

Patient information from BMJ

Last published: May 03, 2022

Primary adrenal insufficiency (Addison disease): what are the treatment options?

Primary adrenal insufficiency (Addison disease) is a rare condition that affects the body's ability to produce certain hormones. It causes extreme tiredness and weakness and can be life threatening if not treated. But drug treatments can help most people live a normal life.

What treatments are available?

Primary adrenal insufficiency (PAI) affects two small glands that sit just above the kidneys called the **adrenal glands**. These glands produce hormones, including two called cortisol and aldosterone.

PAI used to be called **Addison disease**. And this is still the name by which most people know the condition.

If you have PAI these glands are damaged and can't produce enough of these hormones. This causes symptoms including extreme tiredness. If left untreated the condition can be life threatening.

If your levels of cortisol drop to life-threatening levels, this is called an **adrenal crisis**. During an adrenal crisis the symptoms of PAI you have severe symptoms of PAI. This is a **medical emergency** and you need to **get medical help right away**.

For more background information, and for information on symptoms, see our leaflet: *Primary adrenal insufficiency (Addison disease): what is it?*

The treatment for PAI is to replace the hormones that the adrenal glands don't make enough of.

This is done with medications called **corticosteroids**, which mimic the actions of the hormones made by the adrenal glands. You will need to take them for the rest of your life. You will probably also need to take a medication to help with your salt and water balance.

Primary adrenal insufficiency (Addison disease): what are the treatment options?

It probably won't be clear right away how much of the medications you need to take, as it varies from person to person. So your doctor or a specialist nurse will explain to you how the medication works and how to increase the dose if your symptoms don't go away.

There might also be times in your life when you need to increase how much medication you take, such as if:

- you have had an infection
- you have been doing a lot of exercise, or
- you need surgery.

Women might also need to take more of their medication while pregnant.

If you have any doubts or questions about your medication dose, talk with your doctor.

If you are diagnosed with PAI during an adrenal crisis you will be given the corticosteroids by injection until you are stable and can switch to taking tablets.

What to expect in the future

If you have PAI you will need to take your medication for the rest of your life. Your doctor will discuss with you how to take your medication, and about times when you may need to take more than usual.

Not taking your medication means that your symptoms will return, and that you could have an adrenal crisis. So it's important to always make sure that your supply of medications doesn't run too low.

Once your condition is stable you will need to see your doctor and perhaps a specialist every year to discuss your condition and how your medication is working.

There are various things you can do to stay healthy. For example, everyone with PAI should carry a medical alert card or wear a medical alert bracelet. If you are in an accident or lose consciousness for any reason, your doctor will then know that you need your corticosteroid medication.

You should also keep emergency shots at home in case you lose consciousness or are in an accident. Family members should be taught how to give you these shots in case you can't, because of an adrenal crisis or for any other reason.

It's important to keep an eye on when your emergency shots are due to reach their expiry date, so that you get replacements in plenty of time.

You can find training on how to give the shots online. And your doctor might be able to direct you to more useful online resources.

Primary adrenal insufficiency (Addison disease): what are the treatment options?

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2025. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



BMJ Group