NADF NEWS® REFERENCES TO
THE ADRENAL CORTEX HORMONE
dehydroepiandrosterone (DHEA)
(updated 12/17/17)

From NADF News®, VOL. XIX, No. 2 • 2004:

MAYO CLINIC’S DHEA STUDY BEARS FRUIT

In an e-mail sent out on June 21st by Dr. Ketan Dhatariya, he states: “Many of you know of the study that I conducted at Mayo Clinic looking at the effects of DHEA replacement in hypoadrenal women. The initial results of the mood, memory, well-being and sexual function part of the study were presented at the Endocrine Society meeting in New Orleans last week. There was some press interest and the following link highlights the results of the women's health press conference. When the actual papers come out, I'll post again. http://www.biotechfind.com/news/news-testosterone-DHEA-women-3389.htm

The results concerning the muscles and strength tests have been submitted for publication, but if the scientific paper does not come out soon, the results will be presented at the European Society for the Study of Diabetes (EASD) meeting in early September 2004.”

Our many thanks go out to Mayo Clinic and Dr. Dhatariya for conducting this important study, as well as to the NADF members participated as subjects. The results will likely benefit all adrenal insufficient women.

From NADF News®, VOL. XX, No. 1 • 2005:

Q & A
By Paul Margulies, M.D., FACE, FACP

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.
REPORT ON DHEA STUDY
by Paul Margulies, MD, FACP, FACE

With the help of the NADF in recruiting study subjects, Drs. Ketan Dhaturiya, Maureen Bigelow and K. Sreekumaran Nair published their research entitled “Effect of Dehydroepiandrosterone Replacement on Insulin Sensitivity and Lipids in Hypoadrenal Women” in the March, 2005 issue of the journal Diabetes. This team, from the Mayo Clinic in Rochester, MN, analyzed the effect of DHEA 50 mg per day for 12 weeks on 28 women with Addison’s disease, either primary or from bilateral adrenalectomies. The research focused on the effect of the DHEA on insulin sensitivity by measuring the amount of intravenous glucose needed to sustain a stable blood glucose level during insulin infusion. The results indicated that there was an increase in insulin sensitivity in the women while on oral DHEA. Since type 2 (adult onset) diabetics have a reduced insulin sensitivity as a cause of the high blood sugar levels, this study suggests a possible beneficial effect of oral DHEA in preventing this type of diabetes. The study also showed a reduction in total cholesterol levels, LDL (bad) cholesterol, triglycerides, but also HDL (good) cholesterol. At this point, one cannot recommend DHEA treatment in Addison’s disease based on this research alone. Previous reports have indicated a mild benefit in overall sense of well-being on DHEA. This report has some limitations. The dose of 50 mg in women is usually associated with unwanted male hormone side effects like acne and facial hair growth if maintained for many months. Also, the study was limited to 12 weeks, so a prolonged benefit has not been proven. Men were not included in the study, so no conclusions can be made for men with Addison’s disease. Clearly, more research is needed, and we encourage the Mayo Clinic group to continue their important studies.

20TH ANNIVERSARY ISSUE OF THE NADF NEWS®

From the introduction letter of NADF’s Executive Director

...We have taken part in various adrenal research projects, as in Dr. Ketan Dhaturiya’s DHEA Study at the Mayo Clinic in Rochester, Minnesota...

OTHER IMPORTANT MILESTONES

1995:
DHEA Study of Dr. Samuel Yen and Dr. Brian Berger, University of California, San Diego begins.

1998:
Dr. Yen and Dr. Berger’s DHEA study at UCSD’s completed.

2002:
Dr. Ketan Dhaturiya at Mayo Clinic starts DHEA Study. NADF members invited to participate.

2003:
Dr. Ketan Dhaturiya reports significant easing of finding appropriate subjects to participate in DHEA study after inviting NADF to become involved.
Dr. Ketan K. Dhatariya finishes DHEA Study at Mayo.

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

Q & A
By Paul Margulies, M.D., FACE, FACP

Q. Does Addison’s disease impact on sexual drive and sexuality?

A. Most people with Addison’s disease have perfectly normal libido (sex drive) and sexual function. Men usually have normal erections and ejaculation, and women usually have normal orgasms. When sex drive is lacking, it may be due to sensitivity to the loss of dehydroepiandrosterone (DHEA), measured as DHEAS in blood tests. This is an adrenal androgen, and it is missing because the entire adrenal cortex is lost in Addison’s disease. I normally recommend that people with Addison’s disease try replacing this hormone with over-the-counter DHEA pills - 25 mg per day for women, 50 mg for men. Sometimes, but not always, this can help. It also may provide a slight sense of improved well being in Addisonians generally. If this does not help, men should have their serum testosterone checked. Also, keep in mind that sexual function can be affected by any other medical problem that might coexist with the Addison’s disease, especially thyroid disease and anemia. Other medication can have an effect, such as beta blockers. Finally, don't forget psychological factors. All together, though, there is no reason an Addisonian shouldn’t be able to have normal sexual function.

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

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 onto 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.
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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