Addison's disease

Addison's disease (hypoadrenocorticism) is a condition where the adrenal glands found near the kidneys have become damaged; they then produce an abnormally low level of the hormones called Mineralocorticoids (aldosterone) and Glucocorticoids (cortisol). These hormones are important within the blood stream as they are the body's natural steroid, aiding metabolism, maintaining a resitliant immune response and the body's natural electrolyte 'salt' balance of sodium and potassium.

The damage that the glands suffer can be caused by an immune-mediated response, this is usually reserved for illnesses or viruses but the body's own immune system has injured the glands after becoming overactive.

If the body experiences a severe electrolyte imbalance it can go into what is known as an 'Addisonian crisis' where the animal becomes incredibly weak and dehydrated, in need of emergency circulatory resuscitation.

This is not a preventable health condition but with careful management the patient can enjoy a good quality of life.

Clinical signs:

The signs of Addison's disease may vary from mild to severe based on the level of deficiency. Signs may include any of the following:

- Occasional vomiting
- Occasional diarrhoea
- Reduced appetite
- Lethargy
- Trembling/Tremors
- Hypoglycaemia (low blood sugar levels)

In very severe cases the body will go into shock!

Breeds commonly affected include:

Diagnosis:

Addison's disease symptoms do align with multiple other conditions but if the blood results the patient displays makes the veterinarian concerned that Addison's disease is the cause, they will start them on a course of intensive fluid therapy to rehydrate the body and infuse it with replacement minerals. They may also recommend injecting the patient with synthetic hormones to replace those which are no longer being correctly produced and prescribe steroids to be given orally.

Follow up blood testing will be required to ensure the patient is reacting as expected.

Treatment – Regular monitoring blood tests will be required lifelong to monitor the blood levels and effect of medication to closely monitor the management of the disease. It is not uncommon while trying to stabilise a patient, to adjust medication levels multiple times until the correct therapeutic level is found. They are monitored by performing an ACTH stimulation test and see how the body reacts to the drug. This will help to determine if the patient had stabilised or needs a medication adjustment. Once stable routine monitoring can be carried out in practice at regular appointments.

The prognosis for Addisonian patients is very good if the patient is well managed, they can go on to live very happy lives.

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