

# 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 Also, the old suggestion that people with MVP get prophylactic antibiotics for dental care is out of date.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."

**From: NADF News®, VOL. XXV, No. 2 • 2010**

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."

**From: NADF News®, VOL. XXVI, No. 2 • 2011**

Q. "Late December, 2010, he (her son) suffered a heart attack that came pretty close to claiming his life. He underwent surgery and has been progressing well ever since. The obstacles we are trying to overcome is the interaction between his medications which his cardiologist and his Addison's doctors are working on and his diet. The no-salt for the heart and the salt for the Addison's is proving to be a challenge. I was wondering if your organization has any information for this type of situation that could aid in his recovering and return

some 'normalcy' to this life. Any information you can provide would be helpful. Thank you in advance for your work in this field and for the information you already provide. Sincerely”

A. “The balance between the need for salt or salt retaining medication (such as fludrocortisone) and the abnormal salt and fluid retention that can occur with congestive heart failure or essential hypertension can be difficult. There are no absolute formulas here. The most important thing for the endocrinologist and cardiologist to do is to look at what is happening to the patient. Although normally an Addisonian will need fludrocortisone to maintain fluid volume and prevent potassium retention, if the heart is not pumping normally, this medication might be excessive in normal doses or may be harmful even in small doses. The goal of therapy is to maintain normal blood pressure, normal sodium and potassium levels, avoid fluid overload, but also avoid hypotension and other signs of adrenal insufficiency. One very useful test is plasma renin, which will be elevated in Addisonians on inadequate salt and fludrocortisone intake, but if suppressed would confirm that the patient is fluid overloaded and needs less salt and fludrocortisone.”

**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’.”

Q. “Is there any known connection to Addison's and heart problems?”

A. “There is no direct effect of Addison's disease on the heart. However, untreated or inadequately treated Addison's is associated with low blood pressure. If underlying heart disease is present, adrenal insufficiency can exacerbate symptoms of heart failure.”

Q. I've attached my latest results of my test along with the drug regiment I'm on... If you notice I'm on all the right medication for what I have yet my aldosterone went from 62 in December to 186 now... She ran my potassium last Tuesday it came back 4.6. She has now recommended me to go to Endocrinologist which I see on the 16th of this month... If you have any suggestion I would be thankful to hear them. As of now I'm at my wits end between all the fluid and the extreme fatigue I'm at a loss..Thank you

A. She should see her endocrinologist to clarify the diagnosis and change the treatment. It is not clear to me if she really has primary hyperaldosteronism or perhaps secondary hyper aldo from her diuretics. She is currently on an illogical combination of two diuretics plus the spirinolactone. She need an endo consult.

Q. " My blood pressure isn't stable, high then low, palpitations then lightheadedness, and many of my blood pressure readings are high.

I also don't have a high potassium level, as my recent physical had my potassium level as normal. My symptoms are unstable blood pressure, pulse, and either cardiac palpitations or lightheadedness. I also haven't had my cortisol and acth tested recently so I don't know if they are normal. Can undiagnosed addison's or adrenal insufficiency, cause unstable blood pressure? I am finding that a medicine, Bystolic, has helped decrease palpitations, yet the cardiologist says I should be able to taper off this medicine. All of the cardiac tests have been normal, so I am assuming that there is another cause, that isn't so obvious. Thanks

A. It is unclear whether she has Addison's disease with unstable blood pressure, or if she wonders about adrenal disease as a cause of the blood pressure problems. Certainly, undiagnosed or untreated Addison's disease will contribute to low blood pressure, but would not cause high blood pressure by itself. Once diagnosed and managed with replacement hydrocortisone and fludrocortisone, some Addisonians also have high blood pressure due to a kidney effect and sometimes need blood pressure medications in addition to the steroid therapy. It is important to avoid diuretics, but beta blockers like Bystolic can be used for the blood pressure and control of the palpitations. If it is working, there is no need to stop it.

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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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