

Information for patients and carers

Adrenal Insufficiency

Endocrine Department

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What is Adrenal Insufficiency?

Adrenal Insufficiency (AI) occurs when the adrenal glands do not produce adequate amounts of the hormone cortisol. Cortisol is a glucocorticoid steroid which is essential in maintaining health by regulating blood pressure, blood sugar, suppressing inflammation and stress response. Causes of AI include primary problems with the adrenal gland (Addisons) and pituitary problems causing Adrenocorticotrophin (ACTH) deficiency.

ACTH is a hormone produced by the pituitary gland which controls cortisol release from the adrenal glands. Also, if you are treated with long term steroid treatments for a range of medical conditions this can impair the ability of your adrenal glands to produce cortisol. This is often reversible upon stopping the steroid treatment but can occasionally cause long term AI.

Symptoms of Adrenal insufficiency

- Dizziness
- Nausea and vomiting
- Fatigue
- Poor appetite
- Loss of weight
- Skin pigmentation
- Weakness

How do I take Steroids?

Steroid treatment for adrenal insufficiency is generally given by mouth (orally) daily. Occasionally it may be necessary to give steroids intramuscularly (injection into the muscle) or intravenously (injection into a vein). For circumstances where this is necessary, please see the dosage pattern and possible problems section below.

Examples of steroids

- Hydrocortisone
- Prednisolone
- Dexamethasone
- Betamethasone

Dosage pattern and possible problems

When in normal health, your body naturally increases the production of cortisol during times of intercurrent illness to assist in recovery and maintain health and stability. When in AI, it is therefore important to mimic this natural response of cortisol production by increasing (generally doubling) the daily oral steroids during these times. This rule is applied in various situations but most commonly for infective illnesses or particularly if you have an infection that confines you to bed or requires antibiotic treatment. It is also necessary to double your steroid dose if you are having minor procedures such as invasive dental work. In some situations, you may not be able to absorb the oral steroid medication, for example if you develop vomiting and diarrhoea. In this situation, steroids may need to be administered by an alternative route. If this happens, patients should seek medical advice urgently as intravenous or intramuscular steroids may be required. For patients wishing to administer their own intramuscular hydrocortisone at home, training can be provided by your health care professional.

Your health care professional will discuss this with you in more detail and provide you with additional resources and education regarding dose changes during time of illness.

Contact Details

Should you require further advice or information, please telephone the

Endocrine department and ask for the endocrine specialist nurse:
01772 523533

Sources of further Information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.addisonsdisease.org.uk

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Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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