LABS FOR DOCTOR VISITS
FOR PRIMARY ADRENAL INSUFFICIENCY

Initial Frequency: Once a diagnosis of autoimmune adrenal insufficiency is made and replacement hydrocortisone and fludrocortisone are prescribed, frequent follow up every 2 to 3 months is suggested until you are comfortable that the dosages of both medications are optimal. It is important to have face-to-face meetings with the endocrinologist.

Physical examination: The doctor should look for signs of persistent adrenal insufficiency as well as overtreatment. There should be detailed questioning about symptoms, including fatigue, dizziness, nausea, and salt craving.

Lab tests: Blood studies should include electrolytes, but also plasma renin to help establish the appropriate dose of fludrocortisone. The dose of hydrocortisone should be the lowest dose that prevents signs and symptoms of adrenal insufficiency.

Once stable: Face-to-face meetings are recommended every 6 months. There should be a physical exam and discussion of adrenal symptoms and intercurrent other medical history. There should be a discussion of management of any acute medical events and whether appropriate steroids were given.

- There is no benefit to repeating blood tests for cortisol, ACTH, aldosterone, or adrenal antibodies.
- It is suggested to use the lowest replacement dose of hydrocortisone that prevents signs and symptoms. If there really is some recovery of adrenal reserve (seen in a minority of patients), it will be apparent by allowing a low dose of glucocorticoid.
- We do not suggest a routine repeat of the entire diagnostic work-up because it has a very low yield of useful information.
- Recommend routine re-testing for other autoimmune endocrine conditions, especially thyroid disease and vitamin B12 deficiency.
- Make sure your endocrinologist is advised about any new medical diagnosis and treatment from other doctors.
- Make sure you are familiar with appropriate stress dosing guidelines and emergency measures for acute illness and injuries.

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