹
- In this analysis from MOMENTUM, we assessed HC prevalence and characteristics in participants with rHTN and hemoglobin A1c (HbA1c) $\geq 7.5\%$

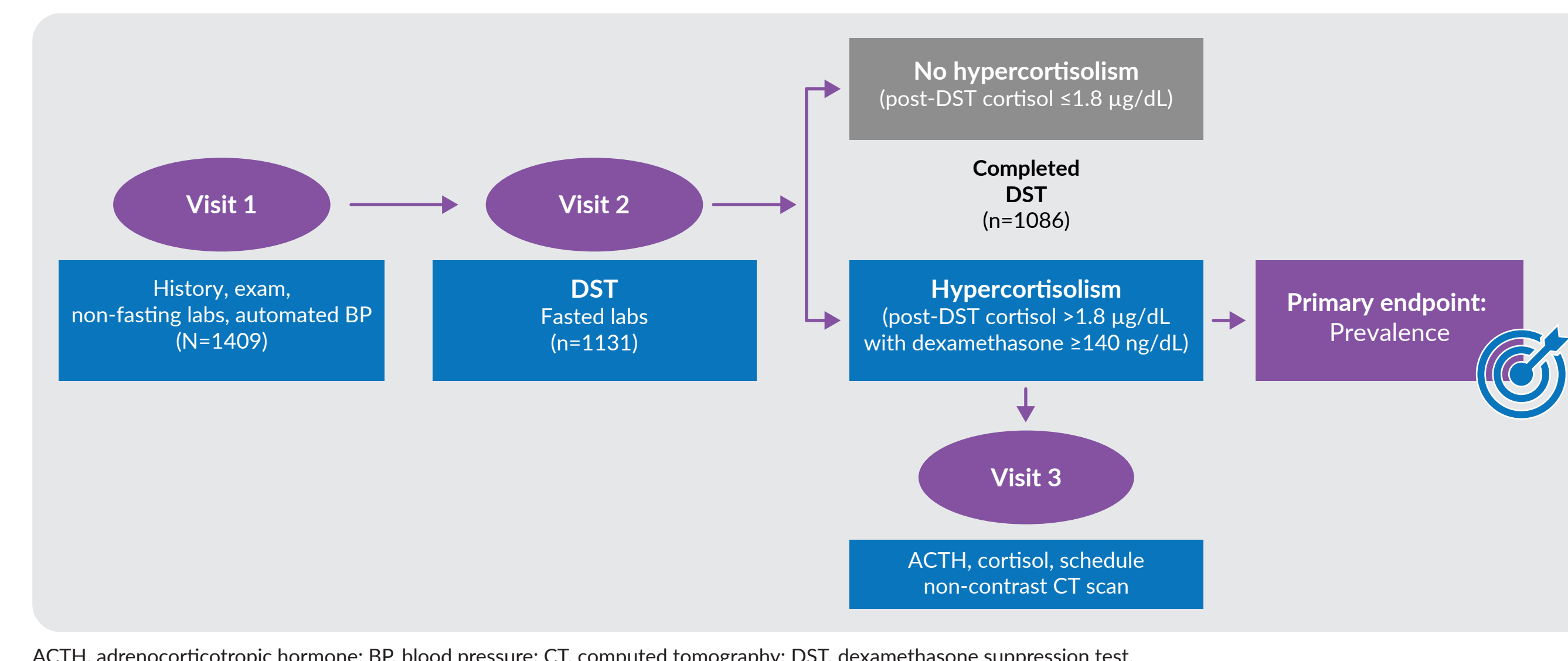
Figure 2. Prevalence of HC in the CATALYST and MOMENTUM Studies



METHODS

- MOMENTUM was a cross-sectional, observational study that screened adults with rHTN for HC (Figure 3)
- Eligible individuals were ≥ 18 years of age with rHTN defined according to AHA criteria as:
 - Systolic blood pressure (SBP) ≥ 130 mmHg despite taking medications from ≥ 3 antihypertensive classes (including a diuretic) or
 - Taking medications from ≥ 4 antihypertensive classes regardless of SBP
- Individuals were screened for HC using the 1-mg overnight dexamethasone suppression test (DST)
 - HC was defined as post-DST cortisol > 1.8 $\mu\text{g/dL}$ with dexamethasone ≥ 140 ng/dL
- Key exclusion criteria were:
 - Factors that could lead to an incorrect rHTN diagnosis (eg, investigator-determined white coat hypertension, nonadherence to blood pressure medication)
 - Conditions that could interfere with the DST, including systemic glucocorticoid exposure ≤ 3 months before screening; estimated glomerular filtration rate of < 30 mL/min/1.73 m²; severe acute psychiatric, medical, or surgical illness; excessive alcohol consumption; pregnancy or lactation; oral contraceptive use; and severe untreated sleep apnea

Figure 3. MOMENTUM Study Schema



ACTH, adrenocorticotropic hormone; BP, blood pressure; CT, computed tomography; DST, dexamethasone suppression test.

References

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Acknowledgments

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RESULTS

- 181 MOMENTUM participants had an HbA1c $\geq 7.5\%$, of which 59 (32.6%) had HC (Table 1)
 - A numerically higher proportion of individuals with HbA1c $\geq 7.5\%$ and HC were male and aged ≥ 65 vs individuals with HbA1c $\geq 7.5\%$ but not HC

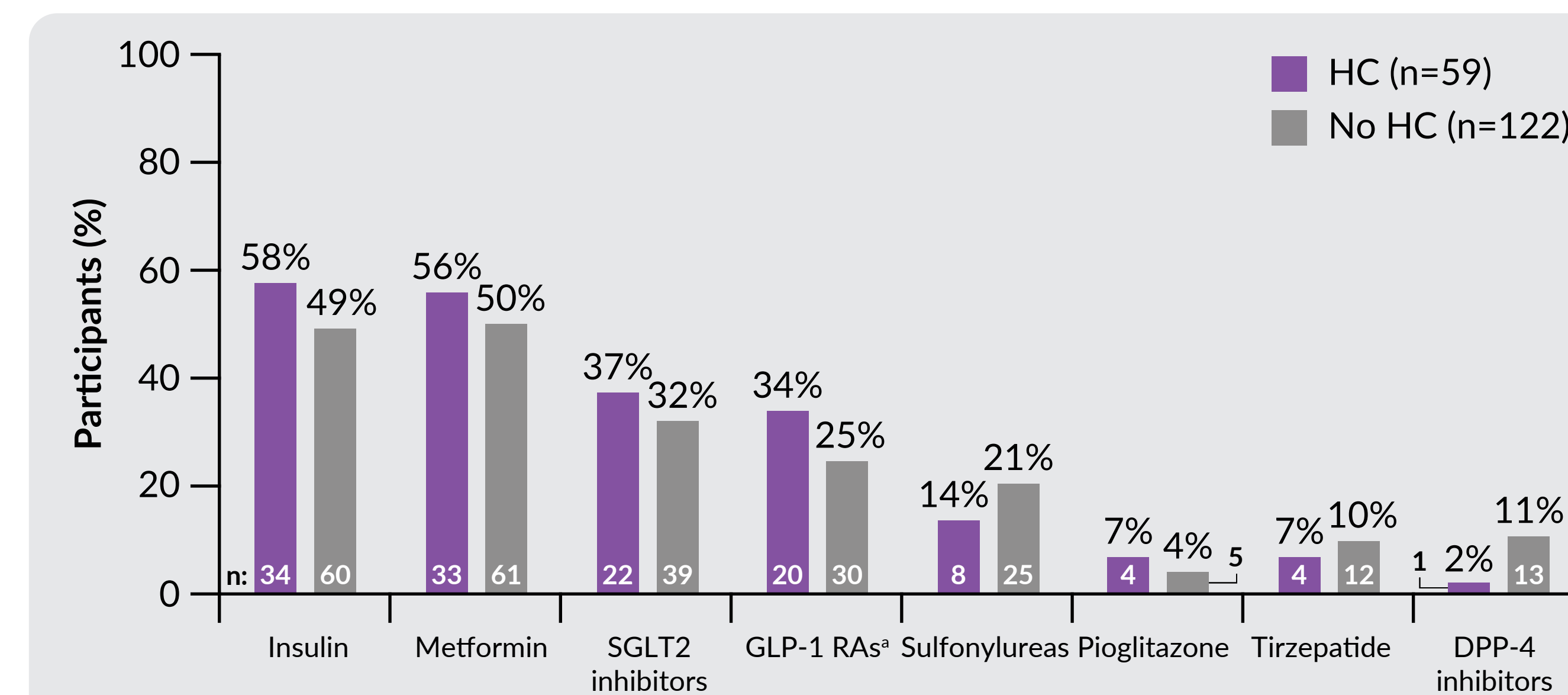
Table 1. Baseline Demographics and Characteristics of Individuals With HbA1c $\geq 7.5\%$

	HC (post-DST cortisol > 1.8 $\mu\text{g/dL}$) (n=59)	No HC (post-DST cortisol ≤ 1.8 $\mu\text{g/dL}$) (n=122)
Age, years, mean (SD)	65.1 (9.6)	62.1 (10.6)
Male, n (%)	38 (64.4)	56 (45.9)
Race, n (%)		
Asian	3 (5.1)	3 (2.5)
Black or African American	22 (37.3)	52 (42.6)
White	32 (54.2)	60 (49.2)
Other	2 (3.4)	7 (5.7)
Ethnicity not Hispanic/Latino, n (%)	45 (76.3)	81 (66.4)
BMI, kg/m ² , mean, (SD)	34.1 (7.6)	34.5 (6.7)
Waist circumference, cm, mean, (SD) [n]	112.5 (22.6) [57]	112.0 (20.1) [121]
SBP, mmHg, mean (SD)	138.6 (17.6)	142.6 (18.8)
DBP, mmHg, mean (SD)	82.3 (12.0)	85.1 (13.1)

BMI, body mass index; DBP, diastolic blood pressure; DST, dexamethasone suppression test; HbA1c, hemoglobin A1c; HC, hypercortisolism; SBP, systolic blood pressure; SD, standard deviation.

- There was a trend toward more antihyperglycemic medication use among individuals with HC and HbA1c $\geq 7.5\%$ vs individuals with HbA1c $\geq 7.5\%$ but no HC (Figure 5)
- Other concomitant medication usage, including lipid modifying agents, analgesics, and psychiatric medications, was similar between individuals with HC and HbA1c $\geq 7.5\%$ vs individuals with HbA1c $\geq 7.5\%$ but no HC

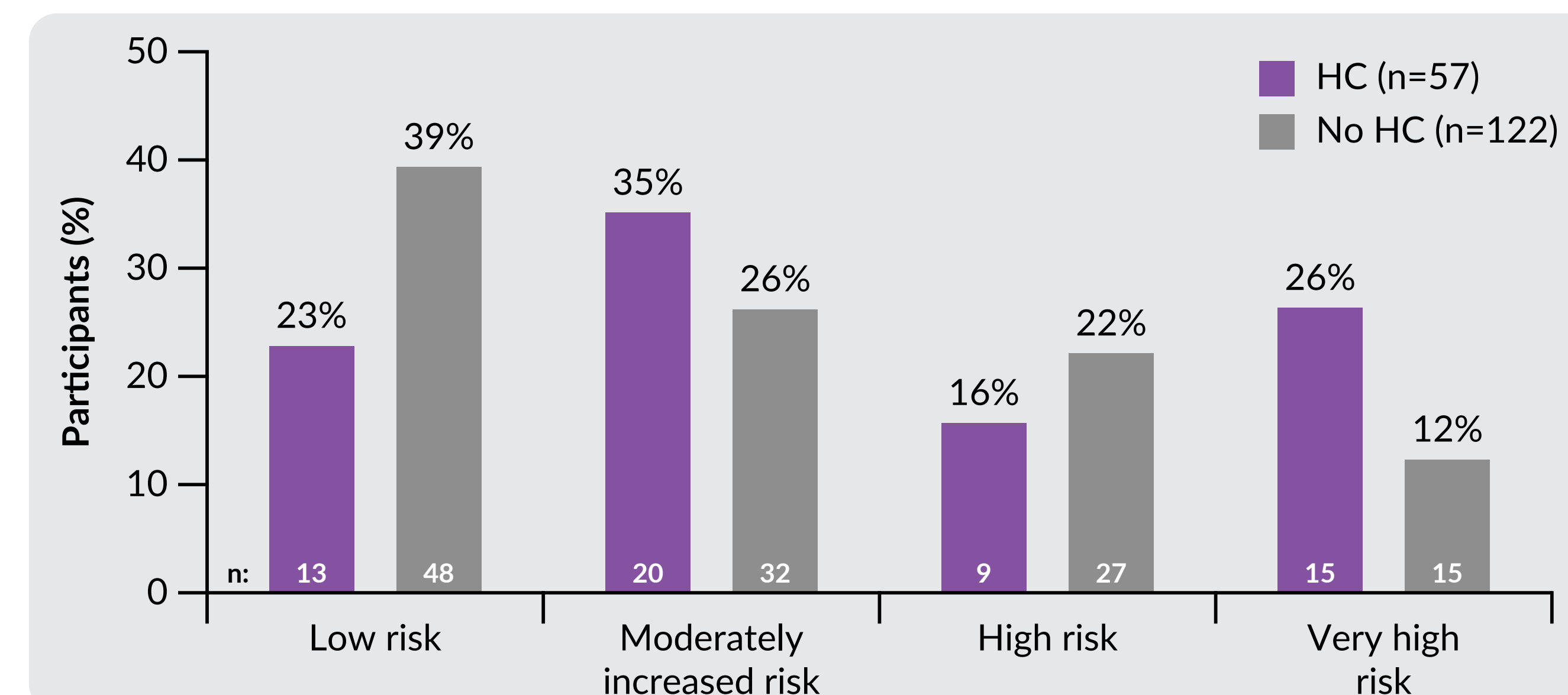
Figure 5. Concomitant Antihyperglycemic Use Among Individuals With HbA1c $\geq 7.5\%$



*Does not include tirzepatide. DPP-4, dipeptidyl peptidase-4; GLP-1 RA, glucagon-like peptide-1 receptor agonist; HbA1c, hemoglobin A1c; HC, hypercortisolism; SGLT2, sodium-glucose cotransporter 2.

- Individuals with HC trended toward increased risk of chronic kidney disease progression, notably in the very-high-risk category (Figure 7)

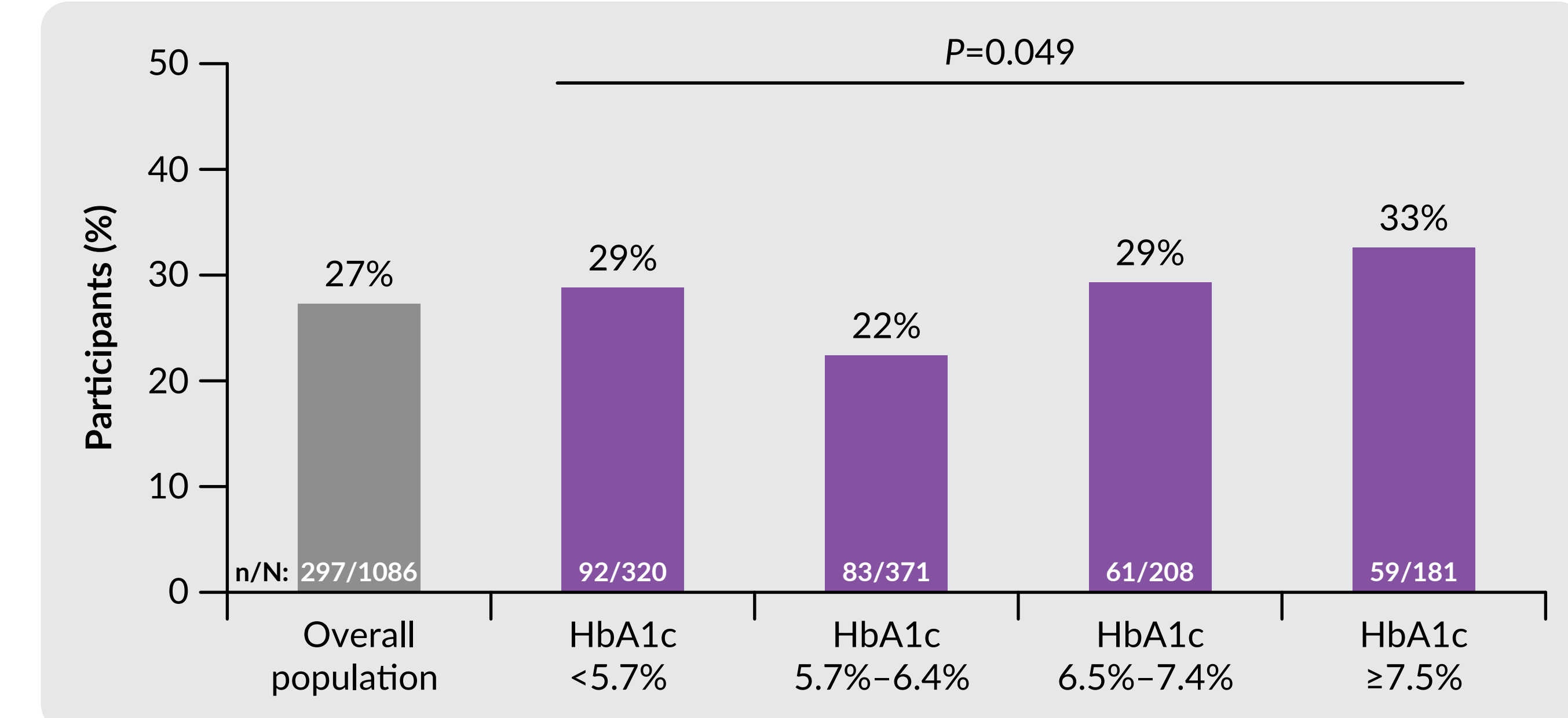
Figure 7. CKD Progression Risk Score Among Individuals With HbA1c $\geq 7.5\%$



CKD, chronic kidney disease; HbA1c, hemoglobin A1c; HC, hypercortisolism.

- HC prevalence differed significantly across HbA1c subgroups and was highest in the HbA1c $\geq 7.5\%$ subgroup (Figure 4)

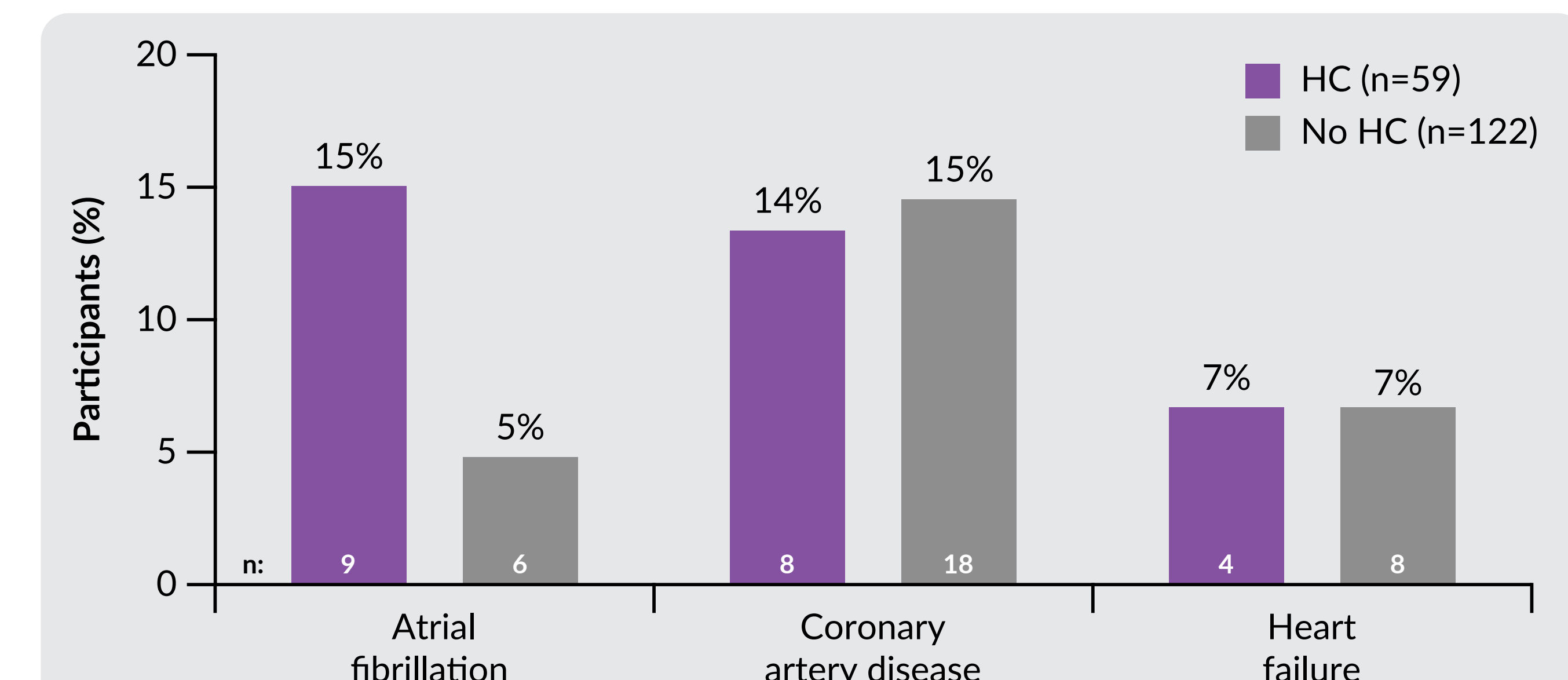
Figure 4. HC Prevalence by HbA1c Subgroup



HbA1c, hemoglobin A1c; HC, hypercortisolism.

- Individuals with HC and HbA1c $\geq 7.5\%$ had a numerically higher rate of prior atrial fibrillation, while rates of prior coronary artery disease and heart failure were broadly similar (Figure 6)

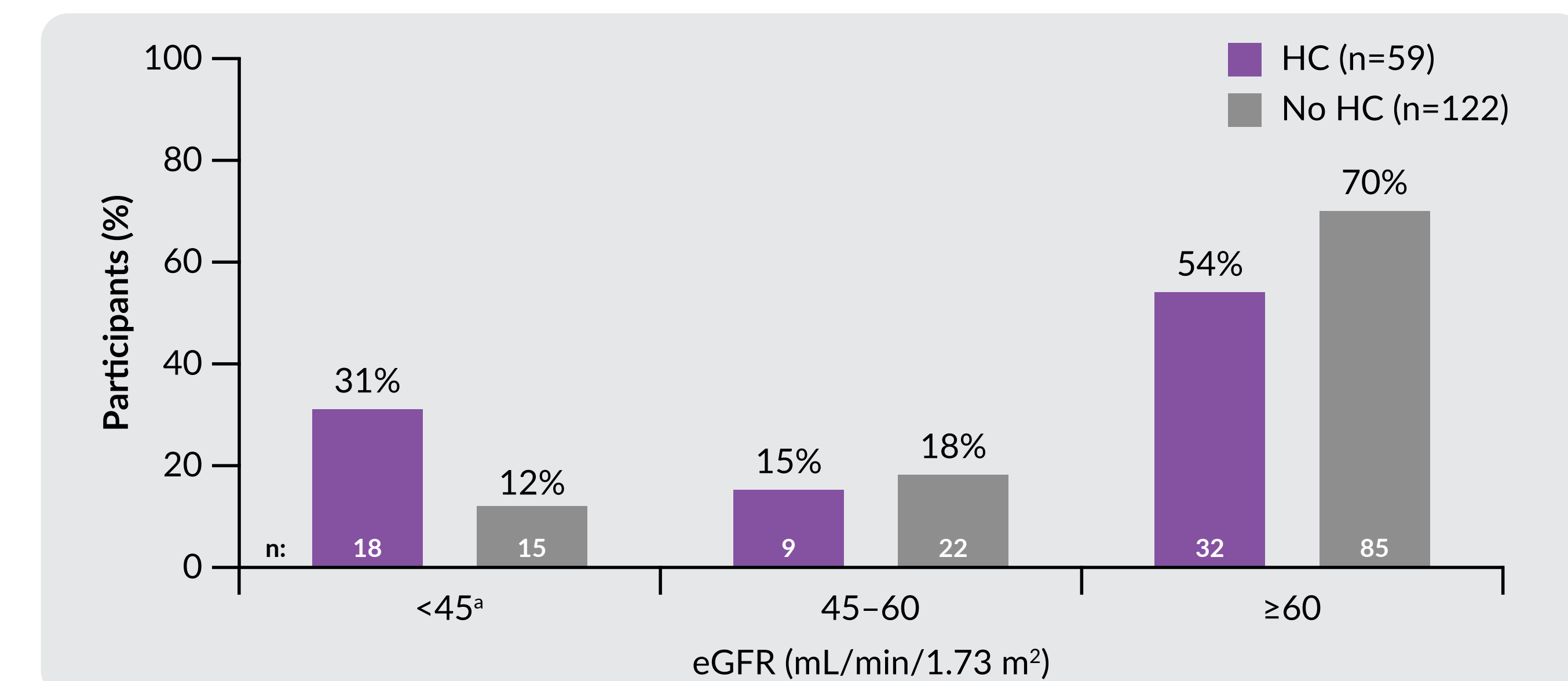
Figure 6. Rate of Prior Cardiac Complications Among Individuals With HbA1c $\geq 7.5\%$



HbA1c, hemoglobin A1c; HC, hypercortisolism.

- Compared with individuals without HC, those with HC trended toward an increased likelihood of having an estimated glomerular filtration rate < 45 mL/min/1.73 m² (Figure 8)

Figure 8. Distribution of eGFR Subgroups Among Individuals With HbA1c $\geq 7.5\%$ With or Without HC



*Historical estimated eGFR < 30 mL/min/1.73 m² was exclusionary, but eGFR assessed at baseline was used for study inclusion. A small number of individuals with eGFR < 30 mL/min/1.73 m² were included in the study. eGFR, estimated glomerular filtration rate; HbA1c, hemoglobin A1c; HC, hypercortisolism.

Presenter Disclosure

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