Select items from NADF News® VOL. XIX, No. 4 • 2004:

Q&A
by NADF Medical Director Paul Margulies, MD, FACE, FACP:

QUESTION: I have Addison’s disease and will traveling extensively overseas next year (perhaps as long as a year). Would it make better sense to buy all my medications before leaving (with the risk of loss of luggage) or buy it in smaller amounts as I travel? Can I trust overseas pharmacies?

ANSWER: It would be easier for you if you buy all, or as much as you can, of your medications before you leave the United States, while keeping enough medications on your person to tide you over until replacements can be acquired, in case of luggage delay or loss. Please carry your emergency cortisol injection with you on flights, as well as a letter from your endocrinologist stating that you need to carry it, in case questions are raised. We also recommend you carry a copy of our Emergency Treatment Instruction Sheet with you at all times, in case of need. travel safely, and bon voyage.

from: CORTISONE CORNER

KEEPING YOUR INJECTABLE AT OPTIMUM TEMPERATURE

Injectable cortisol products (e.g. Solu-Medrol, Solu-Cortef, Dexamethasone, etc.) must be stored at optimum temperature (68° to 77°F) to insure the active medicine’s viability. To protect your injectable, you may need to take precautions to prevent it from either overheating or freezing.

Use of insulated insulin carrying cases (available through diabetic supply establishments) will keep injectables cool and select cases, such as Medicool’s Insulin Protector Case, will also protect them from freezing.

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

LETTER WORDING IDEAS

NADF suggests that all travelers with adrenal insufficiency carry a letter from their endocrinologist stating their need to carry a prescribed injectible type of cortisol along with needles and syringes on their person while riding on public conveyances. Below are typed the words from NADF Assistant Director Melanie Wong’s letter which her doctor was nice enough to write for her. To save your endocrinologist the trouble, why not use the letter below for ideas and type
To Whom It May Concern:

Melanie Wong has Addison’s Disease and needs to carry needles and syringes in the event she needs to inject cortisone.

Sincerely,

______________________, M.D.

SOUTHWEST AIRLINES 7/26/07

from http://www.southwest.com/travel_center/disability.html#screening
(distributed using the Fair Use Act)

Medications

We suggest that all medication be packed in carryon luggage. If a Customer’s carry on must be checked because of space constraints, we suggest that the Customer remove the medication from the bag and keep it with him/her.

Southwest Airlines’ aircraft are equipped with a first-aid kit, which contains common over-the-counter medications. Our Flight Attendants will offer the medication to a Customer if the need arises and will provide the medication once the Customer determines acceptability. While our Flight Attendants will assist the Customer as best they can, the Flight Attendants will not physically administer the medication themselves. Flight Attendants also will not administer a Customer’s personal supply of medication. If this type of care is needed during the flight, the Customer may want to consider traveling with a ticketed attendant.

Needles/syringes used to inject medications are permitted past the security checkpoint as long as the Customer has in his/her possession the medication that requires the use of a needle/syringe. The medication must have a professionally printed label identifying the medication, a manufacturer’s name, or a pharmaceutical label.

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

EMMA LOU’S STORY

Recently I was on a bus tour and a ferocious virus infection hit the participants. Half of us were struck down with what is called Viral Flu Enteritis. There were 84 in the group and about half had to receive treatment either by medication or the ER at a local hospital. I was really in no condition to tell the doctor and nurses ALL that was included on my papers, and my husband can’t tell what was needed. I was carrying the information from the newsletter about treatment in case of crisis. When I presented it to the hospital they immediately started the IV and the Medrol®, etc., as directed or suggested. The doctor was very good. I was admitted for 24 hours and received three bags IV and Medrol®. This was in a small hospital in LaPalma California. My illness started on the second day of the tour. Bad deal, but I really got the treatment needed. I was dismissed from the hospital two hours before my plane was scheduled to leave.
My California Dreamin’ tour turned into a nightmare. I did make it home, but was so thankful that I had all my information on hand.

DR. PAUL MARGULIES' GUIDELINES REGARDING CORTISOL STRESS DOSING FOR ADRENAL INSUFFICIENT PATIENTS

Extra 5 mg of hydrocortisone for mild stress, such as a mild cold without fever, a mild injury, or emotional stress.

Extra 10 mg for infection with mild fever.

Double the usual dose for significant fever or any illness that includes vomiting, diarrhea or dehydration.

All these doses should be continued until the stress has diminished. Then return to the normal dose without a need to taper.

If vomiting or dehydration cannot be controlled, or there is a severe illness or injury, go to the nearest medical facility for intravenous steroids and saline.

From NADF News®, VOL. XXIII, No. 1 • 2008:

Q&A
by NADF Medical Director Paul Margulies, MD, FACE, FACP

Q. Is there any information on steroid dosing in high altitude conditions? It affects breathing, I believe, and I thought I read somewhere that we should up our steroid replacement a bit for the altitude stress.

A. An interesting question that I have not been asked before. I found one study on adding fairly low dose glucocorticoids to normal people suddenly dropped off at a high altitude. It showed that the steroids (in the equivalent of prednisone 10 mg) helped them function better than people not treated. I have not seen a study of Addisonians, but extrapolating the data, it would make sense to increase the dose of hydrocortisone in an Addisonian by 20 to 30 mg for acute high altitude exposure. If a gradual increase in altitude is encountered, this would probably not be necessary. Also, after prolonged exposure to high altitude, the body adjusts and extra steroids would not be required.

From NADF News®, VOL. No. 3 & 4 * 2010

WEBSITES OF INTEREST

http://www.merckmanuals.com/professional/sec22/ch333/ch333a.html
Travel Information on the Merck Manual website
ATTENTION!
IMPORTANT EMERGENCY INFORMATION PROVIDED ON THIS SHEET

The person carrying this emergency information sheet suffers from Addison’s disease or adrenal insufficiency. Appropriate care of such a person in a medical emergency is critical to their survival, as their body does not produce the stress hormone cortisol. This sheet and the educational information below is provided as a service by the National Adrenal Diseases Foundation and is edited for content by board certified medical endocrinologist, Paul Margulies.

WHAT IS ADDISON’S DISEASE?

Addison’s disease is a severe or total deficiency of the hormones made in the adrenal cortex, caused by its destruction. Classical Addison’s disease results from a loss of both cortisol and aldosterone secretion due to the near total or total destruction of both adrenal glands. This condition is also called primary adrenal insufficiency. If ACTH is deficient, there will not be enough cortisol produced, although aldosterone may remain adequate. This is secondary adrenal insufficiency, which is distinctly different, but similar to Addison’s disease, since both include a loss of cortisol secretion.

Symptoms of an
ADDISONIAN CRISIS or UNDIAGNOSED ADDISON’S DISEASE (Revised 2004)

*Symptoms may include:*
- low blood pressure (possibly with accompanying black outs)
- severe fatigue
- nausea
- vomiting
- diarrhea
- stomach pain
- extreme weight loss or appearance of anorexia
- unexplained fever
- salt craving
- darkened skin (especially mucous membranes and pressure points)
- confusion
FOR EMERGENCIES/EXTREME STRESS SITUATIONS  
(TO AVOID OR CORRECT ADDISONIAN CRISIS)

Conditions which must be treated immediately:
• severe injury of any type
• blood loss
• fluid and/or electrolyte loss
• infection
• severe vomiting
• diarrhea.

Treatment protocol prior to Emergency Room arrival:
• Give Hydrocortisone 100 mg. IM (intramuscularly) in buttock or upper thigh.
• Patient then should be immediately admitted to the nearest Emergency Room, where adrenal crisis treatment should begin promptly.
• If transportation to emergency medical facility is impossible, treat patient on site as listed below.

Protocol for treatment of adrenal crisis in emergency room:

1.) I.V. hydrocortisone.
2.) Administer I.V. isotonic saline.
3.) Continue I.V. hydrocortisone until oral medication is tolerated.

For further details, call Dr.________________________________________________________
Specialty:________________________________________________________________________
Office Phone:_____________________________________________________________________
Emergency Pager or Exchange #:____________________________________________________
Address_________________________________________________________________________
City______________________________________________ State_________ Zip______________

Patient Name______________________________________________ Home Phone:____________________________
Address__________________________________________________________________________________________
City_________________________________________________________  State____________  Zip________________

MEDICAL CONDITIONS  MEDICATION  DOSAGES
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Emergency contact #1:_______________________________________________  Relationship to patient:_____________________
Home phone:__________________________  Work:_______________________  Cell:__________________________
Emergency contact #2:_______________________________________________  Relationship to patient:_____________________
Home phone:__________________________  Work:_______________________  Cell:__________________________

For more information, contact:
National Adrenal Diseases Foundation, P.O. Box 566, Lake Zurich, IL 60047
Phone: (847) 726-9010  E-mail: nadfmail@nadf.us  Website: www.nadf.us
A Cautionary Tale for Addisonians on Vacation

Melanie Wong, Executive Director of NADF, would like to share a cautionary tale with you:

Recently, she went on what was supposed to be a romantic vacation with her husband to Sandals in the Bahamas. Melanie got a stomach virus or possibly food poisoning (severe vomiting and diarrhea) at the resort, and ended up in the ER.

Before leaving for the hospital, Melanie’s husband administered the crisis care Solu-Cortef injection into Melanie’s thigh, so only hydration was needed at the ER. That was administered fine. But... they immediately sent Melanie back to the resort in a crazy taxi ride. When Melanie boarded the elevator to go up to her room, she vomited up all the hydration given.

She lied miserably ill for 24 hours, refusing to go back to the hospital at a $1200.00 fee. Melanie believes if it had not been for her husband’s care during that 24 hours, she might not be with you today.

Lesson that Melanie learned: During an adrenal crisis, after receiving the care you need in the ER, be sure you insist they keep you there for a few hours, to give the treatment time to get into your system.

Addison’s Disease and International Travel

For people with adrenal insufficiency, being prepared for the life experiences that produce higher levels of stress than usual is a good idea. Preparing for trips out of the country, dealing with crowded and hectic airports, increasingly taxing security measures, sitting in a cramped space for many hours surrounded by strangers, moving through the air at thousands of feet above the ground and at hundreds of miles per hour, arriving in a different country where the time of day is very different from where you started can be very stressful.

The major concern for Addisonians on international flights is the long time spent isolated without access to anything not brought on the plane. For some Addisonians, this may increase their chances of fainting while in mid-flight, due to low blood pressure and hypoglycemia. Preparation is the key. People who are predisposed to fainting spells due to adrenal insufficiency should bring extra water in bottle and sip frequently, bring salty snacks along, and avoid missing any meals. If the Addisonian has a severe tendency to faint, an extra dose of 5 to 10 milligrams of hydrocortisone at the start of the flight would be prudent. For those with well-known low blood pressure issues, an extra dose of fludrocortisone can help.

On international flights, Addisonians should keep in mind the time-zone difference, and the potential for jetlag. The change in the body’s natural circadian rhythm is a stress all its own, and people with adrenal insufficiency should consider if changing their medication schedule is necessary.

Also, Addisonians should consider what would happen if they were to go into adrenal crisis in a
foreign country. Language barriers in a foreign emergency room can be a hindrance to getting proper treatment, especially if the doctors there are unfamiliar with Addison's disease. Adrenal insufficient people should bring a note written in the language of the country they plan on visiting, explaining their condition and give instructions on what to do in an emergency medical situation, if possible.

5/29/14

Travel Tips:

Coca Leaf Tea for altitude sickness. (Illegal in the United States, inless it is decocainized.)

Travelan to guard against gastric upsets. Used to prevent traveller's diarrhea. Made in Australia, and only available to US citizens online. Contains a mix of antibodies against the common strains of Enterotoxigenic Escherichia coli (ETEC) The antibodies work to inhibit the ETEC's attachment to the intestinal wall, thus preventing their colonisation of the bowel.[3] It's made from cow's colostrum (breast-milk), following immunisation of the cow to the pertinent strains of ETEC.

Supplied as a service by:

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NADF does not engage in the practice of medicine. It is not a medical authority, nor does it claim to have medical knowledge. In all cases, NADF recommends that you consult your own physician regarding any course of treatment or medication.