

Adrenal Crisis – Signs to look for

This table highlights the often-reported symptoms of patients experiencing reduced cortisol levels leading to adrenal crisis.

If you find you have more than one of these symptoms at the same time, your Cortisol levels are likely to be dropping or too low. Equally, if you find symptoms start to accumulate, e.g. headache, followed by nausea, then feel shivery cold, with legs aches and fatigue, this may also indicate a likely reduction in cortisol levels. Taking extra Cortisol by mouth as instructed for Sick Day cover at this time can often prevent a full-blown adrenal crisis.

Please read this as for any symptom(s) applying to your normal or usual situation – e.g. if headaches are a common occurrence for you then it is unlikely they relate to cortisol deficiency

Symptom	Action	Urgency
Headache	If new symptom, ensure adequate fluids have been taken. Check signs of infection/illness/ sudden significant stress - if yes, increase Cortisol intake as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Nausea	If nausea alone, check if out of normal pattern for you, if yes follow cortisol sick day rules	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Irritable/Restless	If new, check signs of infection/over active in recent days/sudden significant stress Increase Cortisol as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Clumsiness	If new, check signs of infection/over active in recent days/sudden significant stress Increase Cortisol as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Fatigue	If new, and no obvious other cause: Check signs of infection/illness/sudden undue significant stress Increase Cortisol intake as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis

Muscle aches	Exclude activity as a cause. Check for signs of infection- temperature above 37.5c Any other symptoms for adrenal crisis Hydrocortisone as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Weakness	If new and no obvious other cause: Check signs of infection/illness/sudden undue significant stress Increase Cortisol intake as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Cold/shivery	If new and no obvious other cause: Check signs of infection/illness/sudden undue significant stress Increase Cortisol intake as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Spasms	If new and no obvious other cause: Check signs of infection/illness/sudden undue significant stress Increase Cortisol intake as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Dizziness- especially on standing	Ensure enough fluids taken. Check for signs of infection/illness Increase Cortisol as per sick day rules	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Abdominal pain/cramps/diarrhoea	If new and no obvious other cause: Check signs of infection/illness/sudden undue significant stress Increase Cortisol intake as per sick days	Treat at home with increased cortisol replacement by mouth. Monitor symptoms if worsening or not resolving seek medical help via GP, or A&E. Emergency injection and 999 if progressing toward adrenal crisis
Vomiting	If vomit once and can take cortisol by mouth treat at home with cortisol; increase as per sick days. If repeated vomiting and unable to retain tablets taken by mouth then emergency injection and 999	May be able to treat at home If repeated vomiting and/or unable to retain Cortisol tablets need emergency injection and 999 Possibly urgent 999
Reduced or loss of consciousness	Emergency injection and 999	Urgent 999
Seizures	Emergency injection and 999	Urgent 999

Symptoms should stabilise with the increase in oral cortisol replacement; if this does not happen then seek medical attention via NHS111/A&E

If symptoms stabilise but do not resolve within 48-72hrs then seek GP review, especially if signs of infection as further treatments may be needed

If in any doubt, an increase in oral cortisol replacement is likely to do little harm, not increasing may push you towards adrenal crisis

Seek medical advice if unsure about how to increase oral doses, or for how long to keep the increase in place

Signs of infection:

Body temperature above 38c, skin hot to touch

Shivery/feeling cold/chills

Headache

Muscle and joint pains

Increased tiredness/fatigue

Swollen lymph nodes- neck armpit and groin

Nausea and possibly vomiting

You may notice increased respiratory rate, increase in pulse rate

Hydrocortisone sick day rules link <https://www.pituitary.org.uk/information/publications/adrenal-insufficiency/hydrocortisone-sick-day-rules/>

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