

Adrenal Insufficiency

- Primary adrenal insufficiency (also known as Addison disease) is usually caused by autoimmune-related atrophy of the adrenal cortex; other causes include infection and metastatic cancer
- Secondary adrenal insufficiency is caused by a pituitary or hypothalamic disorder
- The hallmarks of primary adrenal insufficiency are fatigue, anorexia and weight loss, postural hypotension, and skin and mucosal hyperpigmentation. Hyperpigmentation may be absent if adrenal insufficiency develops rapidly

Information Required

- Presence of Red Flags
- Duration of symptoms
- Associated symptoms

Investigations Required

- ACTH, serum cortisol (0800-1000)
- TSH, FT4, prolactin, IGF-1
- FSH, LH, testosterone or oestradiol
- EUC, glucose, calcium
- Dynamic testing will be performed at SADES

Fax Referrals to

GP Plus Marion

7425 8687

GP Plus Noarlunga

8164 9199

Red Flags - Contact on-call Registrar via FMC switchboard 8204 5511

- Addisonian crisis is a medical emergency, and treatment should not be delayed by awaiting pathology testing
- Acute stress such as illness or surgery can precipitate acute cortisol deficiency and adrenal crisis with features that mimic sepsis, including nausea, vomiting, diarrhoea, hypoglycaemia and hypercalcaemia, and it is a medical emergency

Suggested GP Management

- Adrenal insufficiency should be managed under specialist guidance; the aim of treatment is to correct hormone deficiency
- Primary adrenal insufficiency requires lifelong glucocorticoid and mineralocorticoid replacement
- Secondary adrenal insufficiency only requires glucocorticoid replacement; mineralocorticoid replacement is not required because the renin–angiotensin–aldosterone axis remains intact
- Patient and carer education is crucial for management of glucocorticoid dose adjustments during periods of illness or stress

Clinical Resources

- Therapeutic Guidelines version 6 (2018)
- Diagnosis and treatment of primary adrenal insufficiency: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab 2016;101(2):364–89

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Version	Date from	Date to	Amendment
1.0	Aug 2021	Aug 2023	Original

General Information to assist with referrals and the and Referral templates for SALHN are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients and SAFKI Medicare Local website www.safkiml.com.au

