Q. I have a question about supplemental vitamins. I have been told that because I have celiac and Addison’s, I should be taking many supplemental vitamins. I see a nutritionist and belong to a support group for celiac and I get a lot of mixed messages. The biggest problem I have is that it seems no one, even my doctors, know that much about Addison’s. It has been a year since I was diagnosed with Addison’s and a year and a half with celiac disease. I work a stressful job and feel that I need to retire or find another job, as I have many times when my sodium level has been low. I now know when to recognize this so that I do not have to be hospitalized each time. Any help you can give me would be appreciated. Thank you.

A. There is no specific vitamin regimen necessary for Addison’s disease. However, I usually suggest a general multivitamin/mineral supplement to a good healthy diet. Extra calcium is very important, especially for post-menopausal women. The celiac disease tends to cause a malabsorption of vitamin D. I suggest that anyone with celiac disease have a serum 25-OH vitamin D level checked. If it is low, adding extra vitamin D is essential. Doses of 800 to 1200 U per day are useful for normal to slightly low D levels. If the blood test shows very low levels (below 20), then prescription strength vitamin D should be given and monitored by your doctor.

Q. I was wondering if there is a healthy weight maintenance diet that people with Addison’s should follow, especially when hypoglycemia is a concern. If you could send me any information that would be wonderful.

A. The best diet for people with Addison’s disease is a well balanced nutritious diet with three meals per day, adequate complex carbohydrate and protein, and adequate salt. If hypoglycemia is frequent, there is probably a need for a higher dose of hydrocortisone, but adding small snacks between meals can help. Addisonians must drink enough water to avoid dehydration and low blood pressure, and increase fluids with exercise or in hot weather. Maintaining a normal weight is important for everyone, including people with adrenal insufficiency. Beyond these generalities, there is no specific “Addison’s” diet regimen.

Q. I read all kinds of stuff regarding cardio-fitness. And I read all kinds of stuff saying that we with adrenal problems should not exert ourselves longer than 45 minutes or excess cortisol kicks in and will further stress our bodies. Can you give me some general guidelines as to length of time we can exercise in total and of that time how much should be spend on exertion vs. just a gentle heart rate increase? I hope that makes sense.

A. I believe everyone should try to stay physically fit with regular exercise and good diet. There is no specific restriction on exercise for people with Addison's disease. For general fitness, I suggest an aerobic routine like a treadmill for 30 minutes with added training exercises like weights if desired. There is nothing wrong with doing more exercise - just listen to your body. Make sure you stay well hydrated and replace salt as needed, especially if you are exercising in hot weather. If the exercise...
causes excess fatigue, it may be necessary to add a little extra hydrocortisone before the next rou-
tine. Start with an extra 5 mg and go up from there if needed.

Q. To whom it may concern. I am 40 years old. I was diagnosed with Addison's disease 16 years ago.
I am in generally good health, however I have not had a very healthy diet for most of my life. Recently
I have decided to eat healthy. I try to eat a lot of fruits and vegetables but I know that they are high in
potassium. Can you suggest a diet for me, high in sodium low in potassium and low in fat. thank you."

A. "There is no 'Addison's diet'. Maintain normal portions of protein, carbohydrate and fat, avoid being
overweight or underweight. Have some salt, especially when exercising or working in hot environ-
ments, or when stressed. If adequate doses of hydrocortisone and fludrocortisone are used, a low
potassium diet is usually not needed. Potassium rich foods, such as tomatoes and citrus can be con-
sumed as part of a balanced diet. If chronic high potassium is seen in blood tests it usually means
that a higher dose of fludrocotisone or hydrocortisone is required."

Q & A with Dr. Margulies that have not yet been printed in the NADF NEws®:

Q. "In 2002, I was diagnosed with Addisons Disease and Celiac Disease. I had gestational diabetes
during both pregnancies and my father has been diagnosed with diabetes.

I am now having blood sugar issues. Tests results come out normal but I have highs (272) and lows
(74) all during the day. My highs seem to always come between 2:00 and 4:00 in the afternoon. I
can tell when my blood sugar is over and under 100. My second dose of cortisol is at 2:00 p.m.

I have been working with a dietician. I have also been using the carbohydrate choice method as my
diet. I have been keeping logs on what I eat. It does not matter what I eat I still get the high spikes.

I have researched and I cannot not find a connection as to why I am having these blood sugar spikes
and lows. Is it caused by the cortisol that I am taking, the affects on my body from the cortisol or can
it be latent autoimmune diabetes?

Your help would be greatly appreciated."

A."You most likely have type 2 diabetes. The history of gestational diabetes is a strong risk factor, as
is the family history. Diabetics often have erratic blood sugars before they settle into a pattern of ab-
normally high sugars. Talk to your endocrinologist about all this. Have a hemoglobin A1C test for av-
erage glucose, and get into the habit of checking fasting glucose regularly. If diet alone is not
sufficient, oral medications are safe and effective with the Addison's disease.”

Q. "In 2001 I had a left Adrenalectomy secondary to a Pheochromocytoma which was 5 cm at time of
removal. since that time I have had a weight gain of almost 60 pounds despite my attempts to eat
healthy and maintain a healthy lifestyle, nothing seems to help. I saw an article recently from the
above stated email address and was wondering if there might be a metabolic issue that is creating
some of the weight gain?"

A. “One basic issue is that the pheochromocytoma caused a degree of hypermetabolism that has
now disappeared. The excess production of epinephrine increased caloric utilization in a pathologic
way, and you are now back to a "normal" metabolism that seems relatively slow. Unfortunately, you
must adapt to the new normal, and diet and excercise to bring the weight down. Eventually, you
should be able to reach a new stability.

Q. “I have had secondary pituitary adrenal insufficiency for the past 10 years. I have severe weakness in all extremities the left worse than the right. My base dose of steroid is 6.5 mg of prednisone. I have had bilateral hip replacements and other orthopedic problems. My left fibula will dislocate from no trauma. My ankle strength is Fair (3/5) and never seems to get any stronger. I was a physical therapist and was very active before my adrenal glands failed. I fall frequently. I cannot exercise heavily due to the addison's fatigue, severe asthma, and I am morbidly obese. Due to exacerbations from the asthma, I am on a roller coaster with the prednisone. Is it possible to increase of the strength through exercise taking a steroid for life? Thank you.”

A. “The array of medical problems present a challenge for you. The need for steroid replacement therapy itself does not prevent you from exercising and improving your strength. However, higher doses of steroids like prednisone can contribute to muscle weakness, so it is important to work with your doctor on finding the lowest dose that keeps you comfortable. The obesity is also a major issue. It exacerbates the arthritis and makes it harder to exercise. With less exercise, there is more weight gain. There is no magic formula, but try to reduce the dose of prednisone if possible, diet as well as you can, and try to find some form of exercise that will not cause further injury.”

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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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