ADRENAL GLANDS AND EMOTIONS

Items from NADF Medical Director Paul Margulies, M.D., FACE, FACP, NADF News® Q & A’s:

From NADF News®, VOL. XX, No. 1 • 200, page 3

Q. I have benefited greatly from DHEA supplementation. My doctor is not big on this. I am taking pharmaceutical grade 20 (mg?). The more I take the better I feel. At 150 (mg?) I was feeling GREAT but then I read to only take 16 to 20 (mg?) per day so I am now taking just the one tablet. Does the NADF have any recommendations on supplementing with DHEA as to frequency and dosage size? (I get the DHEA at the health food store and the bottle is at home. I am writing this in my office so I can't verify the dosage ...mg? I think) Thank you so much for your guidance.

A. My suggestion for DHEA is 25 mg per day for women, 50 mg for men. It doesn't seem to do much for everyone. If it helps with overall sense of well being (admittedly vague), keep taking it. If there is no response, stop it.

From NADF News®, VOL. XXI, No. 1 • 2006, page 6

Q. My daughter was recently diagnosed with Schmidt’s syndrome. In addition, she has had a headache for over a year. The headache gets somewhat better at times, and is worse at others, but never goes away. We still do not have a diagnosis on the headache, although tension seems to be a significant contributor. Due to the headache pain and the fatigue associated with Addison’s, she has become depressed. Could the Addison’s and Hashimoto’s be causing her headache? She had scoliosis surgery a year ago in November and now has two Titanium alloy rods in her back. Could a metal allergy have caused the onset of Addison’s? She developed low blood pressure and orthostatic intolerance two weeks after surgery. Could this have actually been an Addison’s crisis and we are just fortunate that she still was making enough Cortisol to get through the surgery? Could a difficult menstrual cycle be stressful enough to require an extra 5mg of cortisol?

A. Depression is common in individuals with inadequate treatment of both adrenal insufficiency and hypothyroidism, but it is also common in the general population and in the setting of chronic illness. Headache can also be seen in hypothyroidism. Metal allergy is not a known cause of adrenal insufficiency. Certainly, hypotension after surgery may have been a sign of adrenal insufficiency at that time. Yes, menstrual cramps can be severe enough to require extra steroid treatment. Try a dose of ibuprofen at the onset of the cramps to minimize the pain.

From NADF News®, VOL. XXI, No. 3 • 2006, page 6

Q. I would be grateful if you could you tell me what type of an impact continued severe emotional stress can have on someone suffering from secondary adrenal deficiency caused through the presence of a pituitary tumor.

A. Emotional stress can cause significant symptoms of adrenal insufficiency in primary as well as secondary causes. Under normal pituitary-adrenal conditions, emotional stress would tend to promote an increase in ACTH and cortisol production. Since this does not happen in adrenal insufficien-
cy disorders, the body feels like there is a lack of cortisol. Typical symptoms would be fatigue, lethargy, loss of appetite, weakness, dizziness and depression. Just as in cases of physical stress, one needs to remember to increase the dosage of glucocorticoid replacement. Laboratory tests are not very useful in this circumstance. If prolonged use of higher doses leads to signs of cortisol excess, then cut back to the lowest dose that keeps you feeling better. Also, try to deal with the cause of the emotional stress, if possible.

Q. A member with auto-immune Addison’s disease was recently told by a psychiatrist that her depression is caused by her hydrocortisone. (She is on 30 mg. Cortef a day, no Florinef.) She would like your opinion.

A. There is a complex relationship between cortisol and depression. Excess cortisol seen in Cushing’s syndrome can cause mood changes including depression. Sharp and sudden excess cortisol from high dose steroids may cause dramatic mood changes including manic behavior and even psychosis. Low levels of cortisol in undiagnosed or inadequately treated Addison's disease will often contribute to a sense of depression along with the other symptoms of adrenal insufficiency. Restoring the glucocorticoid level to normal with hydrocortisone will usually improve mood substantially. Basically, aiming for “normal” with hydrocortisone treatment should include mood in addition to the typical physical features that are monitored. However, clearly some people with Addison’s disease may have a coincidental clinical depression that cannot be managed by simply manipulating the hydrocortisone dose. Many Addisonsians in excellent control with hydrocortisone and fludrocortisone also benefit from psychotherapy and antidepressant medication.

From NADF News®, VOL. XXII, No. 3 • 2007, page 2

NORD CONFERENCE NEWS – DHEA
by Kathy Harris

I just returned from Virginia Beach where I heard Dr. Norman Shealy speak. I asked him about Addison’s and his advice was to add DHEA. I am using DHEA-10 w/bioperine and am thrilled with the result. The morning stiffness and discomfort prior to taking my a.m. meds has greatly diminished and it has given me an all over feeling of well being. I am 59. He also recommends 20 minutes prayer or quiet time or meditation, one hour daily outside in the sun, good natural diet, exercise or daily walk...start slow and build up...stop and rest as needed, lots of good water and let stress flow over you...don’t hold on to anger or keep reliving the past...try living the day as it unfolds...deal quickly with the negative if possible and move on. If you can’t get out, try sitting on the porch and thinking about dancing or walking as if you are doing it then just be still and thoughtful for 20 minutes. Give this gift of peace to yourself as often as you can. He has written a number of books and is on the web...just type in his name C. Norman Shealy, MD, Ph.D.

From NADF News®, VOL. XXIII, No. 2 • 2008, page 3

A SUCCESS STORY

A NADF affiliated support group (SG) leader/facilitator shared a “success” story with us. A mom contacted NADF because she was concerned about her son. The support group leader assigned to this contact talked to the mom, and NADF e-mailed and postal mailed the mom information. Although the son was against getting involved with a support group, his mom insisted he contact the group and attend a meeting. He finally contacted the group, and the leader and he talked a number of times. He attended their last meeting. After the meeting, the young man shared that he had been very
depressed to the point of having suicidal thoughts, but two things keep him going: primarily, his children, but also thinking about all the people in the support group meeting room who shared their stories and are able to live with this disease. He had lost hope, but said after hearing the stories he got the determination he could live with it too. He’s still being diagnosed by a new endo, but he’s on the road to recovery and in his last phone call with the NADF Support Group Leader/Facilitator, wanted her to thank NADF for saving his life.

It is purely NADF’s pleasure, sir. Thank you for sharing your uplifting story with us.

From a 10/7/05 e-mail response to a woman, who wrote:

I’m sending this e-mail because I have a friend that lives in Wilmington, CA and is looking for some type of a support group in his area. He doesn’t have e-mail so I told him I would try to find some information for him. Can you give me a listing of support groups in his area? He’s been getting irritable & very depressed and I’m worried about him. Please advise ASAP!! Thank you

Answer from NADF Executive Director Melanie Wong:

It is so kind of you to get in touch with us for your friend. I'm so sorry he is feeling depressed. I hope that he knows that Addison's disease is not progressive, and he will live a long and full life. Also, he is definitely not alone. I have Addison's disease, and there are many, many more of us around.

From a 11/4/05 e-mail response to a young woman:

I am 18 years old and I just found out that I have Addison's disease, I really don't know any thing about it except it makes me pass out, I live in PA and I want to know where I can go for support. I also needed to know if this causes depression at all, thank you for all the help, I'll be waiting for a reply soon.

Answer from NADF Executive Director Melanie Wong:

We have no hard evidence that depression is tied to Addison's disease, but we know that too much cortisol replacement medication can cause mood swings, so if is logical that too little cortisol replacement medication has some emotional effect. What that is, we don't know yet.

Being a healthy human being, becoming ill, possibly for an extended period of time, and finally being diagnosed with a chronic life-long condition definitely has an emotional effect. What the effect is would be individualized.

From a 8/23/06 e-mail response to a Texas woman, who asked:

How do others handle the depression and mood swings from the steroids?

Answer from NADF Executive Director Melanie Wong:

If you are receiving the correct dosages of you hormone replacements, you should not be experiencing depression and mood swings attributable to the steroids.

From a 3/30/07 e-mail response to a question from a man in Fort Worth TX.
When the adrenal gland has a tumor, and this tumor itself produces hormones, can any of these hormones cause violence or rage?

Answer from NADF Executive Director Melanie Wong:

Excessive adrenal hormones can help in the development of unpleasant emotions.

From a 4/21/08 response e-mail from a contact who shared:

Hi I have a question... when I was six years old I had a non-cancerous tumor on my right adrenal gland. It caused me to go into premature puberty. I safely had the tumor and my right adrenal gland removed... I safely recovered... about age 8 I had anxiety but looking back I didn’t know what was wrong with me. Around the age of 12 or so, I developed severe anxiety disorder that lasted about 2 years, i am now 24 years old and the anxiety symptoms that I had are back full force and through my own research i have realized it is obsessive compulsive disorder...I have gone to a psychiatrist who put me on several anti-depressant medications. None worked. I later went to a clinic and asked for a blood test to check my aldosterone and cortisol. Test results came back he said its normal. Are you supposed to have a blood test more then once?... I know OCD is related to low serotonin but i really am convinced it is because of my adrenal gland... Its just odd that OCD has come and gone throughout my life. Can obsessive compulsive anxiety disorders be caused in anyway by my adrenal gland and if so what hormones or chemicals do I need to get tested for? if you could answer this for me i would be so happy because its costing me so much money and i feel like I’m getting nowhere in getting better =(  Thank you so much!!

Answer from NADF Executive Director Melanie Wong:

Although too much or too little of the adrenal hormone cortisol can affect emotions, since you tested at normal levels for this hormone, it wouldn't seem likely this is your culprit. Of course, please confer with your physician for his/her opinion.

OCD is a very common condition, affecting millions, probably most of which are probably not even officially diagnosed. Adrenal disease of any type is rare.

From NADF News®, VOL. XXII, No. 1 • 2007, page 3

HATFIELDS AND McCOYS
By Melanie Wong

The infamous Hatfield and McCoy feud may have been partially attributable to the adrenal disease pheochromocytoma.

Pheochromocytoma is caused by a tumor of the adrenal gland that produces excess adrenaline. As you can imagine, too much adrenaline might make a person a bit testy.

The very rare condition that has plagued select members of the McCoy family for generations is called Von Hippel-Lindau (VHL) disease. This disease can cause tumors of the eyes, ears, pancreas, kidney, brain, spine and the adrenal glands.

Genetic experts have been studying affected members of the McCoy family since the disease was
first named in 1968, although one doctor chooses to use the name the “McCoy Kindred” and others call the condition “madness disease”. Currently, about 75% of the affected McCoy’s have adrenaline producing tumors of the adrenal gland.

Intermarrying was common, and might have helped weaken the McCoy family’s genetic make-up.

Affected family members have been known to be combative, even with their own family and doctors. “Smallwood” McCoy was so surly, his grandchildren were terrified of him, and ran and hid when he came to visit.

Recently, an 11 year old female family member had a tumor removed from her adrenal gland. Before the surgery, her teachers thought she had attention deficit hyperactivity disorder (ADHD), and at home, if someone tried to discipline her, she would make fists, get real angry, holler, scream and cry. The little girl reports that since her surgery she feels great.

One 76 year old family member who has had tumors removed reports that before the surgery, “...you’re easy to get upset. When people get on your nerves, you just can’t take it. You get angry because your blood pressure was so high.”

The Hatfields and McCoys, both moonshine producers, were powerful landowners and neighbors residing in the Tug Valley on the borders of West Virginia and Kentucky.

The feud began during the Civil War, when a member of the McCoy family joined the Union army, and was killed for his “disloyalty” by a member of the Hatfield Wildcats. There were 13 years of peace, then during a visit to the Hatfields, Randolph or “Ole Ran’l” McCoy, considered by acquaintances to be a kind, but deadly serious man, recognized a pig on Hatfields property as his own, and accused the Hatfields of stealing it. The case was taken to court. The star witness was related to both families, and helped the Hatfield’s win their case. He was killed for his testimony.

By the end of the feud, at least 13 people died from the hostilities.

There are serious doubts by major players in this story that the feud could be attributed to VHL. The Hatfields seem to have killed as many (possibly more) as the McCoys.

The last time the feud surfaced was in January 2003. McCoy descendants sued Hatfield descendants over visitation rights to a cemetery on an Appalachian hillside in eastern Kentucky. It holds the remains of six McCoys, some allegedly killed by the Hatfields. A truce was finally officially signed by the two families that year.

Recently, Tennessee’s Vanderbilt University started a “search” for relatives to warn unsuspecting McCoy family members of the debilitating condition, Von Hippel Lindau Disease.

Sources: Disease Underlies Hatfield-McCoy Feud, by Marilynn Marchione, AP Medical Writer

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