



Guidelines on taking hydrocortisone to prevent an Addison's crisis

(This guideline is intended for use in patients with endogenous primary or secondary adrenal insufficiency)

Mild physical stress, for example:

Intensive sport activity

Mild signs of disease (e.g. common cold) and a body temperature below 38.0 °C

Adjusting the hydrocortisone dose

It may be necessary to adjust the hydrocortisone dosage. Discuss this with your treating endocrinologist.

You do not need to adjust the dosage. Unless you know from experience that you need extra hydrocortisone for a quicker recovery. In that case, take 5 to 10 mg extra hydrocortisone short term every day. You can, if appropriate, spread this extra dosage over the day.

Moderate physical stress, for example:

Increasing signs of disease and/or temperature between 38.0 and 39.0 °C

Short-term vomiting (once or twice) caused by the illness
Short-term diarrhoea caused by the illness

Adjusting the hydrocortisone dose

Take an extra 20 mg hydrocortisone immediately. Double the daily dosage of hydrocortisone and spread it over the morning, afternoon and evening. Take at least 20-10-10 mg hydrocortisone. Do this for as long as you are ill. Does the fever last longer than 48 hours? If so, please contact your GP. Please indicate that you have adrenal insufficiency.

Dental surgery

Take an extra 10 mg hydrocortisone one hour before the surgery.

Severe physical stress, for example:

Severe signs of disease and/or temperature above 39.0 °C

Adjusting the hydrocortisone dose

Take an extra 20 mg hydrocortisone immediately. Treble the daily dosage of hydrocortisone and spread it over the morning, afternoon and evening. Take 20 mg hydrocortisone at least three times a day. Do this for as long as you are ill. Does the fever last longer than 48 hours or do you feel seriously ill? If so, please contact your GP. Please indicate that you have adrenal insufficiency.
If in doubt, call your endocrinologist.

Accident resulting in injury

Take 20 mg hydrocortisone.

If necessary, call your endocrinologist.

Sustained vomiting

Inject 100 mg hydrocortisone (SoluCortef®) into a muscle or subcutaneously. Then call your endocrinologist immediately.

Sustained watery diarrhoea: about once or twice an hour

Loss of consciousness/unconsciousness

Please call or get someone to call the regional/national emergency number Please indicate that you have adrenal insufficiency. Inject 100 mg hydrocortisone (SoluCortef®) into a muscle or subcutaneously.

Call or get someone to call the endocrinologist.

Moderate mental stress, for example:

Fear of visiting the dentist
Nerves before an exam
Job interview

Adjusting the hydrocortisone dose

You do not need to adjust the dosage. Unless you know from experience that symptoms which fit with adrenal insufficiency occur if you do not increase the hydrocortisone. In that case, take a one-off extra 2.5 to 5 mg hydrocortisone. Evaluate this with your treating endocrinologist.

Severe mental stress, for example:

Death of a close relative
Funeral
Traumatic experience

Adjusting the hydrocortisone dose

Take 20 mg hydrocortisone. Then increase the daily dose short term (e.g. by doubling it).

This depends on the degree of stress.

This guideline is intended for use in patients with endogenous primary or secondary adrenal insufficiency. It is based on a guideline approved by the relevant Dutch professional and patient organizations and by the Dutch National Health Care Institute. For application of this guideline outside The Netherlands one should realize that health care systems differ between countries, e.g. concerning advices to contact either the general practitioner or the hospital in case of fever, vomiting etc.