Preventing an Adrenal Crisis

BEWARE OF SYMPTOMS AND REACT QUICKLY

An adrenal crisis is caused by an extreme or sudden physical or emotional stress such as surgery, trauma, accident or an acute infection. 5 – 10 % of all people with diagnosed and treated adrenal insufficiency will experience at least one adrenal crisis per year. There is an uneven distribution in the occurrence of crises, as some people do not experience a single adrenal crisis for decades, while others do so recurrently. The incidence of an adrenal crisis increases with age, especially above 50 years of age.

The most frequent causes of adrenal crises in people with already diagnosed chronic adrenal insufficiency are infections, particularly gastroenteritis (“stomach flu” with diarrhoea and vomiting), pneumonia / lower respiratory tract infections and urinary tract infections. In addition, surgery, strenuous exercise, emotional stress, dehydration and accidents can contribute and/or lead to an adrenal crisis. The development of an adrenal crisis usually takes several hours but can occur much more quickly.

Be prepared to deal with the onset of an adrenal crisis

- Recognise the symptoms of the beginning of an adrenal crisis
  - Severe drop in blood pressure causing dizziness, lightheadedness and possibly loss of consciousness
  - Nausea and vomiting
  - Confusion and lethargy
  - Muscle weakness, joint pains, cramps, headaches
- Follow the stress dosing guidelines
- Should your condition rapidly decline (for instance if you cannot keep down your tablets due to vomiting), do not wait – immediately give yourself an emergency injection*. Then call an ambulance or present to nearest emergency department. If unsure whether or not to inject, it is better to err on the side of caution rather than risk adrenal crisis. One injection won’t harm you and may well save your life.

To ensure that emergency personnel recognize and verify your condition as quickly as possible

- Inform the emergency personnel of your adrenal insufficiency immediately
- Wear a medical alert ID bracelet or necklace
- Carry a medical treatment letter from your GP or endocrinologist
- Carry an emergency kit with soluble hydrocortisone*, syringes and needles

Patients in Australia: As of 2018, only ambulances in NSW, SA, ACT and QLD carry Solu-Cortef. However, in all states/territories ambulance personnel will administer it if the patient carries a letter from their doctor and own supply. Patients in the US, Canada, NZ: Check with your local emergency department and ask if the ambulance/emergency vehicles in your state carry and/or inject soluble cortisone*.

* Example brands for soluble hydrocortisone are: Solu-Cortef, Solu-Medrol

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