

OBJECTIVE

Clinicians in Alberta provide urgent referral to an endocrinologist and optimize laboratory tests for investigation of adrenal insufficiency (Addison's disease)

TARGET POPULATION

Children and adults with signs or symptoms of primary or secondary adrenal insufficiency (Addison's disease)

EXCLUSIONS

None

RECOMMENDATIONS

- ✓ Request URGENT CONSULTATION with an endocrinologist
- ✓ Order a synthetic adrenocorticotrophic hormone (ACTH) stimulation test to confirm diagnosis
- ✓ Administer glucocorticoids as soon as the stimulation test is completed (glucocorticoids can be a life saving measure)
- X DO NOT order serum cortisol levels. Low random serum cortisol levels have a poor predictive value and are not recommended. A serum cortisol with or without ACTH stimulation which exceeds 500-550 nmol/L excludes adrenal insufficiency¹
- X DO NOT exclude secondary (pituitary) insufficiency as a cause with a normal response in the short ACTH stimulation test

Addison's Disease Clinical Features

- Loss of appetite and weight
- Chronic worsening fatigue and muscle weakness
- Low blood pressure decreasing further when standing, causing dizziness or fainting
- Darkening skin on exposed and non-exposed areas of the body, particularly on skin creases and scars
- Nausea, vomiting and diarrhea (occur in about 50% of cases)
- Hypoglycemia (more severe in children than in adults)

PRACTICE POINT

If the diagnosis of Addison's disease is strongly suspected, treatment should be initiated immediately

April 1998

Reviewed January 2008

Reviewed May 2014

These recommendations are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They should be used as an adjunct to sound clinical decision making.

For the complete guideline refer to the TOP website: www.topalbertadoctors.org