



Adrenal Fatigue II

By: Gary E. Foresman, MD

Last week we briefly introduced the condition known as adrenal fatigue. Hopefully you have filled out the Adrenal Questionnaire and thusly have become clear on the common symptoms of this condition. Note how much these symptoms can mimic hypothyroidism, menopause, andropause and a variety of other disorders. This questionnaire is the first tool to use in determining if you fit the clinical criteria of Adrenal Fatigue and if so, how severe it may be.

An important understanding in medicine can be found within the saying “Symptoms precede Signs which precede Syndromes”. This is yet another way of saying “dis”-ease comes before disease but also adds a “layer” of understanding in that the doctor often can have trouble finding the Signs as they may be subtle before one has the full-on Syndrome (disease). Thus the questionnaire may be our only guide in diagnosis and therefore treatment.

On physical exam, the only fairly consistent finding of Adrenal Fatigue is that of orthostatic hypotension not explicable based on medicines the person might be taking or any another medical condition being present. A drop of at least 10-15 points in systolic blood pressure upon arising will be observed in most cases. This is not a specific finding but can help the clinician determine at least one objective parameter that can be followed with time and treatment.

One error over the years that I have made frequently is the misunderstanding on how to best determine how to use the clinical laboratory in defining lab values or even what body fluid to use when determining Adrenal Fatigue. Almost all experts (including myself) now agree that the optimal way to assess adrenal function is through saliva tests taken throughout the day. Simple morning blood tests have too much variability and the stress of the blood draw can alter the test results themselves! Concurrent with the adrenal hormones DHEA-S and Cortisol we can get accurate measures of the sex-steroid hormones testosterone, estradiol and progesterone. This helps us determine what other influences may be causing symptoms. One must also utilize blood testing (preferably on a separate day or by using minimally invasive home-based blood spot testing) to evaluate thyroid function as nearly everyone with Adrenal Fatigue has symptoms that can not be clinically distinguished from hypothyroidism (low thyroid).

By measuring a morning DHEA and cortisol levels at 8AM, 12Noon, 4PM and bedtime, the full diurnal function of your adrenals may now be assessed accurately and non-invasively. Although salivary adrenal function testing has been around for thirty years, only recently has it's become accepted as “standard of care”. Utilizing the latest advances in modern testing and working with “optimal” ranges for these hormonal

evaluations, your clinician can now accurately diagnose and treat Adrenal Fatigue. They can help you where others may have tried, yet not had the tools necessary to make an adequate diagnosis for why you feel so tired and overwhelmed.

In subsequent “Healthy Living Tips” we will discuss the treatment of Adrenal Fatigue. We will also discuss the best diagnostic and therapeutic approaches to hypothyroidism, menopause, PMS, andropause and so much more!

Your Journey to Health and Healing,
Gary E. Foresman, MD

References:
Upon Request

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