CARDIAC & ADRENAL INSUFFICIENCY
HAND-OUT

This hand out contains a compilation of NADF Medical Director Paul Margulies’ Q & A items.

From: NADF News®, VOL. XXIII, No. 4 • 2008

Q. “My question for Dr. Margulies is has anyone noticed the frequency that MVP and Adrenal Insufficiency share? I’m not suggesting a direct or cause/effect relationship just a coincidence, but I am interested in how frequent they both occur together. I have seen it in those I have talked with but I don’t know how common it is?”

A. “Mitral valve prolapse is so common in the general population, it is expected that many people with Addison’s disease would also have this diagnosis. I would also point out that many people who have been given this diagnosis based on echocardiograms performed years ago actually do not have significant mitral prolapse on more sensitive studies. Also, the old suggestion that people with MVP get prophylactic antibiotics for dental care is out of date. Only people with mitral valve regurgitation (backflow of blood across the valve) need antibiotics.”

From: NADF News®, VOL. XXIV, No. 2 • 2009

Q. “I am a member of NADF because I’ve had Addison’s for the last 7 years and I am hoping you can help me because I have not gotten a reply from my endocrinologist. I will be having an angiogram and I need to know how to prepare for this. Is there anything special that my cardiologist needs to do before doing the angiogram? Thank you for your prompt reply and assistance on this matter.”

A. “An angiogram is not as stressful as surgery, so IV Hydrocortisone is usually not needed. I would still suggest contacting your own endocrinologist, but I can recommend taking a double dose of your usual morning hydrocortisone before going for the angiogram. Remind the cardiologist about your condition and have him contact your endocrinologist if there are any postprocedure issues that might necessitate giving you extra doses of hydrocortisone.”

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Q. “We have a member, an Addisonian since 1940, who has ‘diastolic heart failure’. The doctors are telling her she has to go on a low salt diet, and want to put her on Lasix. The last time she was given lasix, she had lots of problems. Any advice?”

A. "Addisonians generally have trouble with diuretics because they are unable to handle the drop in blood volume produced by the diuretic. It is best to start with tapering or eliminating the mineralocorticoid (fludrocortisone), then, if necessary, switching from hydrocortisone to prednisone. In addition, there are other cardiac medications that can reduce the load on the heart without resorting to a diuretic. All avenues should be explored before adding lasix."
Not yet printed in an NADF News®:

In reference to an article printed in Forbes Magazine called “Conquering Heart Disease”:

Q. “Interesting the immune system is suspect again. I have heart disease and Addisons. It would be good to know if one affects the other. Maybe Dr. Margulies could address this issue.”

A. “The article from Forbes is a nice summary of the recent research on inflammation as a major factor in coronary artery disease. This is not the same as autoimmunity, as in autoimmune adrenal disease. One really has nothing directly to do with the other and each should be treated independently. Addisonians with coronary artery disease may need statins for cholesterol, aspirin, beta blockers, and may benefit from new drugs being tested.”

Q. “Stress test caused an Addisonian crisis in the past. Please call ASAP. Has test this Wednesday (3/31)”

A. “She will take an extra 15 mg of hydrocortisone before the test and have an extra 10 ready if she feels lightheaded afterwards. By the way, most people do not need a stress dose of steroids for a ‘stress test’.”

The National Adrenal Diseases Foundation is a non-profit organization providing information, education and support to all persons affected by adrenal disease.

For more information on joining NADF, or to find a support group in your area, contact:

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