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To Physicians of Patients Taking Hydrocortisone

Due to your patient's symptoms, the results of their diurnal cortisol saliva profile, and their DHEA sulfate level, I determined that he/she had evidence of cortisol insufficiency and deserved a trial of cortisol supplementation. I initiated a trial of hydrocortisone (HC) at a physiological dose, continuing it only if there was a positive response with significant improvement in important symptoms. I also prescribed DHEA, which is suppressed in any patient given oral glucocorticoids due to lower ACTH levels. DHEA is the most abundant steroid hormone in the human body and is anabolic—counteracting cortisol's catabolic effects on muscle, bone, and skin and its immune-suppressing and insulin-resistance-producing tendencies.

Hydrocortisone is **cortisol**, the body's natural glucocorticoid ("steroid"). It is short-acting, with a half-life of a few hours, and is much less potent than prednisone—4 to 5 times weaker at least. Being bioidentical, it produces much more benefits with less negative effects. Sufficient cortisol levels are essential to optimal mood, energy, mental function, sleep, blood sugar, immune function, pain control, and inflammation control. I have found that cortisol insufficiency is a common problem, often misdiagnosed as chronic fatigue, fibromyalgia, depression, or anxiety disorder. Physiological HC replacement, taken long-term, and accompanied by the restoration of DHEA, sex steroids thyroid hormones, does not, by definition, cause any of the problems seen with glucocorticoid excess (i.e. Cushing's Syndrome, HTN, immune suppression, diabetes, etc.). Since HC is innate to the body, it doesn't interfere with any other medications or treatments.

Most of those who need cortisol supplementation do not have primary adrenal failure, but instead have a partial hypothalamic-pituitary dysfunction of uncertain cause. They are missed by ACTH stimulation testing, which only detects nearly complete H-P or adrenal gland failure. I use saliva cortisol testing because it has been proven to be the best test of free cortisol levels. With four samples collected at home throughout a normal day, I see the true state of the patient's cortisol levels. The laboratories' saliva cortisol tests report "undetectable" as the lower limit. They have not attempted to report a physiological optimum level. As with all hormones they report only the 2 SD, 95%-inclusive ranges for the population. I created a lower limit for the saliva cortisol for each time of day based the work of ZRT laboratories and on relevant clinical studies. However, the decision to start and continue cortisol supplementation was and is always **clinical**.

Your patient's cortisol production was inadequate for his/her needs under normal circumstances, so it will probably also be inadequate when he/she is under stress, ill, or injured. Cortisol supplementation also tends to further reduce the patient's own ACTH-cortisol response to illness or injury. Therefore they should increase their daily HC when needed. Many patients find no need to stress-dose, but others, probably with weaker H-P systems, need to do so. For moderate stress like a mild illness or a very hectic day, I recommend an increase in the daily dose of 50%. For a more severe stress like an infection with fever, I recommend that they double or triple their daily dose. As soon as the illness is improving, they can taper down to their usual dose over a few days. If they develop "intestinal flu" (vomiting, diarrhea) and cannot swallow cortisol, they should take a double dose of cortisol as soon as you can hold it down. In an emergency or before elective surgery, they will need either high dose oral or intravenous hydrocortisone. They should wear medical alert jewelry at all times that reads "Adrenal Insufficiency".

If you have any questions please e-mail me or call my office.

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