Pharmacological Management of Adrenal Insufficiency & Crisis

Management of Adrenal Insufficiency

Primary Adrenal Insufficiency	Steroid replacement therapy with: • Glucocorticoid – either hydrocortisone or prednisolone • Mineralocorticoid – fludrocortisone
Secondary & Tertiary Adrenal Insufficiency	Steroid replacement therapy with: • Glucocorticoid – either hydrocortisone or prednisolone
Steroid Induced Adrenal Insufficiency	• Taper dose to lowest possible for management of ongoing inflammatory disorder. • To measure morning cortisol, reduce dose gradually to 5mg prednisolone or equivalent. • If cortisol levels abnormal, continue daily glucocorticoids and repeat morning cortisol at later stage. • Refer to endocrinology if repeated morning cortisol levels abnormal and sufficient time has been given to allow adrenal function to recover (between 6 and 12 months).

Management of Adrenal Crisis

Do not delay – start treatment immediately

Monitoring necessary:

- Cardiac monitoring
- Blood pressure
- Fluid balance
- Electrolytes

100mg hydrocortisone by IV or IM injection followed by 24 hour infusion of 200mg hydrocortisone in glucose 5%

Or

50mg hydrocortisone IV or IM every 6 hours (100mg hydrocortisone if severely obese)

Provided no hyponatraemia, commence rapid rehydration with IV sodium chloride 0.9%:

- Rapid rehydration with 500ml bolus of IV sodium chloride over 15minutes and then replacement of any electrolyte deficits
- Rehydration (3 – 4 litres of IV sodium chloride 0.9% over 24 hours) with careful monitoring of fluid and electrolyte balance.
- Drinking ad libitum

Liaise with endocrinology and refer for assessment and ongoing management of adrenal insufficiency