

THE NATIONAL ADRENAL DISEASES FOUNDATION, INC.

505 Northern Boulevard • Suite 200
Great Neck, New York 11021
(516) 487-4992 • www.nadf.us

ATTENTION!

IMPORTANT EMERGENCY INFORMATION PROVIDED ON THIS SHEET

The person carrying this emergency information sheet suffers from Addison's disease or adrenal insufficiency. Appropriate care of such a person in a medical emergency is critical to their survival, as their body does not produce the stress hormone cortisol. This sheet and the educational information below is provided as a service by the National Adrenal Diseases Foundation and is edited for content by board certified medical endocrinologist, Paul Margulies.

WHAT IS ADDISON'S DISEASE?

Addison's disease is a severe or total deficiency of the hormones made in the adrenal cortex, caused by its destruction. Classical Addison's disease results from a loss of both cortisol and aldosterone secretion due to the near total or total destruction of both adrenal glands. This condition is also called primary adrenal insufficiency. If ACTH is deficient, there will not be enough cortisol produced, although aldosterone may remain adequate. This is secondary adrenal insufficiency, which is distinctly different, but similar to Addison's disease, since both include a loss of cortisol secretion.

Symptoms of an ADDISONIAN CRISIS or UNDIAGNOSED ADDISON'S DISEASE (Revised 2004)

Symptoms may include:

- low blood pressure (possibly with accompanying black outs)
- severe fatigue
- nausea
- vomiting
- diarrhea
- stomach pain
- extreme weight loss or appearance of anorexia
- unexplained fever
- salt craving
- darkened skin (especially mucous membranes and pressure points)
- confusion

For more information, contact:

National Adrenal Diseases Foundation, 505 Northern Blvd., Great Neck, NY 11021
Phone: (516) 487-4992 E-mail: nadffmail@aol.com Website: www.nadf.us

FOR EMERGENCIES/EXTREME STRESS SITUATIONS
(TO AVOID OR CORRECT ADDISONIAN CRISIS)

Conditions which must be treated immediately:

- severe injury of any type
- blood loss
- fluid and/or electrolyte loss
- infection
- severe vomiting
- diarrhea.

Treatment protocol prior to Emergency Room arrival:

- Give Hydrocortisone 100 mg. IM (intramuscularly) in buttock or upper thigh.
- Patient then should be immediately admitted to the nearest Emergency Room, where adrenal crisis treatment should begin promptly.
- If transportation to emergency medical facility is impossible, treat patient on site as listed below.

Protocol for treatment of adrenal crisis in emergency room:

- 1.) I.V. hydrocortisone.
- 2.) Administer I.V. isotonic saline.
- 3.) Continue I.V. hydrocortisone until oral medication is tolerated.

For further details, call Dr. _____
Specialty: _____
Office Phone: _____
Emergency Pager or Exchange #: _____
Address _____
City _____ State _____ Zip _____

Patient Name _____ Home Phone: _____
Address _____
City _____ State _____ Zip _____

MEDICAL CONDITIONS

MEDICATION

DOSAGES

MEDICAL CONDITIONS	MEDICATION	DOSAGES

Emergency contact #1: _____ Relationship to patient: _____
Home phone: _____ Work: _____ Cell: _____
Emergency contact #2: _____ Relationship to patient: _____
Home phone: _____ Work: _____ Cell: _____

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Instructions for Initiating Cortef Replacement- For the adrenal Stress Hormone, Cortisol

Here are some options in starting Cortef or Hydrocortisone (generic name):

Basically it is a 4-hour drug

If you take more than 5 mg you get more time that it lasts so 10 mg last for 5 hours or so. Try to take it before you want to get out of bed. By 30 to 60 minutes. Like 7 or 8 am.

Each pill is 5 mg and scored – you can bite it in half. Some patients may be given 10 mg. Adjust accordingly.

First try a quarter tablet (1.25 mg) if no reaction then take a half in 3 hours and again in 4 hours.

Next day

---5 mg in am and that is it for a few days.

Or ---5 mg in am and 5 mg at noon and repeat this schedule until you feel fine to go up – it could be the next day or a week depending on your fear of a reaction or steroid hormones in general. Then the next day take whatever you are comfortable with every 4 hours.

Next go eventually to this dosing schedule:

7.5 or 10 mg at 7 or 8 am, get up at 8 or 9,

5 mg at 1 pm,

2.5 mg or 5 mg at 4pm

and if needed 2.5 mg at 8 pm for later nights. (that is 17.5 mg to 20 mg total).

*Some patients will
be adjusted to take
15 mg in the AM

The adrenal hormone usually produced on non-stressful days is 25 mg. When you take it orally one third is degraded in the liver – called first pass effect and therefore the Addison's patients who have marginal adrenal function may take up to 35-40 mg a day to get the effect of 25 mg in the blood stream. I say thin people are born with thin adrenals and often go around life with marginal function until a major stress (spousal death), toxic exposure (mold exposure), infection (TB). Look back and think if you craved sweets and salts as a kid or not and it may explain why now you have marginal function or adrenal fatigue or mild insufficiency.

Double the dose for colds, triple for flu and also increase for traveling or other stressors, fights, headaches or anxiety episodes. It should help with fatigue, pain tolerance, allergy, mood, sometimes chest pain, and definitely depression!

Try it and tell me of any major side effects, over time if you want to eat too much (ravenous) or if you gain weight – then it may be too much. You will figure out what you need and let me know where you are in your discovery process.

Read: Adrenal Fatigue – does not discuss Cortef, but it does talk about adrenal dysfunction. You may purchase this book at the office or online for 15.00

Jefferies: The safe use of Hydrocortisone. Copies will be available at the office for you to read or purchase. This is a great description of the extensive experience of this endocrinologist on the helpfulness of Cortef for many medical problems including fatigue, infertility, arthritis and the safety of its use in the thousands of patients.