

ADDISON'S DISEASE

PATHOPHYSIOLOGY

A hormonal disorder where the adrenal glands do not produce enough hormones. The patient may be low in one or all of the following hormones: Cortisol, aldosterone, dehydroepiandrosterone. When the body lacks these hormones, specifically cortisol, it causes cardiovascular changes such as hypotension, and will affect the body's electrolyte balance. The patient will have extreme weight loss and bronze colored skin.

ASSESSMENT FINDINGS

Patients don't usually notice low cortisol levels right away, but they will start to lose too much weight and have decreased appetite, they will be fatigued and have N/V/D. The patient will have a bronze glow to their skin that almost looks like a tan from hyper pigmentation. The patient will also be hypotensive and positive for orthostatic hypotension. The patient will also have hypoglycemia.

DX STUDIES

- ACTH stimulation test
- CRH stimulation test
- Antibody test
- Potential Ultrasound
- CT and MRI
- TB skin test.

NURSING PRIORITIES

- Optimize electrolyte balance
- Optimize energy levels
- Promote optimal cardiovascular function

THERAPEUTIC MANAGEMENT

- Hormone replacement therapy is the main treatment for Addison's
- Monitor vital signs
- Potassium, Sodium and Calcium
- Electrolytes
- Monitor blood glucose and treat hypoglycemia.

MEDICATION THERAPY

- Corticosteroids such as prednisone
- Glucose for hypoglycemia
- Mineralocorticoid hormone called fludrocortisone acetate
- IV fluids for hypotension and potential vasopressors.