

CUSHING'S DISEASE

PATHOPHYSIOLOGY

Hormonal disorder where the adrenal gland has hyper secretion of cortisol resulting in HTN, CHF, and electrolyte imbalances. Potassium and calcium are low and sodium is high. Also the patients blood glucose is elevated. Too much cortisol results in weight gain, giving the patient a moon face appearance. Their skin is also very thin and fragile. People with type 2 Diabetes have an increased risk of developing Cushing's.

ASSESSMENT FINDINGS

Assess any weight gain especially in the upper body, inspect their face for the classic moon-face sign and with women they will have excess hair on the face, patients also usually have a fatty hump between their shoulders called a dowagers hump. Assess for any fatigue or muscle soreness. Assess their cardiovascular system including BP and look for signs of CHF. Most importantly get the lab results of their electrolytes and glucose.



By Ozlem Celik, Mutlu Niyazoglu, Hikmet Soylu and Pinar Kadioglu - <http://mrmjournal.biomedcentral.com/articles/10.1186/2049-6958-7-26>, CC BY 2.5, <https://commons.wikimedia.org/w/index.php?curid=47877333>

DIAGNOSTICS

- 24 hour urinary cortisol free test
- Midnight plasma cortisol and late night salivary cortisol measurements
- Low-dose dexamethasone suppression test and sometimes X-rays to look for tumors.

NURSING PRIORITIES

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

THERAPEUTIC MANAGEMENT

- Depends on the cause could be chemotherapy
- Radiation
- Surgery
- Use of cortisol-inhibiting drugs.

MEDICATION THERAPY

- Cortisol-Inhibiting drugs such as mifepristone