

'Adrenal fatigue'

Opinion: Is it a real condition?

Adrenal fatigue is purported to be a condition whereby stress (physical or psychological) causes the adrenal glands to become exhausted over time, to the point where they cannot produce enough cortisol. Adrenal fatigue is said to be a **temporary condition** and therefore doctors that diagnosis the syndrome believe that the adrenals can be **healed eventually**. Many doctors prescribe herbs, Isocort or Hydrocortisone to treat adrenal fatigue. Alternative doctors (and some functional doctors), believe that recovery is then possible by either taking these herbs or supplements or by taking Hydrocortisone to rest these 'fatigued adrenals'.

If the patient is prescribed Hydrocortisone or Isocort, it will be with the expectation that they can wean off. If they can't, and they actually have some form of **permanent** adrenal problem, (which cannot be diagnosed now without weaning off of Hydrocortisone and becoming very ill), they will be in serious trouble, badly needing steroids to function, but without a doctor to write the prescription. In the most extreme of cases, withdrawing from badly needed steroids can be fatal.

The other problem with the diagnosis of adrenal fatigue is that many people with low cortisol levels are not given the proper testing. In order to be officially diagnosed with an adrenal disease, an ACTH stimulation test must be performed on the patient. An ACTH stimulation test measures the maximum quantity of cortisol that the adrenal glands can produce, and as such, is the best way of identifying adrenal disease. It is also the only officially recognised diagnostic test. However, most doctors that believe in adrenal fatigue do not do an ACTH stimulation test.

It must be emphasised that adrenal fatigue is **a theory** and not an established diagnosis. Currently there have been no clinical studies performed to ascertain whether adrenal fatigue exists at all. Adrenal function does indeed exist in shades of grey (from working perfectly to not functioning at all), but this is different from adrenal fatigue, which states that the adrenals **can recover full function, given enough time**.

When a person takes Hydrocortisone or Isocort without a firm diagnosis, they may run into the following issues:

- 1) After a time, doctors who believe in adrenal fatigue normally ask patients to wean off herbs or steroids. If the patient is unable to do this, he/she will be very ill. However, since they never had the proper tests in the beginning, most doctors will just leave the patient to suffer.
- 2) There is always a danger of adrenal suppression when taking hydrocortisone. What that means, is that even if the adrenals worked beforehand, after a certain amount of time on Hydrocortisone, they may atrophy (shrink) and never work properly again. Personally, I am not sure I agree with this one as I have seen people wean off of Hydrocortisone after being on it up to three years. I am beginning to think that if people cannot wean, it may just be that their adrenals just never worked properly in the first place. This goes back to point 1, which is why proper testing is essential before any herbs or Hydrocortisone are used.

It is important that people understand that adrenal fatigue is NOT an official diagnosis; it's still a theory. The following are established adrenal diagnoses:

- LOCAH (Late Onset Congenital Adrenal Hyperplasia)
- CAH (Congenital Adrenal Hyperplasia)
- Cushing's disease
- Primary Adrenal Insufficiency (AKA Addison's disease)
- Secondary Adrenal Insufficiency)
- Partial adrenal insufficiency

Adrenal fatigue may indeed exist. I have seen a number of people on forums over the years take Hydrocortisone or herbs/supplements and get better and wean off. However, these reports are anecdotal and 'adrenal fatigue' really has not been fully researched. So it's still a theory. And to my mind, it's not that their adrenals are fatigued - a HPA axis issue is much more likely. A HPA axis issue means that the adrenals themselves are working fine, but that the communication between the brain and the adrenals isn't working correctly. This can be caused by a variety of issues, from mercury fillings to viruses such as Epstein Bar. An ACTH stimulation test would clarify whether the issue is a HPA axis one or whether it is some other form of adrenal disorder.

The crux of the issue is that most doctors believe that the adrenals are either 100% functioning or 100% dead and nothing in between. The term 'partial adrenal insufficiency' is a well known phenomenon and mentioned in various medical textbooks, however the adrenal fatigue movement has basically eroded the diagnosis of partial adrenal insufficiency. The diagnosis of 'partial adrenal insufficiency' recognises that your adrenals do not work fully, whereas the diagnosis of adrenal fatigue suggest that after a time of rest the adrenals will come back online.

Why does an official diagnosis matter anyway?

- Without a proper diagnosis, a person will not have a guaranteed supply of Hydrocortisone. Once a person has started on steroids, it's dangerous to withdraw them. Even if a person weans off them slowly, it can still be dangerous.
- Before diagnosis, most people have a poor quality of life and being put on steroids gives them back their life. However, without an official diagnosis, the life-giving medication can be abruptly taken away.
- If a person is in an accident, he/she really need an emergency injection kit and without an official diagnosis this is nigh on impossible to achieve.
- If a person does not have the proper testing done at the beginning, he/she will always wonder what is really wrong with them.
- Unless they can continue to see the diagnosing doctor for the rest of their life, the next doctor they see will probably want them to wean off (which will make them very ill), and re-test with an ACTH stimulation test.
- Patients require more steroids at certain times, such as pregnancy or illness. Without an official diagnosis, extra steroids can be hard to source.
- It can be hard to get enough Hydrocortisone from doctors without an official diagnosis. For example, many adrenal fatigue doctors will only prescribed 20mg of Hydrocortisone, which is not enough for most people; especially if they have an underactive thyroid.

As one poster, Kathleen, put it:

“It's like now we're going down another dangerous road. For so long, doctors refused to give HC to anyone unless they had total adrenal failure, but now there is this Chronic Fatigue movement in the U.S. where HC is standard treatment (in low doses,) but they don't do proper testing first! They just do an AM cortisol and give people HC if the AM cortisol is 10 or less. I think this is a terrible practice and hinders people from getting a real diagnosis when they could, in fact, have AI or partial AI due to either malfunctioning adrenals or even a pituitary problem.

[Partial A.I. is also] called “low adrenal reserve”, which is pretty much the same thing: people who can't mount more cortisol when they need it. It's supposed to be medically recognized, but it seems most doctors are black or white: your adrenals work or they don't, no in-between. And as you have aptly said, the alternative doctors are now saying that if the adrenals don't work perfectly, you have AF, which makes it very hard to get proper treatment as most of us with partial AI do need full replacement due to the feedback loop

I think that those who can wean off HC when they had symptoms originally of AI probably have an HPA Axis issue and their adrenals actually work just fine. Perhaps it is possible to reset the axis, but I no longer believe one can “heal” the adrenals themselves. If your adrenals can't make enough cortisol, then fundamentally there is no actual cure for that”.