



UNDERSTANDING ADDISON'S DISEASE AND ADRENAL INSUFFICIENCY IN THE UNITED STATES

WHAT IS ADRENAL INSUFFICIENCY?

Addison's disease (primary adrenal insufficiency) is a rare endocrine disorder where the adrenal glands fail to produce life-sustaining steroid hormones. Affecting approximately 1 in 10,000 Americans across all ages and genders, it most commonly results from autoimmune damage to the adrenal glands.

TYPES OF ADRENAL INSUFFICIENCY:

Primary (Addison's): Autoimmune adrenal destruction.

Secondary: Pituitary gland dysfunction disrupting hormone signaling.

Tertiary: Hypothalamus-pituitary-adrenal (HPA) axis imbalance, often due to abrupt discontinuation of long-term steroid therapy.

CRITICAL HORMONES & FUNCTIONS:

The adrenal glands produce three essential hormones:

Cortisol: Manages metabolism, blood sugar, stress response, and energy.

Aldosterone: Regulates blood pressure and fluid/electrolyte balance.

DHEA: Supports stamina and libido.

SYMPTOMS OF HORMONE DEFICIENCY:

Insufficient cortisol leads to:

Nausea, abdominal pain, weight loss

Fatigue, weakness, lightheadedness, brain fog

Salt craving and hyperpigmentation (Addison's only)

ADRENAL CRISIS: A MEDICAL EMERGENCY

Individuals with adrenal insufficiency depend on steroid replacement therapy. An adrenal crisis—triggered by missed medications, illness, trauma, or stress—can be fatal without immediate treatment.

Warning Signs:

Severe vomiting, dizziness, or confusion

Extreme weakness, shaking, or loss of consciousness

Low blood pressure upon standing

Emergency Response:

Administer emergency hydrocortisone injection.

Call 911.

Provide IV fluids/hospital care.

Delayed treatment risks rapid deterioration.

TREATMENT & DAILY MANAGEMENT

Lifelong medication: Hydrocortisone (3x daily) ± fludrocortisone/DHEA.

Stress dosing: Increased steroids during illness/surgery.

Emergency preparedness: Always carry injectable hydrocortisone and medical ID.

LIVING WITH ADRENAL INSUFFICIENCY

As an "invisible disability," this condition requires self-advocacy.

Challenges include:

Delayed diagnosis due to non-specific symptoms.

50% of patients have additional autoimmune conditions (e.g., diabetes, thyroid disease).

Frequent medical appointments during treatment stabilization.

ADA COMPLIANCE & WORKPLACE RIGHTS

Under the Americans with Disabilities Act (ADA), adrenal insufficiency qualifies as a disability, entitling employees to reasonable accommodations.

Employer Responsibilities:

Provide reasonable accommodations (examples):

Flexible schedules for medication/medical care

Remote work options

Disability leave for appointments/crises

Emergency action plan training

Ensure confidentiality while training designated first responders on crisis protocols.

Exclude disability-related absences from performance metrics.

Best Practices:

Maintain open dialogue about individual needs.

Develop a written accommodation plan.

Reference ADA resources: [EEOC.gov](https://www.eeoc.gov) or [Job Accommodation Network](https://www.jobaccommodationnetwork.org).

U.S. SUPPORT & RESOURCES

- **ADDF (Adrenal Diseases Foundation): Patient education and advocacy.**
- **NORD (National Organization for Rare Disorders): Disease information and support.**
- **NIH MedlinePlus: Medical guidelines at medlineplus.gov.**

Did you know?

President John F. Kennedy managed Addison's disease while in office. Modern treatment enables full, active lives with proper care.