What Is Addison’s?

Addison’s Disease is a rare hormonal disorder which affects approximately 6 to 11 per 100,000 people. It affects men and women alike and occurs in all age groups, including children.

Addison’s disease is caused mainly by an autoimmune reaction of your body, trauma with hemorrhage into the adrenals and surgery. Fungus infections as well as carcinoma can also be the cause. Formerly a large percentage of Addison’s disease was caused by tuberculosis.

Addison’s disease occurs when there is chronic primary adrenal insufficiency or when the adrenal glands, the small glands that are located above each kidney, cease to function properly, this is also referred to as hypoadrenalism.

The adrenal glands are made up of two parts; the inner part called the medulla, which regulates epinephrine commonly known as adrenaline, which is produced in times of stress. The inner part is usually not affected by Addison’s Disease. The outer part, the more critical is the adrenal cortex and it produces many hormones, the two more important ones being cortisol and aldosterone. These hormones are necessary to sustain life.

Cortisol belongs to a family of hormones called glucocorticoids which help maintain blood pressure and cardiovascular function. It also helps mobilize nutrients and modify the body’s response to inflammation. It also helps balance the effects of insulin in breaking down sugar for energy and helps regulate the metabolism of proteins, carbohydrates and fats and also helps the body to respond to stress.

Aldosterone belongs to a family of hormones called mineralocorticoids and it helps to maintain proper electrolyte balance including sodium (salt) and potassium balance.

The Canadian Addison Society is a registered health related charity organization offering support for persons with Addison’s disease and other forms of Adrenal Insufficiency. There are local support groups in a number of communities across Canada.

If you would like more information about our organization and our support groups, please feel free to contact us.

Donations above the cost of membership are tax deductible as The Canadian Addison Society is designated as a registered charitable organization under the Income Tax Act of Canada by the Canada Revenue Agency (CRA), # 87248 5511 RR0001.

Some of the typical symptoms of Addison’s Disease:
- Chronic fatigue and muscle weakness
- Lethargy
- Bronze discoloration of the skin
- Craving for salt or salty foods
- Loss of appetite
- Nausea and vomiting
- Constipation or diarrhea
- Abdominal discomfort, and/or pain
- Weight loss
- Low blood pressure
- Dizziness on standing, fainting
- Mental confusion and irritability

The Canadian Addison Society
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Addison’s disease is treated by replacing the missing adrenal hormones, most often with hydrocortisone (cortisol) and in most cases, Fludrocortisone acetate (Florinef).

Secondary Adrenal Insufficiency may not require Fludrocortisone acetate (Florinef).

These are oral medications which must be taken daily and in cases of illness, injury or emotional upset, increased doses may be required. Stressful situations, such as surgery or more severe medical illness, will require emergency management.

Autoimmune Addison’s disease can frequently be associated with other autoimmune diseases. Thyroid disease is the most common, occurring in 50% of cases. Less commonly associated diseases include diabetes mellitus, gonadal failure (ovaries), colitis, underactive parathyroid glands and pernicious anaemia.

There is no cure for Addison’s disease, but with proper daily replacement medications and regular monitoring by a specialist, an Addisonian can live a somewhat normal lifestyle.

A person with Addison’s disease/Adrenal Insufficiency should always carry his/her medical identification card as well as an Emergency Injection Kit (see next panel).

In addition, wearing a MedicAlert bracelet in case of injury or an Addisonian/Adrenal crisis is essential.

Research is ongoing in the search for improved methods of treatment for Addison’s (Primary Adrenal Insufficiency) as well as the many forms of Secondary Adrenal Insufficiency.

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